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The Relationships among Social Discrimination, Subjective Health, and Personal Satisfaction of Immigrants

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Purpose: This study aims to examine the relationships among social discrimination, subjective health, and personal satisfaction based on the country of origin. **Methods:** The analysis was based on 16,958 immigrants who participated in the National Survey of Multicultural Family 2015 in Korea. This study conducted stratified cross-analysis of social discrimination for the differences in subjective health and personal satisfaction. Multivariate-adjusted odds ratios and 95% confidence intervals for the relationships among social discrimination, subjective health, and personal satisfaction were examined with multivariable logistic regression. **Results:** There were differences in experience of social discrimination, subjective health status, and personal satisfaction according to the country of origin. Groups without the experience of social discrimination had better subjective health and personal satisfaction than the other groups. **Conclusion:** This study demonstrates that a discrimination prevention program needs to be developed based on a cultural approach

Key Words: Immigrants, Discrimination, Subjective health, Personal satisfaction

INTRODUCTION

1. Background of the Study

Korea is a multicultural society in which the number of multicultural population is continuously increasing. The number of foreigners staying in Korea has increased by 8.6% per year for the last five years [1]. In particular, the number of the members of multicultural families is estimated to be 278,036 persons in 2015, and the average family number of them is 3.16 persons, which is higher than the average family number of Korean nationals of 2.8 persons [2]. In addition, 79.9% are in the 20~40 age group, and the employment rate is 10% higher than that of the total population in Korea, and 84% has been residing in Korea for more than 5 years [2]. This means that the multicultural population forms a large family through marriage and childbirth and eventually they are likely to permanently reside in Korea as members of this society.

With the increasing multicultural population and the resulting expansion of multicultural society [1], immigrants not only form a group but have a multicultural identity expecting their cultural beliefs, values and lifestyles to be respected [3]. Giger and Davidhizar [4] set up meta-paradigms in the Transcultural Assessment Model with concepts such as culturally unique individuals, culturally sensitive environments, culturally diverse nursing, and culturally competent nursing. Madeline Leininger also claimed that if the diversity and universality of care in transcultural nursing are recognized and people with different or similar cultures are provided with care in a way that is appropriate to their identity and culture, it would be helpful for them to recover and maintain their health and die in a reverent and dignified manner [3]. Leininger's transcultural nursing was elaborated through the Sunrise Care Enabler. According to this theory, culturally appropriate care for their health, well-being, and death can be achieved by providing transcultural nursing for decisions and actions for the individual, family, and community by considering cultural and social structural dimensions including technology, religion, philosophy, kinship, social beliefs, lifeway, environments, politics, economy, and ed-

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ucation [3]. The country of origin is the aggregate of the cultural and social structural dimensions. Since the country of origin reflects the cultural and social structure of the individual as an important component that determines the identity of immigrants [4], nursing according to the country of origin can be applied by performing culturally appropriate care by enhancing the sensitivity to the person requiring care.

As Korea entered the 2000s, the number of migrant workers and marriage immigrants increased, and racial and ethnic minority groups emerged. As a result, social conflicts and inequalities occurred and racial discrimination became a social issue. Because race is an ideology that regards a human group as inherently superior to others based on outward characteristics or geographical origin [5], the issue of discrimination against foreigners in Korean society is based on an ideological hierarchy of races or nations [6]. In other words, discrimination against immigrants by Koreans can be attributed to differences in race, country, language, lifestyle, customs, and norms, and the cultural characteristics of the countries of origin of immigrants influence their experiences of discrimination and health status [5,7].

Discrimination against immigrants is a serious problem in itself as a negative factor for adaptation and social integration of immigrants [8]. In addition, as a cause of stress, it is associated with health risk behaviors such as smoking and drinking, leading to the development of disease, so the experience of discrimination in the early life has a negative impact on health throughout the lifetime [3,9,10]. As a result, the experience of discrimination of multicultural families are linked to the health status of the nation as a whole and may lead to health risks and racial and hierarchical health inequalities in Korean society. Nevertheless, 40.7% of married immigrants and naturalized persons living in Korea and 9.4% of children of multicultural families were reported to have experienced discrimination and slights [2].

In Korea, studies on discrimination experience and health have mostly investigated the relationship between discrimination experiences and health status of marriage migrant women or children of multicultural families [11], and experiences of discrimination have been reported to have a negative impact on personal satisfaction and mental health [12,13]. In the United States, experiences of discrimination were reported to be different depending on the skin color, and they were found to have a negative impact on health status [9,10,14,15]. Meanwhile, in Korea, the subjective health status of subjects was reported to vary according to the places where they experienced discrimination [7]. These studies have revealed a negative correlation between experience of discrimination and objective and subjective health status, but they have examined discrimination based on the skin color such as black, white, and Asian, or the place of origin such as the West and Asia. Considering the fact that the concept of culture includes the race and place of origin, it is necessary to conduct research by further subdividing the country of origin.

In particular, immigrants living in Korea form the communities of familiar places and people based on the gatherings of people from their native countries who share the same religion and country of origin to maintain their culture [16], and also adapt to other cultures by using the cyber communities of ethnic groups, which are a relational medium of 'communication, friendship and exchange' [17]. The social network theory claimed that immigrants increase their chances of relocation through the personal connections and networks of their native countries after they settled in Korea [18], and previous research suggested that there is a great possibility that marriage immigrants will bring about changes in our society by passing down their cultural elements to their children [19]. Taken together, previous studies suggest that communities of immigrants based on their native countries can be seen as an important factor that can affect their residence in Korea, their cultural adaptation and the future Korean society.

To date, Korea's policies to support immigrants have not been sufficient as support policies for multiculturalism because they have been based on a national integration model focused on the convenience support for adaptation to the life in Korea including Korean language education [20]. Therefore, community policies for the coexistence of immigrants and existing residents and exchange among them are now required [20], and education programs for discrimination prevention are expected to positively influence the formation of the relationship among the residents.

Therefore, this study aimed to examine the relationship between social discrimination experience, subjective health, and personal satisfaction based on the country of origin of immigrants, and provide basic data to establish policies for prevention of discrimination against immigrants based on the country of origin.

2. Purpose of the Study

The purpose of this study is to understand the relationships of the experience of social discrimination with subjective health status and personal satisfaction of immigrants in Korea.

First, we intend to investigate the social discrimination

experience, subjective health status, and personal satisfaction according to the general characteristics of the subjects.

Second, we aim to examine the relationship between the subjective health status and personal satisfaction depending on the presence of experience of social discrimination by country of origin.

METHODS

1. Study Design

This study is a secondary data analysis study to investigate the relationship between subjective health and personal satisfaction according to the experience of social discrimination of resident immigrants in Korea by using the National Survey of Multicultural Families (2015).

2. Subjects

This study used the data of 'National Survey of Multicultural Families 2015' conducted among multicultural families in Korea by the Ministry of Gender Equality and Family. Based on the Multicultural Family Support Act (enacted on January 18, 2010), the National Survey of Multicultural Families was commissioned to the Statistics Korea by the Multicultural Family Policy Division of the Ministry of Gender Equality and Family in order to establish basic statistical data and policies. Investigators were selected in advance, and through the education of the guideline book, they were well informed about the composition and order of contents of the questionnaire, guidelines for each item, and overall survey-related items, such as attitudes and greetings when visiting each household member [21]. The subjects of the survey were marriage immigrants, naturalized persons, and household members of 'multicultural households residing in Korea during the survey period.' The survey was conducted using the double sampling of clustering systematic sampling and stratified systematic sampling. In order to carry out the survey, 850 districts including administrative units of Eups, Myeons, and Dongs, 25% of a total of 3,470 administrative districts in Korea, were sampled. Among 26,098 households visited in the 850 districts, a total of 16,000 households agreed to participate in the survey, and interviews and self-administered questionnaires were conducted [22]. The subjects of this study were 16,958 persons without missing data concerning main variables among a total of 17,109 persons who consisted of marriage immigrants and naturalized persons.

3. Instruments

The National Survey of Multi-Cultural Families 2015 was carried out among multicultural family households, including marriage immigrants, naturalized persons, their spouses, and their children aged 9~24, and it investigated general items such as nationality, gender, and entry into Korea, and other items such as the status of employment and occupation of the spouse, occupation in their native country, current status of employment and occupation, marital status and family composition, child-rearing, health status and health care, social life, and welfare needs.

The subjects of this study were marriage immigrants and naturalized persons. The purpose of this study was to investigate the relationship of the experience of discrimination with subjective health and personal satisfaction of immigrants by country of origin. A previous study on the discrimination against immigrants in Korea reported that non-Westerners including Asians have a social sense of distance compared to Westerners composed of white people, and claimed that Koreans' discrimination against immigrants has a racist tendency, and that this racist propensity implies the possibility of discrimination based on gender [7]. In the previous studies on the subjective health of immigrants, as the immigrant's age and the immigrant's period of residence in Korea were increased, subjective health status became worse [23]. On the other hand, as the level of education and income was elevated, subjective health status became better [23,24]. Moreover, immigrants who lived with the spouse showed better subjective health than those who did not [25]. The subjective health status of immigrants has been reported to be related to the country of origin and personal satisfaction [23], and subjective health has been used as an index to measure the relationship between discrimination experienced by immigrants and health status [7]. Based on these prior studies, we included demographic and socioeconomic characteristics of gender, age, education level, marital status, residence period, and income in the study.

1) Demographic and Socio-Economic Characteristics

Gender was divided into male and female, and the American ages in the original data were classified by the unit of 10 years from 10~19 years to 60 years or over. In the original data, the education level was divided into seven categories, such as no schooling, elementary school graduate, junior high school graduate, high school graduate, 2~3 year college graduate, 4 year university graduate, and a master's degree or higher, but in this study, it was classified into no schooling, elementary school graduate, junior

high school graduate, high school graduate, and college graduate or higher. Marital status was classified into unmarried, living with the spouse, bereaved, divorced, and separated in the original data. In this study, marital status was divided into unmarried, living with the spouse and others, with bereaved, divorced, and separated classified as others. The residence period was based on the data of the nationality at birth and the first year of entry. Based on the survey time of 2015, the researcher calculated the residence period and classified it into 1 year or less, 2~5 years, 6~10 years, and 11 years or more. In the original data, income was classified by the unit of 1 million won into 8 categories of monthly average income from less than 1 million won to more than 7 million won. In this study, income was classified by the unit of 1 million won and the monthly income ranged from '1 million won or less' to 'more than 5 million won.'

2) Country of Origin

One question asking the country of origin included 94 nationalities including statelessness. According to the data from the Ministry of Government Administration and Home Affairs in 2016, in the nationality of marriage immigrants and naturalized persons, the number of Korean-Chinese were the largest, followed by China, Vietnam, Philippines, Japan, the Americas, Europe and Oceania, other Southeast Asian countries, Central Asia, Taiwan, Hong Kong, South Asia and other countries in descending order. In this study, the classification of the country of origin was the same as that of the Ministry of Government Administration and Home Affairs. For other countries, the country from which only one immigrant came was excluded from the analysis.

3) Experience of Social Discrimination

For the question 'Have you experienced discrimination or disrespect because you are a foreigner while living in Korea, respondents were required to respond either 'I have experienced discrimination.' or 'I have not experienced discrimination.' The places where discrimination was experienced were divided into four categories: 'streets, neighborhoods, shops, restaurants, or banks,' 'public institutions, 'workplaces,' 'schools or child care centers.' In terms of the degree of discrimination, respondents were asked to choose a response among 'I experienced a lot of discrimination,' 'I was slightly discriminated,' and 'I did not experience any discrimination.' In this study, the distinction between the presence and absence of discrimination was used for the analysis.

4) Subjective Health

For the question 'How is your overall health status?,' respondents were asked to choose a response among 'very good,' 'generally good,' 'modest,' 'generally poor,' and 'poor.' To perform logistic session analysis, 'very good' and 'generally good' were classified as 'good' and the other responses were classified as 'poor.'

5) Personal Satisfaction

Respondents were asked to choose a response among 'very satisfied,' 'somewhat satisfied,' 'generally satisfied,' 'not very satisfied,' and 'not satisfied at all' for the question asking how satisfied they were with their present life considering their overall life. In order to perform logistic regression analysis, 'very satisfied' and 'somewhat satisfied' were classified as 'satisfied' and the other responses were classified as 'not satisfied.'

4. Data Collection and Analysis

This study used the data of 'National Survey of Multicultural Families in 2015' conducted by the Ministry of Gender Equality and Family for Korean multicultural families. The data is provided by the National Statistical Microdata and can be accessed by anyone who accesses the site and register as a member (https://mdis.kostat.go.kr/index.do).

As the data analysis framework of this study, the independent variable was the experience of discrimination of immigrants by country of origin, and the dependent variables were the subjective health and personal satisfaction of immigrants. The confounding variables based on previous studies were demographic and socioeconomic variables, such as gender, age, educational level, marital status, residence period, and income, and the specific data analysis process was as follows. First, the general characteristics of the subjects concerning social discrimination experience, subjective health, and personal satisfaction were described and analyzed. Second, we conducted a chi-squared test, using stratification according to the presence of social discrimination experience by country of origin, and investigated whether there is a difference in subjective health and personal satisfaction depending on the presence of social discrimination experience. Third, logistic regression analysis was performed through the standardization of demographic and socioeconomic characteristics of subjects in order to examine the relationship of social discrimination experience with subjective health and personal satisfaction by country of origin. The results were expressed as the odds ratio and 95% confidence interval, and the

Hosmer and Lemeshow test was used to verify the goodness of fit of the model.

This study was approved by Seoul National University Institutional Review Board for exemption from review (IRB No. E1707/001-002)

RESULTS

1. The General Characteristics of Participants for Social Discrimination Experience, Subjective Health and Personal Satisfaction

Of a total of 16,958 respondents, 84.9% were female and 84.8% were in their forties. In terms of the country of origin, the largest number of respondents came from China with 22.4%, followed by Vietnam with 16.1%, Korean-Chinese with 15.8%, Southeast Asia with 9.3%, Japan with 8.8%, Philippines with 8.5%, Mongolia, Russia, and Central Asia with 7.3%, Americas, Europe, and Oceania with 5.6%, Taiwan and Hong Kong with 3.2%, and Southern Asia with 3.0%.

There were statistically significant differences in social discrimination experience according to gender, age, marital status, residence period, income, and country of origin, but there was no difference depending on the education level ($p<.05$). On the other hand, there were significant differences in subjective health and personal satisfaction according to gender, age, education level, residence period, income, and country of origin ($p<.05$)(Table 1).

2. Differences in Subjective Health and Personal Satisfaction according to Social Discrimination Experience by Country of Origin

The experience of social discrimination varied according to the country of origin ($x^2=76.47$, $p<.001$). As a result of examining social discrimination experience by country of origin through the stratification of the presence of social discrimination experience, as for China, it was found that 53.9% of immigrants with discrimination experience and 65.5% of immigrants with no discrimination experience assessed their health as good, while 46.1% of those with discrimination experience and 34.5% of those without discrimination experience assessed their health as poor. In the case of the Korean-Chinese, 44.6% of immigrants with discrimination experience and 55.3% of those with no discrimination experience assessed their health as good, while 55.4% of those with discrimination experience and 44.7% of those without discrimination experience rated their health as poor. For the immigrants from Japan, 47.3% of those with discrimination experience and 56.4% of those without discrimination experience showed good subjective health, while 52.7% of those with discrimination experience and 43.6% of those without discrimination experience exhibited a low level of subjective health (Table 2).

Regarding personal satisfaction, for China, 47.5% of the immigrants with discrimination experience and 57.5% of those without discrimination experience answered that they were satisfied. For Vietnam, 47.5% of the immigrants with discrimination experience and 57.5% of those with no discrimination experience said that they were satisfied. Similarly, in the case of the US, Europe and Oceania, 71.8% of the immigrants with discrimination experience and 82.2 % of those without discrimination experience said that they were satisfied (Table 2).

As described above, groups with no experience of social discrimination in all countries had better subjective health and personal satisfaction at higher population ratios than groups with experience of discrimination. There were differences in subjective health and personal satisfaction according to the presence of social discrimination experience among the countries of origin ($p<.001$)(Table 2).

3. Relationship among Social Discrimination, Subjective Health and Personal Satisfaction by Country of Origin

When the demographic and socioeconomic variables were controlled statistically, the immigrants from Japan exhibited 1.90 times higher subjective health than those from western countries (95% CI: 1.53, 2.36) and among them, the group with no discrimination experience showed 2.29 times higher subjective health (95% CI: 1.70, 3.07). Korean-Chinese immigrants showed 1.64 times better subjective health (95% CI: 1.33, 2.02) compared to those from Western countries, and among them, the group with no discrimination experience showed 1.77 times better subjective health (95% CI: 1.33, 2.36). immigrants from Vietnam showed 1.53 times better subjective health (95% CI: 1.22, 1.91) compared to those from Western countries, and the group with no discrimination experience showed 1.85 times better subjective health (95% CI: 1.35, 2.53). The immigrants from China showed 1.37 times higher subjective health (95% CI: 1.12, 1.69) when compared to immigrants from Western countries, and when only the group with no discrimination experience was considered, they showed 1.46 times better subjective health (95% CI: 1.10, 1.94). The immigrants from other Southeast Asian countries showed 1.33 times higher subjective health (95% CI: 1.06, 1.67) when compared to those from the western countries, and

Table 1. The General Characteristics of Participants for Social Discrimination Experience, Subjective Health and Personal Satisfaction (*N*=16,958)

Variables	Categories	Total	Discrimination†		Subjective health‡		Personal satisfaction§	
		n (%)	n (%)	x^2 (*p*)	n (%)	x^2 (*p*)	n (%)	x^2 (*p*)
Total		16,958 (100.0)	10,200 (100.0)		10,931 (100.0)		9,619 (100.0)	
Gender		2,561 (15.1)	1,451 (56.7)	15.34	1,702 (66.5)	263.79	1,498 (58.5)	305.29
		14,397 (84.9)	8,749 (60.8)	(<.001)	9,229 (64.1)	(<.001)	8,121 (56.4)	(<.001)
Age (year)	10~19	92 (0.5)	69 (75.0)	5.26	71 (77.2)	237.27	63 (68.5)	12.74
	20~29	4,584 (27.0)	2,787 (60.8)	(.022)	3,506 (76.5)	(<.001)	2,934 (64.0)	(.026)
	30~39	5,816 (34.3)	3,408 (58.6)		4,157 (71.5)		3,493 (60.1)	
	40~49	3,989 (23.5)	2,262 (56.7)		2,205 (55.3)		2,013 (50.5)	
	50~59	1,701 (10.0)	1,058 (62.2)		786 (46.2)		780 (45.9)	
	60~69	776 (4.6)	616 (79.4)		206 (26.5)		336 (43.3)	
Education	No	196 (1.2)	121 (61.7)	3.85	95 (48.5)	35.15	89 (45.4)	647.49
	Elementary school	1,168 (6.9)	746 (63.9)	(.050)	621 (53.2)	(<.001)	559 (47.9)	(<.001)
	Middle school	3,067 (18.1)	1,870 (61.0)		1,848 (60.3)		1,597 (52.1)	
	High school	6,871 (40.5)	4,170 (60.7)		4,293 (62.5)		3,719 (54.1)	
	≥College	5,656 (33.4)	3,293 (58.2)		4,074 (72.0)		3,655 (64.6)	
Marital status	Single	237 (1.4)	155 (65.4)	157.57	188 (79.3)	367.83	116 (48.9)	849.82
	Married	15,415 (90.9)	9,309 (60.4)	(<.001)	10,204 (66.2)	(<.001)	9,125 (59.2)	(<.001)
	Others‖	1,306 (7.7)	736 (56.4)		539 (41.3)		378 (28.9)	
Residence period (year)	≤1	418 (2.5)	318 (77.6)	1,301.77	319 (77.8)		302 (73.7)	76.47
	2~5	3,786 (22.3)	2,394 (63.2)	(<.001)	2,844 (75.1)	455.42	2,526 (66.7)	(<.001)
	6~10	6,122 (36.1)	3,457 (56.5)		4,091 (66.8)	(<.001)	3,452 (56.4)	
	≥11	6,632 (39.1)	4,031 (60.8)		3,677 (55.4)		3,339 (50.3)	
Income (10,000 won/ month)	≤100	1,357 (8.0)	864 (63.7)	333.03	509 (37.5)	94.96	474 (34.9)	583.61
	100~200	3,885 (22.9)	2,355 (60.6)	(<.001)	2,303 (59.3)	(<.001)	1,755 (45.2)	(<.001)
	200~300	5,238 (30.9)	3,156 (60.3)		3,505 (66.9)		3,010 (57.5)	
	300~400	3,507 (20.7)	2,068 (59.0)		2,422 (69.1)		2,231 (63.6)	
	400~500	1,630 (9.6)	945 (58.0)		1,156 (70.9)		1,132 (69.4)	
	≥500	1,341 (7.9)	812 (60.6)		1,036 (77.3)		1,017 (75.8)	
Country of origin	China	3,793 (22.4)	2,292 (60.5)	17.42	2,311 (61.0)	463.70	2,032 (53.6)	397.17
	Korean-Chinese	2,678 (15.8)	1,577 (58.9)	(.002)	1,363 (50.9)	(<.001)	1,205 (45.0)	(<.001)
	Japan	1,485 (8.8)	973 (65.5)		791 (53.3)		790 (53.2)	
	Taiwan, Hongkong	550 (3.2)	374 (68.0)		382 (69.5)		344 (62.5)	
	Vietnam	2,736 (16.1)	1,628 (59.6)		1,915 (70.1)		1,628 (59.6)	
	Philippines	1,446 (8.5)	867 (60.0)		1,097 (75.9)		904 (62.5)	
	The Rese of Southeast Asia	1,569 (9.3)	945 (60.3)		1,107 (70.6)		907 (57.8)	
	South Asia	510 (3.0)	236 (46.3)		366 (71.8)		306 (60.0)	
	Mongolia, Russia, Central Asia	1,240 (7.3)	751 (60.6)		839 (67.7)		762 (61.5)	
	America, Europe, Oceania	951 (5.6)	557 (58.6)		760 (79.9)		741 (77.9)	

† No discrimination; ‡ Good subjective health; § Good personal satisfaction; ‖ Including divorced, separated and widows.

the group with no discrimination experience showed 1.82 times better subjective health (95% CI: 1.32, 2.50). The immigrants from Mongolia, Russia, and Central Asia showed 1.30 times better subjective health than those from Western countries, and the group with no discrimination experience showed 1.53 times better subjective health (95% CI: 1.12, 2.10)(Table 3).

In personal satisfaction as well, Korean-Chinese immigrants showed a 2.13 times higher level of personal satisfaction (95% CI: 1.75, 2.60) than those from Western countries, and among them, the group with no discrimination experience showed a 2.21 times higher level of personal satisfaction (95% CI: 1.69, 2.90). The immigrants from Japan showed a 2.09 times higher level of personal satisfaction (95% CI: 1.70, 2.57) than those from Western countries, and the group of immigrants with no discrimination experiences showed a 2.31 times higher level of personal satisfaction (95% CI: 1.75, 3.05). The immigrants from China showed a 1.83 times higher level of personal satisfaction (95% CI: 1.51, 2.22) than those from Western countries, and the group of immigrants with no discrimination experiences showed a 1.86 times higher level of personal satisfaction (95% CI: 1.42, 2.42). The immigrants from Mongolia, Russia, and Central Asia showed a 1.58

Table 2. Differences in Subjective Health and Personal Satisfaction according to Social Discrimination Experience by Country of Origin (*N*=16,958)

Country of origin	n (%)	Discrimination						No discrimination					
		Subjective health			Personal satisfaction			Subjective health			Personal satisfaction		
		Good	Poor	x^2 (p)	Good	Poor	x^2 (p)	Good	Poor	x^2 (p)	Good	Poor	x^2 (p)
Total	n	3,997	2,761	269.35	3,416	3,342	160.78	6,934	3,266	334.25	6,203	3,997	256.90
	(%)	(59.1)	(40.9)	(<.001)	(50.5)	(49.5)	(<.001)	(68.0)	(32.0)	(<.001)	(60.8)	(39.2)	(<.001)
China	n	809	692		713	788		1,502	790		1,319	973	
	(%)	(53.9)	(46.1)		(47.5)	(52.5)		(65.5)	(34.5)		(57.5)	(42.5)	
Korean-Chinese	n	491	610		435	666		872	705		770	870	
	(%)	(44.6)	(55.4)		(39.5)	(60.5)		(55.3)	(44.7)		(48.8)	(55.2)	
Japan	n	242	270		244	268		549	424		546	427	
	(%)	(47.3)	(52.7)		(47.7)	(52.3)		(56.4)	(43.6)		(56.1)	(43.9)	
Taiwan, Hongkong	n	111	65		104	72		271	103		240	134	
	(%)	(63.1)	(36.9)		(59.1)	(40.9)		(72.5)	(27.5)		(64.2)	(35.8)	
Vietnam	n	710	398		566	542		1,205	423		1,062	566	
	(%)	(64.1)	(35.9)		(51.1)	(48.9)		(74.0)	(26.0)		(65.2)	(34.8)	
Philippines	n	419	160		341	238		678	189		563	304	
	(%)	(72.4)	(27.6)		(58.9)	(41.1)		(78.2)	(21.8)		(64.9)	(35.1)	
The Rese of Southeast Asia	n	420	204		312	312		687	258		595	350	
	(%)	(67.3)	(32.7)		(50.0)	(50.0)		(72.7)	(27.3)		(63.0)	(37.0)	
South Asia	n	187	87		142	132		179	57		164	72	
	(%)	(68.2)	(31.8)		(51.8)	(48.2)		(75.8)	(24.2)		(69.5)	(30.5)	
Mongolia, Russia, Central Asia	n	313	176		276	213		526	225		486	265	
	(%)	(64.0)	(36.0)		(56.4)	(43.6)		(70.0)	(30.0)		(64.7)	(35.3)	
America, Europe, Oceania	n	295	99		283	111		465	92		458	99	
	(%)	(74.9)	(25.1)		(71.8)	(28.2)		(83.5)	(16.5)		(82.2)	(17.8)	

Differences in discrimination by country of origin (x^2=76.47, p < .001).

times higher level of personal satisfaction (95% CI: 1.28, 1.96) than those from Western countries, and the group of immigrants with no discrimination experiences showed a 1.68 times higher level of personal satisfaction (95% CI: 1.26, 2.25). For the immigrants from the Philippines, they showed a 1.50 times higher level of personal satisfaction (95% CI: 1.28, 1.96) than those from Western countries, and the group of immigrants without discrimination experiences showed a 1.68 times higher level of personal satisfaction (95% CI: 1.26, 2.24). The immigrants from Taiwan and Hong Kong, they showed a 1.44 times higher level of personal satisfaction (95% CI: 1.28, 1.96) than those from Western countries, and the group of immigrants without discrimination experiences showed a 1.71 times higher level of personal satisfaction (95% CI: 1.24, 2.35).

As a result of examining subjective health status and personal satisfaction by country of origin, the group of immigrants with no discrimination experiences was likely to have better subjective health and personal satisfaction than all the immigrants.

DISCUSSION

The purpose of this study was to investigate the relationship of variations in subjective health status and personal satisfaction with the social discrimination experience of immigrants living in Korea. In particular, since the discrimination problem in Korea was reported to depend on the hierarchy among races and countries [5,6], we examined social discrimination experiences, subjective health status, and personal satisfaction based on the country of origin. As a result, there were differences in social discrimination experience, subjective health status, and personal satisfaction according to the country of origin. Especially, the subjects with no social discrimination experience showed a high level of subjective health and personal satisfaction.

It is thought that since they may actually experience dis-

Table 3. Relationship[1] among Social Discrimination, Subjective Health and Personal Satisfaction by Country of Origin

Variables	Model I† (*N*=16,958)						Model II‡ (*N*=10,200)					
	Subjective health§			Personal satisfaction‖			Subjective health§			Personal satisfaction‖		
	OR[2]	95% CI		OR[3]	95% CI		OR[4]	95% CI		OR[5]	95% CI	
China	1.37	1.12	1.69	1.83	1.51	2.22	1.46	1.10	1.94	1.86	1.42	2.42
Korean-Chinese	1.64	1.33	2.02	2.13	1.75	2.60	1.77	1.33	2.36	2.21	1.69	2.90
Japan	1.90	1.53	2.36	2.09	1.70	2.57	2.29	1.70	3.07	2.31	1.75	3.05
Taiwan, Hongkong	1.09	0.84	1.42	1.44	1.13	1.84	1.20	0.84	1.70	1.71	1.24	2.35
Vietnam	1.53	1.22	1.91	1.85	1.50	2.28	1.85	1.35	2.53	1.71	1.28	2.28
Philippines	0.95	0.75	1.19	1.50	1.21	1.86	1.21	0.88	1.66	1.68	1.26	2.24
The Rest of Southeast Asia	1.33	1.06	1.67	1.93	1.55	2.39	1.82	1.32	2.50	1.92	1.43	2.58
South Asia	1.19	0.91	1.55	1.42	1.11	1.82	1.47	0.99	2.19	1.25	0.87	1.82
Mongolia, Russia, Central Asia	1.30	1.04	1.63	1.58	1.28	1.96	1.53	1.12	2.10	1.68	1.26	2.25
America, Europe, Oceania	Ref			Ref			Ref			Ref		

† Total group; ‡ No discrimination group; § Good subjective health; ‖ Good personal satisfaction.
[1] Obtained from multivariable logistic regression model including variables in Table 1; [2] *p*-value=0.059 by Hosmer and Lemeshow Goodness-of-fit-test; [3] *p*-value=0.364 by Hosmer and Lemeshow Goodness-of-fit-test; [4] *p*-value=0.271 by Hosmer and Lemeshow Goodness-of-fit-test; [5] *p*-value=0.463 by Hosmer and Lemeshow Goodness-of-fit-test.

crimination or their perception of discrimination may be different depending on the country of origin, there may be differences in subjective health status and personal satisfaction accordingly. In the case of Westerners, the expression of emotion is direct, linguistic, and explicit, and thus they are sensitive to social discrimination. However, since Asians' expressions of emotions are non-verbal and indirect, it is possible that they did not express social discrimination by persevering without revealing bad feelings [26]. Therefore, the results of this study, which indicated that Asian countries were more likely to have no experience of social discrimination than those from Americas, Europe, and Oceania, may be attributed to the fact that immigrants from Asian countries who are racially similar to Koreans have little experience of discrimination or that they do not feel much social discrimination by persevering and internalizing their experiences of discrimination due to the characteristics of Asians. However, in the case of immigrants from the Americas, Europe, and Oceania, they may experience a great deal of discrimination due to their appearance characteristics different from those of Koreans. In addition, it is likely that because there is higher awareness of discrimination in the US, the UK, and the European Union, which have anti-discrimination laws such as laws prohibiting racial discrimination, the immigrants from these countries showed a higher level of social discrimination experience than those from Asian countries in this study. The difference in the perception of social discrimination according to the country has not been reported yet. Therefore, the hypothesis of this study that the social discrimination experience negatively affects the subjective health status and personal satisfaction is thought to be consistent with the results of the previous study which suggested that social discrimination as a cause of stress has a negatively effect both physically and mentally [9,10].

In relation to culture, there may not be any correlation between subjective health status and personal satisfaction. It is thought to be due to the difference in the perspective on health between Western and Asian society. Asian countries are likely to show better subjective health status than Western countries, which may be attributed to different views about health and illness between the East and West [3]. In other words, in the West, health is thought to be the condition without diseases and illness is thought to be the collapse of the normal state. Consequently, it is thought that in order for a person to be healthy, diseases should be treated and eliminated. On the other hand, in the East, it is thought that disease is a natural part of the process of balancing life, and disease and health constitute a continuum, so it is thought that adapting to a given environment is ul-

timately a life seeking for health [3]. In short, this contrast in the viewpoint about health is thought to explain higher subjective health of Asian countries.

Social discrimination experience, subjective health status and personal satisfaction were found to be different according to the country of origin. These results are believed to be related to the propensity of each nation, which is the aggregate of culture. In this study, subjective health and personal satisfaction of immigrants from Japan were found to be the best, and it is thought to be associated with Japanese beliefs about health and emotional self-control. The Japanese respect the authority of the state through the influence of the Meiji period (after 1968) and Confucianism, and rarely express their anger and suffering through perseverance that emphasize emotional control and self-discipline stemming from the 'ordinary mind' of Zen Buddhism [4]. Also, since individuals are considered subordinate to their family, they do not express personal difficulties and refrain from expressing emotions [27]. Therefore, it is thought that since they accept social discrimination experiences through emotional self-control and obedience to norms [28], and they think diseases are caused by the incongruity and imbalance of the society or family [4], they self-assessed their subjective health and personal satisfaction as good. Nevertheless, it should be noted that the group with no experience of social discrimination exhibited a higher level of subjective health and personal satisfaction. The Chinese place great emphasis on self-control and face-saving due to the influence of Confucian thought, and are willing to abandon individual interests or endure inconveniences for family members in a collectivist culture to maintain strong family cohesion [4,29]. Moreover, since they consider emotions as personal, they rarely talk about emotional issues or worries [4,29]. These characteristics of the Chinese are thought to explain the fact that they tend to be less sensitive to social discrimination in order to maintain their families, and tend not to let others know even if they have difficulties. Korean-Chinese immigrants seem to have self-assessed subjective health and personal satisfaction better than immigrants from China because they feel more comfortable in their life in Korea than immigrants from other countries due to their collectivist culture. As for immigrants from Vietnam, in their family-oriented culture, if the individual' feelings do not help the family, they change their minds for the family. Thus, rather than accepting social discrimination negatively, they try to control their emotions for the family and leave it to the flow of time to harmonize with society [4]. Because of this tendency, they seem to have rated their subjective health status as good. This result is consistent with a previous study that reported that the Vietnamese are less stressed than Westerners and tend to be optimistic about the disease [4].

Given the previous study which reported that Koreans feel uncomfortable about living with foreigners [30], immigrants' experience of discrimination seems to reflect the tendency of Koreans. People from Asian countries tend to focus on their families and control their emotions, and thus they try to solve their problems by enduring social discrimination. Moreover, they accept illnesses as part of their lives, and think that a harmonious life is a healthy life. Due to these inclinations, they seem to have rated their subjective health higher than immigrants from the West. Nevertheless, the lack of experience of social discrimination positively affects their subjective health status and personal satisfaction. Therefore, it is necessary to provide policy support for social discrimination through a cultural approach, taking into account cultural factors including the country of origin. In particular, since beliefs about race and cultural homogeneity are perceived as the most challenging task in the development of Korea's multicultural society [8], Koreans need to change their attitudes toward prejudice, stereotypes and discrimination against race and ethnicity, such as beliefs about language and race homogeneity.

CONCLUSION

The purpose of this study was to investigate the effect of the experience of social discrimination on subjective health status and personal satisfaction. The major results of this study were that there were differences in the experience of social discrimination by country of origin, and subjective health status and personal satisfaction were statistically significantly higher in the subjects with no experience of social discrimination.

The results of this study, which revealed that there were differences in social discrimination experience, subjective health status, and personal satisfaction according to immigrants' country of origin, are significant in that they showed the need for a social discrimination prevention program through a cultural approach. Even among Asian countries, various factors such as history, religion, lifestyle, etc. vary from country to country, and the health status of immigrants can vary depending on native Koreans' attitudes towards immigrants as well as their culture. Therefore, it is considered necessary to expand and implement the education for prevention of discrimination against multicultural families to native Koreans living with them as well as immigrants living in Korea. Specifically, the following

measures are required. First, we need to examine the discrimination experiences of immigrants and the factors that affect them, and develop a preventive education program to meet the needs of immigrants. Second, it is necessary to identify reasons for social discrimination against immigrants, improve the perception about related factors, and develop and apply discrimination prevention programs.

Because this study was based on secondary data, we could not clearly distinguish the experience of social discrimination from the perception of social discrimination. Therefore, it is necessary to examine the relationships of social discrimination education, perceived discrimination, and actual experience of discrimination with the health status of immigrants residing in Korean by country of origin, considering the aspect of culture. In addition, it is necessary to develop a social discrimination prevention program that can be applied in practice through further research.

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