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Examining the Effects of Korean Influences on Body Dissatisfaction

among Korean American College Females through the Tripartite Influence Model

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An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
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Abstract

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by Sarah Rhie

Body dissatisfaction (BD) is an important risk factor for eating disorders among college females. Although studies have examined the effect of ethnicity on BD, the literature examining cultural influences among Asian American college females is limited, with many studies failing to acknowledge the ethnic diversity within the Asian American population. To address this gap, the current study utilized the Tripartite Influence Model as a framework to examine whether Korean cultural influences from parents, Korean American peers, and media affect BD, and whether thin-ideal internalization (TII) mediates this relationship. Results from an online survey of 74 Korean American college females indicated that Korean American peers and Korean media were significantly associated with BD. Results suggested that TII fully mediated the relationship between media and BD. The results indicate that the Tripartite Influence Model may be a valid framework to assess BD among Korean Americans. The study builds empirical knowledge to help inform tailored interventions for eating disorder prevention among Korean American females in college.

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Chapter 1 Introduction

Significance of Body Dissatisfaction

In the United States, the rates of eating disorders among females are high, with lifetime prevalence of anorexia nervosa estimated between 1.4% and 3.0% (Favaro, Ferrara, & Santonastaso, 2003; Fitzsimmons-Craft, 2011; Lewinsohn, Striegel-Moore, & Seeley, 2000; Striegel-Moore et al., 2003; Wade, Bergin, Tiggemann, Bulik, & Fairburn, 2006) and bulimia nervosa between 1.1% to 4.6% (Favaro et al., 2003; Fitzsimmons-Craft, 2011; Lewinsohn et al., 2000; Wade, Bulik, Prescott, & Kendler, 2004). Among college females, the prevalence of clinically diagnosed eating disorders is estimated to be higher, ranging from 4% to 9% (Fitzsimmons-Craft, 2011; Hesse-Biber, Marino, & Watts-Roy, 1999). Body dissatisfaction (BD) is an important risk factor and predictor for eating disorders among women (Stice & Whitenton, 2002), making it an imperative area of research for understanding eating pathology and preventing eating disorders. BD refers to the negative attitudes and feelings that an individual has towards his/her own body (Stice & Shaw, 2002), meaning, if an individual is unhappy and dissatisfied with their body, they are more likely to perceive their body negatively, which may lead to unhealthy behaviors to change their body to their satisfaction. Thus, BD can have important implications for an individual's physical, mental and emotional health.

High BD among women is associated with physical manifestations resulting in a wide range of disordered eating behaviors (Anderson, n.d.) such as crash dieting, fasting, bingeing and purging to control one's weight to meet a body shape to one's satisfaction (The Ohio State University College of Education and Human Ecology, n.d.). Although these behaviors are often seen in eating disorders such as anorexia nervosa and bulimia nervosa, these behaviors must be

in conjunction with other factors to be clinically diagnosed as an eating disorder. Disordered eating behaviors alone do not equate a clinical diagnosis of an eating disorder (Anderson, n.d.).

College women. An estimated 67% of college women engage in disordered eating behaviors but are below the clinical threshold levels required to be diagnosed with an eating disorder (Fitzsimmons-Craft, 2011; Franko & Omori, 1999; Hoerr, Bokram, Lugo, Bivins, & Keast, 2002; Mintz & Betz, 1988). Although college-aged females may engage in a wide range of disordered eating behaviors, the most common include bingeing and purging, the use of laxatives, excessive exercise, and extreme caloric intake restriction (Landow, 2006). High BD among college females is also associated with poorer mental health outcomes that lead to low self-esteem, depression, and emotional distress (Choi & Choi, 2016; Furnham, Badmin, & Sneade, 2002; Grossbard, Lee, Neighbors, & Larimer, 2008; Ohring, Graber, & Brooks-Gunn, 2002; Stice & Shaw, 2002; Stice & Whitenton, 2002; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999; You & Shin, 2016).

The literature examining BD among college females is growing, but most studies are conducted with white female samples (Goodman, 1995; Wildes, Emery, & Simons, 2001). This remains true although increasing evidence has found that there are cultural differences in body ideals that can affect BD among ethnic/racial minorities (Gordon, Castro, Sitnikov, & Holm-Denoma, 2010; Kimber, Couturier, Georgiades, Wahoush, & Jack, 2015; Wildes et al., 2001). Some studies have found ethnic background to be a protective factor against Western thinness ideals (Crago & Shisslak, 2003; Warren, Gleaves, Cepeda-Benito, Fernandez, & Rodriguez-Ruiz, 2005), while other studies have found that ethnic minorities may experience BD similar to White Americans (James, Phelps, & Bross, 2001; Shaw, Ramirez, Trost, Randall, & Stice, 2004; Stein, Corte, & Ronis, 2010).

Body Dissatisfaction and Asian Culture

Despite evidence of cultural differences in body image ideals, the literature on BD among ethnic/racial minority females in college is limited, and even smaller is the proportion of studies examining Asian Americans. Like studies among other ethnic/racial minorities, studies of BD among female, Asian American college students have found inconsistent, confounding results. Rakhkovskaya and Warren (2016) found the Asian identity to protect Asian American college female students from thinness ideals, while others have suggested that Asian American students preferred thinner body ideals (Barnett, Keel, & Conoscenti, 2001; Frederick, Forbes, Grigorian, & Jarcho, 2007) than their White American counterparts.

Further complicating the knowledge about the role of Asian identity on BD, studies among Asian Americans fail to acknowledge the breadth of ethnic diversity in the Asian American population, and in turn, do not capture variations in cultural influences that may be leading to the conflicting results. To address this gap in the literature and develop culturally-relevant interventions, additional studies controlling for in-group variations and/or examining at-risk Asian American sub populations are warranted.

Korean culture. Numerous studies have found that Korean women living in South Korea (Korea) have high rates of BD (Jung, Forbes, & Lee, 2009; Jung & Lee, 2006; O. S. Kim & Yoon, 2000; Ryu, Lyle, & McCabe, 2003). In fact, a review by Tsai (2000) indicated BD prevalence rates in Korea were up to 81%. A comparison study on BD and disordered eating among female college students in the United States and Korea found that Korean students had greater BD than their American counterparts, and this difference was present after BMI was controlled (Jung & Forbes, 2006). If college females in Korea are experiencing high rates of BD, then Korean American college females, who experience both Korean and American culture, may

be at risk for high BD not only from American culture, but also from their Korean culture. Yet, there are few studies examining BD among Korean American college females and even fewer studies that acknowledge and examine whether Korean cultural influences may affect BD among Korean American college females.

Tripartite Influence Model

Thompson et al., (1999) developed the Tripartite Influence Model (referred to as TIM henceforth) to conceptualize the etiology of body and eating disturbances. The model posits that body image is a linear process directed by two mechanisms: 1) thin-ideal internalization, and 2) appearance comparison. Thin-ideal internalization is when an individual internalizes thinness messages promoted by media and society (Thompson et al., 1999; Thompson & Stice, 2001). Appearance comparison is when an individual compares their appearance to others (Keery, van den Berg, & Thompson, 2004; van den Berg, Thompson, Obremski-Brandon, & Coovert, 2002).

TIM suggests that these two mechanisms mediate the relationship between three sociocultural variables – family, peers, and media – and body dissatisfaction (Figure 1) (Keery et al., 2004; van den Berg et al., 2002).

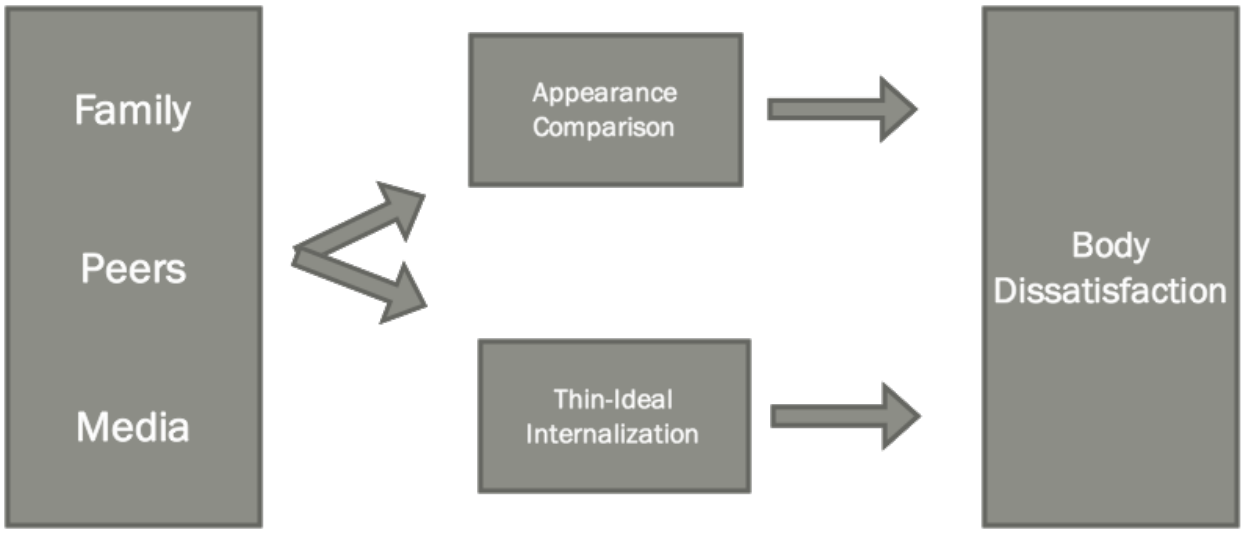

Figure 1. Tripartite Influence Model (TIM)

Purpose of Study

Guided by the TIM as a framework, the scope of this study was limited to how family, peers, and media influence thin-idealization to affect body dissatisfaction. Specifically, the current study examined BD among Korean-American college females to determine whether Korean cultural influences from parents, Korean-American peers and Korean media exposure affect thin-ideal internalization and BD among Korean-American college females. The study also explored whether thin-ideal internalization, the proposed mediator, potentially mediates the association between these sociocultural influences and BD among a Korean American college female sample.

Chapter 2 Literature Review

Body Dissatisfaction

Body dissatisfaction (BD) is a prominent risk factor for eating disorders, and is thus heavily researched in the literature to understand the mechanisms leading to eating disorders (Stice & Whitenton, 2002). BD is a term encompassing an individual's negative attitudes and feelings towards his/her body (Stice & Shaw, 2002). Although BD can affect both men and women, their experiences may differ, based on gender roles and media's portrayals of men and women. In Western culture, media has traditionally upheld thinness as an intrinsic trait of womanhood to appear more delicate and feminine, and these "thinness ideals" have been associated with higher BD among women (Brown & Dittmar, 2005; Cash, Cash, & Butters, 1983; Ferguson, 2013; Harper & Tiggemann, 2008; Thompson et al., 1999). Media's portrayal of unrealistically thin female figures is believed to be internalized by many women, which in turn, leads to discrepancies between a woman's own perceived body and the body ideal perpetuated in the media (Stice & Shaw, 1994; Thompson & Stice, 2001). This perceived discrepancy, known as 'thin-ideal internalization,' leads to many woman feeling dissatisfied with their bodies, leading women to engage in harmful behaviors to meet their satisfaction (Thompson et al., 1999; Thompson & Stice, 2001). Thin-ideal internalization (TII) has been validated as a relevant construct in assessing the pathway to BD and eating disorders (Keery et al., 2004; Thompson & Stice, 2001). While media reinforces thinness ideals for females, male portrayals focus more on muscularity and masculinity (Ferguson, 2013). Despite some studies suggesting that males also experience a thin ideal and BD (Cusumano & Thompson, 1997; Ferguson, 2013; Hayes & Tantleff-Dunn, 2010; Thornton & Maurice, 1997), most studies have traditionally focused on

female samples, due to traditional beliefs that women experience higher levels of BD compared to men (Feingold & Mazzella, 1998; Ferguson, 2013; Goodman, 1995; Thompson et al., 1999).

Young women are especially vulnerable in a college setting (Fitzsimmons-Craft, 2011), as they experience early adulthood away from their parents. Hoer et al. (2002) found that among college students (n=1,899), 4.5% of women reported previous treatment for an eating disorder compared to 1.4% of male students, but estimates are often underestimated and hard to assess since many individuals struggling with an eating disorder often avoid treatment or hide their illness (Smink, van Hoeken, & Hoek, 2015). Considering that high BD is an important risk factor in the development of eating disorders, it is important to examine how BD manifests among a college female population to further prevent the development of harmful eating disorders and behaviors.

Factors Associated with Body Dissatisfaction among College Women

The college setting may be an environment fostering and reinforcing eating disorders among college females, especially among those who show signs of disordered eating behaviors, for several reasons (Striegel-Moore, Silberstein, & Rodin, 1986; Fitzsimmons-Craft, 2011). First, most college students are usually between the ages of 18-25, a time-period when young adults are experiencing critical developmental changes that shape their adult lifestyle. Arnett (2000) suggested that college-aged students are in a developmental period known as 'emerging adulthood,' a distinct period from adolescence and young adulthood characterized by a rise in risky behavior (Jessor, Donovan, & Costa, 1991). The rise in risky behavior is believed to be triggered by a desire to experience a wide range of opportunities and experiences during a period of ambiguity and change before emerging adults must choose and settle into social and cultural roles, expectations, and responsibilities associated with adulthood (Arnett, 2000). Second, social

interactions and peer relationships are highly valuable and important in college settings (Bosari & Carey, 2001; Martin & Hoffman, 1993; Fitzsimmons-Craft), and peer networks provide social, emotional and mental support (Bosari & Carey, 2001; Hays & Oxley, 1986; Paul & Kelleher, 1995; Fitzsimmons-Craft). College females also place a high value on being attractive and beautiful amongst their peers to be socially accepted and validated (Evans, 2003; Joel & DiMaria, 2003; Thompson & Stice, 2001). Thus, peers are major influences capable of reinforcing thinness ideals portrayed in the media. Indeed, research has found that a woman's perception of her body is largely dependent on how she perceives others to view her body (Davison & McCabe, 2005; Fitzsimmons-Craft), reflecting the socio-cultural mechanisms affecting body image disturbances.

Parents are also influential in shaping attitudes, beliefs, and behaviors related to body image at an early age (Haworth-Hoeppner, 2000). Parents can model attitudes and behaviors towards weight onto their children to affect their children's attitudes and lifestyle behaviors throughout the course of their life (Davison, Markey, & Birch, 2000; Pike & Rodin, 1991). However, parental influence may not be as significant as peer influences among college students as they discover independence and step into early adulthood while in college (Arnett, 2000). During this time, many college students experience day-to-day life separated from their parents, and live amongst their peers on or off their college campuses to have more interactions and opportunities to be influenced by their peers (Bosari & Carey, 2001; Martin & Hoffman, 1993; Fitzsimmons-Craft).

Body Dissatisfaction and Ethnic Differences

Historically, BD and thin, female body frames were traditionally perceived as a unique Western trait afflicting White women (Goodman, 1995). Therefore, most of the empirical

literature examining BD focused on Western samples (Striegel-Moore & Smolak, 2000). Racial and ethnic minority women were believed to be less affected by the same "thinness" ideals that are promoted in Western media, with some studies suggesting that a racial/ethnic minority background was a possible protective factor against eating disorders and related behaviors (Crago & Shisslak, 2003).

However, increasing evidence supports that contrary to traditional beliefs, BD and eating disorders may affect racial and ethnic women in various ways, depending on their ethnic background and cultural norms (Abrams, Allen, & Gray, 1993; Crago & Shisslak, 2003; Grabe & Hyde, 2006; Roberts, Cash, Feingold, & Johnson, 2006). For example, evidence supports that the preferred body type in African American culture is larger in comparison to their White American counterparts, suggesting that African Americans may be at a lower risk for developing body disturbances and related risk behaviors such as excessive dieting and eating disorders (Dounchis, Hayden, & Wilfley, 2001). Comparative studies examining Black and White college females have suggested different findings. James, Phelps and Bross (2001) found that among their sample of undergraduate females, Black students indicated BD at levels similar to White Caucasian samples, whereas Baugh, Mullis, Mullis, Hicks and Peterson (2010) found that White females scored higher on BD than Black females in their college sample. Stein, Corte, and Ronis (2010) found that a Mexican ethnic identity protected 66 Mexican American women from binge eating while Nishina, Ammon, Bellmore, and Graham (2006) found that among Latina, Asian American, African American and multiethnic girls (mean age=14), mean differences were found only for African American girls reporting lower levels of BD than other girls. The differential findings indicate that more research must be conducted among ethnic minority females, especially among Asian American college females who are underrepresented in the extent

literature (Iwamasa, Hsia, & Hinton, 2006) despite being one of the fastest growing immigrant groups in the United States (Hoeffel, Kim, & Shahid, 2012; Iwamasa et al., 2006).

Body Dissatisfaction and Asian Americans

The volume of studies examining Asian Americans is scant in comparison to studies examining White or African American college females, and similar to other ethnic studies, the role of an Asian ethnic identity as a protective factor (Frederick et al., 2007) or a risk factor (Barnett et al., 2001; Tsai, 2000) is debatable.

Flaws in study designs with Asian Americans samples. Inconsistent findings among Asian Americans may be due to a flaw in study designs. The Asian American population is diverse and includes individuals originating from several countries from East Asia (Korea, China, Japan, etc.), South East Asia (Vietnam, Philippines, Thailand, etc.), and South Asia (India, etc.). Oftentimes, researchers group individuals from these sub regions are together into one 'Asian American' category in their research, despite each country having its own set of cultural norms, beliefs, and attitudes that may vastly differ from each other (Crago & Shisslak, 2003; Pew Research Center, 2012). By examining Asian Americans as a homogenous group, studies cannot examine and isolate cultural influences, effectively, losing the unique cultural influences that may have different impacts on the likelihood of BD. It is imperative to examine specific Asian ethnic identities to understand how cultural influences may interact to affect BD.

Korean Americans and Body Dissatisfaction

Korean Americans and bicultural identity. Korean Americans, to a certain extent, experience both their ethnic culture and the dominant culture in which they live in (Nguyen & Benet-Martínez, 2013). However, they are aware that they do not fully integrate into either Korean or American culture, and rather, create a third, separate, "hyphenated culture" that is

influenced by both Korean and American culture (Nguyen & Benet-Martínez, 2013). In the field of psychology, the term "third culture kid" is used to define an individual who has spent the majority of their developmental period outside of their parents' culture (Pollock & Van Reken, 2009). Based on this concept, Korean-Americans, if they accept both their Korean and American identity, are held to cultural and social norms of both their ethnic, Korean culture and the American culture in which they live. To properly examine BD among a Korean American sample, then, simply examining Western influences will not suffice. It is necessary to acknowledge that BD among Korean Americans may also be influenced by their Korean culture.

Thinness in Korean culture. Although thinness has always been considered a Western trait, increasing evidence provides support that Korean culture also values thinness as an important trait among women. A meta-analysis conducted from 1996 to 1999 by Tsai (2000) found that BD and eating disorder rates among Asians were similar to those of the West, with BD rates at 81% in Korea, indicating that Korean culture heavily emphasizes and values thinness as an important trait among women. In support of this finding, a qualitative study comparing thinness ideals among Korean and American college students by Kim (2014) revealed that Korean students more heavily endorsed thinness ideals as a social standard than their American counterparts. The Korean students were more likely to conceptualize thinness as attainable through hard-work and effort, whereas American students were more likely to criticize the media for such thin portrayals of women in the media and viewed these portrayals as unrealistic for the common female (Kim, 2014). Korean students were also more likely to perceive thinness as a symbol reflecting positive qualities such as intelligence and beauty and fatness as a symbol associated with negative qualities such as laziness, lack of self-control, and low socioeconomic status compared to their American counterparts (Kim, 2014). These results reflect that Korean

culture heavily endorses and emphasizes thinness among Korean females, which can have important implications for BD among Korean American college females who experience both Korean and American influences simultaneously as biculturals.

Tripartite Influence Model and Current Study

To assess how Korean American college females experience BD, the current study will examine whether Korean influences affect BD in a Korean American college female sample. Considering the mounting evidence of social and cultural influences on BD (Fallon, 1990; Stice, 1998; Stice & Shaw, 2002; Stice & Whitenton, 2002; Thompson, Heinberg, & Clarke, 1996), the study will utilize the Tripartite Influence Model (TIM) as a framework. Developed by Thompson et al. (1999), the TIM theorizes the pathway leading to eating disorders and their risk factors. According to this model, BD is affected by three main sociocultural influences: 1) family, 2) peers, and 3) media with two proposed mediators: 1) appearance comparison and 2) thin-ideal internalization. Empirical evidence lends support to these pathways of TIM influencing BD.

This study was limited to examining thin-ideal internalization as a mediator. Utilizing the TIM, the study addressed gaps in the literature by building empirical evidence of the role of Korean cultural influences from parents, Korean American peers, and Korean media exposure on thin-ideal internalization and BD among Korean American college females. The study also explored whether thin-ideal internalization mediates the association between these sociocultural influences and BD (Figure 2). By accomplishing these research objectives, the study can build knowledge of the potential determinants of BD among Korean American college females. This will increase understanding of the mechanisms affecting BD among Korean Americans and help to inform tailored interventions for Korean American college students.

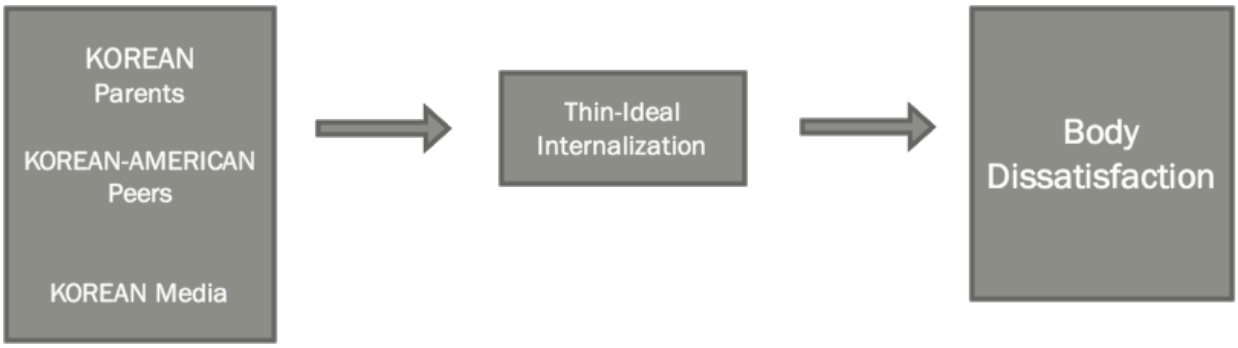

Figure 2. Framework of current study

Chapter 3 Method

Design

This study utilized a cross-sectional design. A quantitative, online survey was created to examine sociocultural influences from Korean parents, Korean-American peers, and Korean media among Korean-American college females aged 18-23, and their influence on body dissatisfaction. The proposal for this study was submitted to Emory's Institutional Review Board, and was approved on September 21, 2016 (IRB00090385).

Participants

Participants were recruited for the survey through convenience and snowball sampling. Potential participants were reached through email with a short description of the study and an online web link to the survey (see Appendix A, B C). After completion of the survey, participants were asked to share the web link with their family and friends who may fit the eligibility criteria.

To be eligible, participants had to self-identify as meeting the following inclusion criteria at the time of data collection (see Appendix D):

- Female currently enrolled in an undergraduate program located in the United States
- Both parents are Korean
- Both mother and father immigrated to the United States from Korea
- Raised in the United States
- Residing in the United States
- Korean-American
- Between the ages of 18 and 23 years old

A time frame was not associated with the eligibility criterion of "raised in the United States" as literature has suggested that an individual's awareness rather than time in a culture may help form ethnic identities (Kibria, 2002; Oh, 2011; Pollock & Van Reken, 2009). Therefore, the term "raised" was left to the participant's interpretation to determine whether she felt that she was raised in the United States.

Participants who met eligibility criteria were directed to complete an online consent form (see Appendix E). A total of 140 participants accessed the survey and were taken to the consent form of whom 139 (99%) provided informed consent. A total of 87 (62%) participants met eligibility criteria and were forwarded to the survey (see Appendix F). Participants were lost while progressing through the survey, but a total of 74 participants (53%) participants completed the survey in its entirety. Cohen (1992) indicated that a sample size of at least 84 participants is necessary to detect a medium effect size with power = .80 and a= .05 and at least 55 participants is necessary to detect a large effect size with power=.80 and a=.05 for a multiple regression with 4 independent variables (mediator variable included).

Survey Development

The online survey instrument contained a total of 80 survey items including questions on body dissatisfaction (outcome variable); influence of family, peers, and media (predictor variables); thin-ideal internalization (mediator); demographics; and eligibility questions.

Outcome variable: body dissatisfaction. Body dissatisfaction was measured using the Eating Disorder Inventory, specifically the Body Dissatisfaction subscale. The 9-item subscale assesses the respondent's satisfaction with different parts of her body, asking respondents to respond on a 6-point scale of 1 (always satisfied) to 6 (never satisfied) (Shroff & Thompson, 2004). A sample item from the Body Dissatisfaction Scale is, "I think that my stomach is too

big." Items are summed to reflect body dissatisfaction scores. Scores can range from 9 to 54. A higher score reflects higher body dissatisfaction. The body dissatisfaction subscale has high reliability among college females (α=0.92) (Trautmann, Worthy, & Lokken, 2007).

Predictor variables: influence of family, peers, and media. The Tripartite Influence Scale (TIS) was used to measure the three sociocultural influences proposed by TIM – family, peers, and media exposure. The TIS is a 43-item scale created by combining multiple measures and scales that assess family, peer, and media influences used to measure the Tripartite Influence Model (Javier, 2013; Keery et al., 2004; van den Berg et al., 2002). Participants respond to each item on Likert scales ranging from 1 to 5, 1 to 4, and 1 to 3, depending on the survey item. There are no reverse-coded items in the scale. Each subscale (family, peers, and media) can be summed separately to create scores to quantify each source of influence. A higher score on each subscale reflects more pressure for thinness from that influence. Subscale scores can be summed to create a combined TIS score. The possible range of scores on the TIS scale is from 43 to 200. Like the subscale scores, a higher TIS score reflects greater family, peer, or media influence on the individual's perception of and/or desire for thinness. Among college females, the TIS has shown moderate reliability (α= 0.69-0.87)(van den Berg et al., 2002). Among an Asian American college sample, the TIS had high reliability (α=0.98) (Javier & Belgrave, 2015).

Parental cultural influences were assessed with 20 items. These items came from four different scales within the TIS: Perception of Teasing Scale-Weight Teasing Frequency Subscale, Perceived Family Preoccupation with Weight and Dieting Scale, Family Influence Scale, and Parental Involvement Scale (Javier & Belgrave, 2015; van den Berg et al., 2002). Participants were asked to respond about their parents' general diet behavior and weight perceptions. Sample items assessing family influences include, "how important is it to your

mother that you be thin?" Participants responded to items on a Likert scale from 1 (not at all) to 4 (very concerned); 1 (never) to 4 (often); 1 (not at all) to 4 (very important); or 1 (never) to 5 (all the time), depending on the survey item. The possible range of scores on the parent subscale is from 20 to 90, with a higher score reflecting greater influence from parents. Among a sample of Asian American college students, the scale showed high reliability (α=0.91) (Javier, 2013).

Korean-American peer influences were assessed within the TIS through 13 items pulled from four different scales Perception of Teasing Scale-Weight Teasing Frequency Subscale, Perceived Friend Preoccupation with Weight and Dieting Scale, Peer Influence Scale, and Weight Rejection Scale (Javier & Belgrave, 2015; van den Berg et al., 2002). The Perception of Teasing Scale-Weight Teasing Frequency Subscale is also used to assess family weight teasing, but is also used to assess weight teasing among peers by changing the items from parents to peers. To adapt the scales to be appropriate for the target sample, items from these scales were modified to replace generic terms of "friends" and "classmates" to "Korean-American friends" for this study. An example item is, "How often do you Korean-American friends talk about weight and dieting?" Participants responded to items on a Likert scale from 1 (never) to 4 (often); 1 (never) to 4 (very often); 1 (not at all) to 4 (very important); 1 (never) to 5 (all the time); or 1 (definitely not) to 4 (a lot), depending on the survey item. The possible range of scores on the Korean-American peer subscale is 13 to 60, with a higher score reflecting greater influence from Korean-American peers.The original peer subscale reflected high reliability among a sample of Asian American college females (α=0.91) (Javier, 2013).

Media influence was assessed with a 10-item media subscale developed from three different scales measuring media exposure (Media Influence Scale, Interest Scale, and Perceived Sociocultural Pressure Scale(Javier & Belgrave, 2015). Sample items include, "I have felt

pressure from the media to lose weight," and, "the magazines I read and the TV shows I watch emphasize the importance of appearance." Participants responded on a scale of 1 (never) to 4 (often); 1 (none) to 5 (a lot); and 1 (not interested) to 3 (more interested), depending on the item. The possible range of scores on the media subscale is 10 to 50, with a higher score reflecting more media pressure. The media subscale reflected good reliability among a sample of Asian American college females (α=0.83) (Javier, 2013).

Exposure to Korean and American media. Before responding to the TIS media subscale, participants were asked to report how many hours a week they watched/read Korean TV shows, movies, and magazines and watched/read American TV shows, movies, and magazines. Participants were asked to choose from a scale of answers from "I don't watch/read at all," "less than one hour," "1-3 hours," "4-6 hours," "7-9 hours," "10 hours or more" for both Korean and American media. These items are separate from the TIS scale and were developed by the PI. By keeping the media subscale non-specific to cultural influences and asking participants to report the frequency of Korean and American media exposure, it allowed the PI consider the amount of American media watched to allow comparisons between groups of college females with different exposures to both American and Korean media.

Meditator variable: thin-ideal internalization. Thin-ideal internalization was the proposed mediator between the tripartite influences and body dissatisfaction and was measured using the Internalization subscale from the Sociocultural Attitudes Towards Appearance Questionnaire 3 (SATAQ-3). The internalization subscale is a 9-item scale with responses on a 5-point Likert scale from 1 (definitely disagree) to 5 (definitely agree). A **s**ample item is, "I compare my appearance to the appearance of TV and movie stars." One item was reverse coded **so** that a higher score (when summed) reflects higher thin-ideal internalization (Thompson, van

den Berg, Roehrig, Guarda, & Heinberg, 2004). The possible range of scores is 9 to 45. Among young women**,** the internalization subscale exemplified moderate reliability (α=0.69) (Stice, Mazotti, Weibel, & Agras, 2000). In a study with Asian American college females, the internalization subscale reflected high reliability, making it a good scale to use for this study (α=0.98) (Javier & Belgrave, 2015).

Demographics. If participants were eligible, they were routed to the demographic questions. Age was collected among the eligibility questions. Additional demographic information assessed included religion, height, weight, whether participants were currently attending a public or private school, location of school (state), and where they currently lived (campus residence hall, parent's home, off-campus housing, etc). Body mass index (BMI) was calculated with participant's reported height and weight. Compared to White Americans, Asian Americans are at higher risk for disease at lower BMI scores, therefore BMI scores of the current sample were categorized according to BMI cutoffs specifically designed for Asian and Asian American adults used by the Asian American Diabetes Initiative at the Joslin Diabetes Center, which have cutoff points lower than those designed by the National Institutes of Health. Cut off points range from 'below healthy range' (<18.5), 'healthy range' (18.5 – 22.9), 'above healthy range' (23-26.9), and 'further above healthy range' (≥27).

Data Analysis

First, a Cronbach alpha was computed for each scale used in the survey to measure reliability of scale items. This was followed by descriptive analyses to describe the sample. Bivariate analyses included simple linear regressions to examine whether the Tripartite Influences (parental influence, Korean American peers and media) were associated with BD. An analysis of variance was also conducted using PROC GLM in SAS to independently examine the

amount of exposure to Korean media and American media per week with BD and TII. PROC GLM was used due to unequal sample sizes among different levels of exposure groups (none, low 1-3 hours, medium 4-10+ hours). Upon significant findings, multiple linear regressions were conducted to examine whether TII mediated the association between Tripartite Influences that were significant in bivariate analysis with BD**.**

Mediation was conducted according to the method of Baron and Kenny (1986) (Baron & Kenny, 1986). First, simple linear regressions of each of the Tripartite Influence subscales (parental influence, Korean American peers, and media) were conducted to examine whether there was a significant association ($p<0.05$) with body dissatisfaction. Second, a simple linear regression was conducted to examine whether each Tripartite Influence subscale was associated with thin-ideal internalization, the proposed mediator. Third, a multiple linear regression (ENTER method) was conducted to assess whether Tripartite Influence subscales (significant at $p<0.05$ in simple linear regression) were significantly associated with body dissatisfaction, while controlling thin-ideal internalization (proposed mediator). Following the method of Baron and Kenny (1986), potential full mediation is supported if the association between each of the Tripartite Influences and body dissatisfaction is zero, when controlling for thin-ideal internalization. Partial mediation is supported if associations with body dissatisfaction is reduced, but still significant ($p<0.05$) when controlling for thin-ideal internalization. Analyses were conducted using IBM SPSS and SAS.

Chapter 4 Results

Descriptive Statistics

Demographics. A total of 87 participants between 18 and 23 years old provided demographic information. The mean age of survey participants was 20.41 years old (std=1.35). The majority of participants reported to be 'Christian/Protestant/Methodist/Lutheran/Baptist' (82.76%, n=72) and 3.45% (n=3) reported to be Catholic. Remaining participants reported to be atheist, agnostic, or nothing in particular. Although participants could be attending any college/university in the United States, participants represented 12 states (District of Columbia, Georgia, Illinois, Massachusetts, New York, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, Texas and California), with the majority of participants attending a college/university in Georgia (39.08%, n=34) and North Carolina (19.54%, n=17). Roughly half (54.02%, n=47) reported they were currently attending a public college/university, and most reported they were residing on campus (47.13%, n=41), while 36.78% (n=32) reported other off-campus housing. A smaller number of participants reported they were living at their parent/guardian's home (12.64%, n=11) (see Table 1). Height of participants ranged from 4 feet 11 inches to 6 feet 1 inch with a mean height of 5 feet 3 inches for the sample. The average weight of the participants was 124.2 pounds with the lowest weight reported being 95 pounds and a maximum reported weight of 165 pounds. BMI scores ranged from a minimum of 16.50 to a maximum of 27.50. The mean BMI score was 21.50 (std=2.09). Most participants had BMI scores within the 'healthy range' (73.60%, n=64), followed by the 'above healthy range' (16.10%, n=14).

Outcome variable: Body dissatisfaction. The 9 scale items in the BD scale reflected low to adequate internal reliability within the sample (α=0.67). Body dissatisfaction scores from the sample ranged from a minimum score of 9 to a maximum score of 44 out of a possible 54. A higher score indicated a higher body dissatisfaction. The mean score was 28.08 (std=7.19, n=74) (see Table 1).

Independent variable: Tripartite Influence Scale (TIS). The 43 scale items in the TIS scale reflected high internal reliability within the sample (α=0.90). Scores from the TIS ranged from a minimum of 69 to a maximum of 148 in our sample of a possible 200. A higher score indicated more sociocultural influences for thinness from family, media and peers. The mean score was 108.20 (std=17.12, n=76) (see Table 1).

Parents. The 20 scale items in the family subscale reflected high internal reliability within the sample (α=0.90). Scores from the TIS-Family subscale ranged from a minimum of 25 to maximum score of 69 of a possible 90 in our sample, a higher score indicating more family influences for thinness. The mean score was 46.15 (std=11.72, n=79) (see Table 1).

Korean American peers. The 13 scale items in the peer subscale reflected high internal reliability within the sample (α=0.90). Scores from the TIS-peer subscale ranged from a minimum of 20 to a maximum score of 57 of a possible 60, with a higher score indicating more peer influences for thinness. The mean score was 37.89 (std=8.06, n=76) (see Table 1).

Media. The 10 scale items in the media subscale reflected a low to adequate internal reliability within the sample (α=0.68). Scores from the TIS-media subscale ranged from a minimum score of 15 to a maximum score of 35 of a possible 50, with a higher score indicating more media influence for thinness. The mean score was 24.27 (std=4.23, n=81) (see Table 1).

Table 1

Descriptive Statistics of Scales

Scale	N	Mean	Std Dev	Min-Max	Range	Reliability (α)
BD	74	28.08	7.19	9-44	9-54	0.67
TIS	76	108.20	17.12	69-148	43-200	0.90
Parents	79	46.15	11.72	25-69	20-90	0.90
KA Peers	76	37.89	8.06	20-57	13-60	0.90
Media	81	24.27	4.23	15-35	10-50	0.68
TII	76	28.20	8.15	10-45	9-45	0.95

Note: Range refers to possible scores.

Hours per week exposed to Korean and American media. Participants were asked to report, on average, how many hours they watch/read Korean and American media per week. A total of 81 participants reported exposure hours. Approximately 26% (n=21) of participants reported no exposure to Korean media, 25% (n=20) reported less than one hour, 30% (n=24) '1-3 hours', 11% (n=9) '4-6 hours', 4% (n=3) '7-9 hours' and roughly 5% (n=4) reported '10 hours or more.'

Comparably, approximately 6% (n=5) reported no exposure to American media, 22% (n=18) reported less than one hour, 30% (n=24) '1-3 hours', 22% (n=18) '4-6 hours', 6% (n=5) '7-9 hours', and roughly 14% (n=11) reported '10 hours or more.'

Mediator: Thin ideal internalization (TII). The 9 scale items in the TII scale reflected high internal reliability within the sample (α=0.95). Scores from the TII scale ranged from a minimum score of 9 to a maximum score of 45 of a possible 45. A higher score indicated higher internalization of thinness ideals. The mean score was 28.20 (std=8.15, n=76) (see Table 1).

Bivariate Analyses

Simple linear regressions were conducted to examine significant relationships between all suggested independent variables and BD (see Table 2).

TIS. Results of linear regression analyses suggested that TIS was independently associated with BD (B=0.10; 95% CI=0.003, 0.19; p=0.04; R=0.24; R^2=0.06) and TII (B=0.19; 95% CI = 0.09, 0.30; p<0.001; R=0.40; R^2=0.16). On average, with each unit increase in total influence for thinness from the Tripartite Influences, there is a 0.10 increase in BD, and approximately 6% of the variance in BD can be explained by the Tripartite Influences. On average, with each unit in total influence for thinness from Tripartite Influences, there is a 0.19 increase in TII, and approximately 16% of the variance in TII can be explained by the Tripartite Influences.

TIS subscales. When each Tripartite Influence was examined with BD, only media was significantly associated with BD (B=0.50; 95% CI=0.11, 0.88; p=0.01; R=0.29; R^2=0.09). Parents and Korean-American peer influences were not significantly associated with BD. Media (B=0.91, 95% CI= 0.51, 1.30; p<0.001; R=0.47; R^2=0.22) was significantly associated with TII, the proposed mediator. With each unit increase in influence for thinness from media, on average, participants reflected a 0.905 increase in TII, and approximately 22% of variance in TII can be explained by media influence.

Table 2

Simple Linear Regressions						
Regression	R	R^2	B	P	95% CI	
					Lower	Upper
TIS, BD	0.25	0.06	0.10	0.04*	0.003	0.19
Parents, BD	0.17	0.03	0.11	0.15	-0.04	0.25
Peers, BD	0.12	0.01	0.11	0.32	-0.11	0.32
Media, BD	0.29	0.08	0.50	0.01*	0.11	0.88
TII, BD	0.35	0.12	0.31	<0.00*	0.12	0.51
TIS, TII	0.40	0.16	0.19	0.04*	0.00	0.19
Parents, TII	0.22	0.05	0.16	0.06	-0.00	0.32
Peers, TII	0.29	0.08	0.30	0.01*	0.07	0.52
Media, TII	0.47	0.22	0.91	<0.00*	0.51	1.30

*p<0.05

Korean and American media exposure. To further explore the association between media, BD and TII, an analysis of variance was conducted to independently examine the amount of exposure to Korean media and American media per week with BD and TII.

Korean media exposure. The association between Korean media exposure and BD was not significant (F=(2,71)=0.56, p=0.24). Korean media exposure was also non-significant with TII (F=(2,73)=0.35, p=0.71). Despite non-significant findings, results suggested a dose-response relationship between house of Korean media exposure and BD (see Table 3). A dose response relationship was not present when Korean media exposure was examined with TII. From 4-10+ hours of exposure, there was a decrease in TII compared to lower exposure.

Table 3

Korean Media Exposure and Mean BD and TII Scores

Korean Media	BD			TII		
	N	**Mean**	**Std Dev**	**N**	**Mean**	**Std Dev**
None	19	27.05	8.46	19	28.74	9.17
Low: 1-3 hours	41	27.98	7.09	41	28.54	7.82
Medium: 4-10+ hours	14	29.79	5.64	14	26.68	8.09
	(F=(2,71)=0.56, p=0.24)			(F=(2,73)=0.35, p=0.71)		

American media exposure. The association between American media exposure and BD was not significant (F=(2,71)=2.14, p=0.13). American media exposure was also non-significant with TII (F=(2,3)=1.25, p=0.29). A dose-response relationship was not present with American media (See Table 4).

Table 4

American Media Exposure and Mean BD and TII Scores

American Media	BD			TII		
	N	**Mean**	**Std Dev**	**N**	**Mean**	**Std Dev**
None	4	21.00	8.12	5	27.80	6.80
Low: 1-3 hours	39	28.67	6.18	39	26.85	8.15
Medium: 4-10+ hours	31	28.26	7.98	32	29.91	8.26
	(F=(2,71)=2.14, p=0.13)			(F=(2,3)=1.25, p=0.29)		

Multiple Linear Regressions

Based upon significant associations in bivariate analyses, two multiple linear regression models were conducted to examine whether TII mediated a) the association between TIS and BD and b) the association between media and BD (See Table 5).

TIS, BD, and TII. In the multiple regression model, the previously-significant relationship between TIS and BD became non-significant (B=0.05; p=0.33) when TII was in the model. The relationship between TII and BD remained significant (B=0.27; p=0.03). Thus, the results suggested that TII fully mediated the relationship between TIS and BD.

Media, BD, and TII. In the multiple regression model, the previously-significant relationship between media and BD became non-significant (B=0.29; p=0.18) when TII was in the model. The relationship between TII and BD remained significant (B=0.25; p=0.03). Thus, the results indicated that TII fully mediated the relationship between media and BD.

Table 5

Multiple Linear Regressions

	R	B	P	95% CI	
Model 1				Lower	Upper
BD					
TIS	0.12	0.05	0.33	-0.05	0.15
TII	0.31	0.27	0.01*	0.06	0.49
Model 2					
BD					
Media	0.17	0.29	0.18	-0.13	0.71
TII	0.28	0.25	0.03*	0.03	0.47

*p<0.05

Chapter 5 Discussion

The Tripartite Influence Model (TIM) proposes that three socio-cultural influences (family, peers and media) affect body dissatisfaction (BD), and this relationship may be mediated by thin-ideal internalization (TII) and appearance comparison (Thompson et al., 1999). Utilizing the Tripartite Influence Model as a framework, the current study examined whether Korean influences from the three Tripartite Influences affected BD, and whether this relationship was mediated by TII among Korean American college females age 18-23. Results from the current study suggested that Korean cultural influences from the summed Tripartite Influence Scale were significantly associated with BD, with TII fully mediating this relationship. Media was the only Tripartite Influence suggested to be significantly associated with BD, with TII fully mediating this relationship.

It is important to understand South Korea's social and cultural contexts to interpret the study's results. A breadth of literature indicates that the presence of Western media plays a powerful role in influencing and predicting BD and TII in Western and non-Western societies (Becker, Burwell, Gilman, Herzog & Hamburg, 2002; Miller & Halberstadt, 2005; Stice & Thompson, 2001). With the proliferation of Westernization and rapid economic development since the 1960s, South Korea has emerged as a developed, global economy and has since adopted thinness ideals pervasive in Western culture into its own (Matsumoto, 2014; Pike & Dunne, 2015). Thinness messages have become increasingly prevalent in Korean media and like American media, Korean media heavily reinforces beauty standards in Korean culture (Matsumoto, 2014). In fact, Korean pop culture, globally well known as 'K-pop,' which is shortened for 'Korean pop,' (Matsumoto, 2014) is widely held responsible for reinforcing Korean beauty ideals pressuring women to have slim facial jawlines and features, large eyes, and

thin frames to be socially accepted and validated as beautiful in Korean culture (Holliday & Elfving-Hwang, 2012; Kim, 2014). Pressures to conform to beauty standards have resulted in increased cases of plastic surgery in South Korea, and in fact, South Korea has one of the highest rates of plastic surgery among men and women in the world (Holliday & Elfving-Hwang, 2012; Yang, 2007). Although the desire to conform to beauty standards is relevant in both Korean and American society, Koreans may be more vulnerable to feel dissatisfied and act upon those pressures. Kim (2014) found that in her study examining Korean and American college females, Korean females were more vulnerable and likely to accept thinness ideals as social norms and felt the need to conform to the beauty standards portrayed in Korean media. In contrast, American females were more likely to recognize that thin female figures in American media may be unattainable (Kim, 2014). The different response may be attributed to the different characteristics of Korean and American culture (Kim, 2014; Triandis, 2995, 1995). Korean culture embodies collectivistic principles that stress the importance of group interdependence and homogeneity (Kim, 2014; Triandis, 1993, 1995). In comparison, American culture emphasizes individualistic principles, placing importance on self-reliance and individualism (Kim 2014; Triandis, 1993, 1995). According to Jackson, Keel and Lee (2006), Korean culture also heavily emphasizes appearance as an important factor towards a woman's success in marriage and career. Thus, in a culture where group homogeneity is stressed upon, Korean women are more likely to internalize thinness and compare themselves with ideals perpetuated in society to ensure that they are meeting social expectations for social acceptance (Kim, 2014; Markus & Kitayama, 1998; Matsumoto, 2014). Considering these factors, it is not surprising that media was significantly associated with BD and fully mediated by TII, since media heavily perpetuates thinness ideals in both Korean and American culture. Other studies using the TIM

among native Asian college females have also found similar results. Among Japanese, female undergraduates (n=289), media was also significantly associated with BD with TII fully mediating this relationship (Yamamiya, Shroff, & Thompson, 2008). Furthermore, among an Asian American college female sample, more similar to the current study's sample, Javier (2015) also identified a significant relationship between media and BD with TII fully mediating this relationship.

Additionally, Korean American peers were significantly associated with TII but was non-significant with BD in the current sample. Although results suggest that Korean American peers may influence TII, pressures for thinness from Korean American peers may not necessarily lead to BD among Korean American college females, which should be further examined to see if the same results are observed in larger sample sizes. The relationship in the current study may be explained by considering how Korean Americans may be affected by their dual cultures. Asian Americans are not limited to either their dominant culture or their ethnic culture, but rather, they create new identities incorporating both their dominant and ethnic culture, affecting how they respond to different expectations (Durham, 2004; Oh, 2011). The Korean American peers of the current sample may be endorsing Korean thinness ideals in their Korean American community, despite living in the United States, to influence the sample's TII, but perhaps their influence does not affect their BD because they are surrounded by various body types living in the United States, and may therefore, be comparing their bodies to the different body types that they observe in their day-to-day lives. In the United States, roughly 71% of Americans 20 years or older were considered overweight and/or obese from 2013 to 2014, according to their BMI scores (National Center for Health Statistics, 2016). On college campuses, 3 out of 10 college students are either overweight (BMI 25.0-29.9 kg/m^2) or obese (BMI≥30.0 kg/m^2) (ACHA, 2006), and Carpenter et

al. (2013) found that among college females, Asian American women had the lowest BMI. Comparatively, roughly 74% (n=64) of the current sample had BMI scores that fell within the 'healthy range' (18.5 – 22.9) as defined by BMI cutoff points specific for Asian Americans (Asian BMI Calculator, n.d.; Hsu, Araneta, Kanaya, Chiang & Fujimoto, 2015; Wildman, Gu, Reynolds, Duan & He, 2004). Asian Americans are at an increased health risks at lower BMI than the general American population, and therefore a healthy range for BMI for Asian Americans is between 18.5 to 22.9 compared to cutoff points defined by the National Institutes of Health (NIH) at 18.5 to 24.9 for the general American population (Asian BMI Calculator, n.d.; Hsu, Araneta, Kanaya, Chiang & Fujimoto, 2015; Wildman, Gu, Reynolds, Duan & He, 2004). Considering that the majority of the sample was healthy with lower BMI cutoff points, perhaps the sample internalized thinness pressures from their Korean American peers but it did not influence BD because they may have viewed their bodies as comparably thinner or had smaller anthropometric measures when they compared themselves to females in their larger American community. More studies are warranted with larger sample sizes controlling for BMI.

Limitations

It is important to consider that there are several limitations of the current finding when interpreting results.

Study design. The study was conducted as part of a Masters of Public Health program, limiting the time and resources of the researcher to complete the study. The study used a cross-sectional design because it is quick and easy to conduct given time constraints, but a cross-sectional design cannot establish directionality or a temporal order to variables to determine causation between variables. The study is also limited to sampling bias. The study was conducted online and may be biased towards eligible participants who may not have access to the internet.

Participants were also recruited using snowball sampling. Although snowball sampling is an easy method to identify eligible participants, it is not a rigorous sampling technique and may result in selection bias. With snowball sampling, the survey may have only been circulated within friend and Korean American community groups that may not represent the larger Korean American college female population. Therefore, snowball sampling and the cross-sectional design limits the ability to extrapolate the study's results to the larger Korean American college female population.

Eligibility questions. The eligibility questions limited the representativeness of the larger Korean American college female population. For instance, eligible participants had to be residing in the United States at the time of participation to meet eligibility criteria. This criteria alone excludes Korean American females who may meet all eligible criteria but may be studying abroad, further limited the representative of the sample to the larger Korean American college female population. Eligibility questions, along with the survey, also relied on self-report. However, no incentives for taking the survey made it less likely to for self-report to be a significant problem. The study also did not ask extensive eligibility questions regarding the participant's bicultural identification. Although acculturation scales are frequently used in the literature to categorize ethnic identity and acculturation into the dominant culture (American culture, in the case of this study), traditional acculturation scales can be lengthy and fail to capture the dynamic lived experiences (Nguyen & Benet-Martinez, 2013; Pollock & Van Reken, 2009) and self-perceptions biculturals may have of their dual identities. Rather, the study relied on self-identification to only include individuals who perceived themselves as Korean American. Participants meeting eligibility criteria but self-identified as "American' or "Korean" were considered to have rejected their dual ethnic identity and may not have accepted or tolerated

Korean cultural values. For the purpose of this exploratory study, a participant's perception of identifying as "Korean-American" was sufficient to capture an individual's dual experiences. However, future studies should further examine ethnic identity formation and progression in relation to BD.

Media subscale. The media subscale focused on exploring mass media sources such as television, movies, magazines and music videos. The scale can be biased towards individuals who may not be as connected to or aware of different media sources. The scale also did not specify social media. With the proliferation of social media, a 2012 report from Pew Research Center found that college students are more familiar with social media and online sources of media than traditional print sources of media. While social media allows college students to experience and view a wider variety of thinness messages more frequently, they are still exposed to thinness ideals from traditional media of television and movies, although these media may be viewed through online and/or mobile platforms.

Reliability of scales. The BD scale (α=0.67) and the media subscale (α=0.68) had low reliability, suggesting that the items on the scale had low inter-item reliability in the current sample of Korean American college females.

Confounders. The current study did not examine possible confounding variables. Future studies should control for demographic variables, such as age and BMI, to examine whether age, BMI and other variables are possible confounding factors affecting BD among Korean American college female population.

Implications

Despite limitations, the current study builds empirical knowledge of BD among Korean-Americans. Based upon a review of the literature, this is the first study examining whether

Korean socio-cultural influences affect BD among a Korean-American college female sample using the Tripartite Influence Model. Although more studies are necessary to determine more conclusive findings about how Korean influences affect BD among Korean American college females, the study provides preliminary evidence indicating that media can have significant impacts on BD among Korean American females. The findings of the study are evidence that there is a great need for culturally relevant studies that acknowledge the bicultural identity and its formation, to gain an understanding of how ethnic identity and culture can affect BD among Korean Americans college females and, even further, ethnic minority college females. Results of future studies will help to inform tailored interventions to lower the risk of eating disorders and BD among Korean American females in a college setting.

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Appendix A

Recruitment Email to Student Organizations

Hello,

My name is Sarah Rhie, and I am a Master of Public Health student attending Rollins School of Public Health of Emory University. As part of my degree, I am conducting a research study titled **Korean Influences and Body Dissatisfaction among Korean-American Females**.

This study examines whether Korean influences from family, Korean-American peers and Korean media have an effect on body image among Korean-American females in college.

As my research study focuses on Korean-American females in college, I am reaching out to Korean-American organizations on college campuses to see whether any Korean-American, college females would be interested in participating in the study by completing a one-time, voluntary online survey.

It would be of tremendous help if your organization would be able to send out a recruitment advertisement (provided below) about this research study to your members through an email to your organization's listserv. Participation in the study is limited to only Korean-American college females ages 18-23, and participation is completely voluntary.

Below is a short description about the online survey that you can copy and paste into an email to your organization's listserv. Please let me know if your organization would be able to send out this recruitment ad to your listserv. If you have any questions, please feel free to contact me at sarah.rhie@emory.edu.

Best,

Sarah Rhie

Recruitment advertisement (Please copy and paste below description into email)

If you are a Korean-American female in college, you are invited to participate in the research study, **Korean Influences and Body Dissatisfaction among Korean-American Females.** This study examines whether Korean influences from family, Korean-American peers and Korean media have an effect on body image among Korean-American females. While there have been studies examining body image among Koreans, it is currently unclear how Korean-American females, as biculturals, may be affected by Korean influences regarding their body image.

The study is conducted by a Master of Public Health student at Rollins School of Public Health of Emory University and the study has been approved by the Institutional Review Board (IRB) of Emory University. The study requires participants to complete a one time, self-

administered online survey that is estimated to take approximately 10-15 minutes of your time. No additional surveys or meetings are necessary.

Your participation in this research study is completely voluntary. You do not have to participate if you don't want to. If you have any questions regarding this study or the survey questionnaire, please do not hesitate to contact the researcher at Bodydissatisfactionstudy@gmail.com.

Thank you for considering taking part in this study. Please feel free to share this email with friends and family who are Korean-American females ages 18-23.

Now, if you would like to participate, please complete the survey by clicking on the link below.

Appendix B

Recruitment Email to Family and Friends

You are invited to participate in the research study, **Korean Influences and Body Dissatisfaction among Korean-American Females.** This study examines whether Korean influences from family, Korean-American peers and Korean media have an effect on body image among Korean-American females. While there have been studies examining body image among Koreans, it is currently unclear how Korean-American females, as biculturals, may be affected by Korean influences regarding their body image.

The study is conducted by a Master of Public Health student at Rollins School of Public Health of Emory University and the study has been approved by the Institutional Review Board (IRB) of Emory University. The study requires participants to complete a one time, self-administered online survey that is estimated to take approximately 10-15 minutes of your time. No additional surveys or meetings are necessary.

Your participation in this research study is completely voluntary. You do not have to participate if you don't want to. If you have any questions regarding this study or the survey questionnaire, please do not hesitate to contact the researcher at BodydissatisfactionStudy@gmail.com.

Thank you for considering taking part in this study. Please feel free to share this email with friends and family who are Korean-American females ages 18-23.

Now, if you would like to participate, please complete the survey by clicking on the link below.

Appendix C

Recruitment ad for social media

College females, in particular, are vulnerable to body disturbances,[1]and despite being one of the fastest growing immigrant groups in the United States, Asian-Americans are not well researched in psychological literature.[2] For example, it is currently unclear how Korean-American females, as biculturals experiencing both Korean and Western influences, may be affected by Korean influences regarding their body image.

If you are a Korean-American female age 18-23 and in college, you are invited to participate in a research study examining whether Korean influences from family, Korean-American peers and Korean media have an effect on body image among Korean-American females. Your participation will help to address body image concerns among Korean-American females by providing knowledge on how Korean influences may affect Korean-American females in college.

The study is conducted by a Master of Public Health student at Rollins School of Public Health of Emory University and the study has been approved by the Institutional Review Board (IRB) of Emory University. The study requires participants to complete a one time, self-administered online survey that is estimated to take approximately 10-15 minutes of your time. No additional surveys or meetings are necessary.

Your participation in this research study is completely voluntary. You do not have to participate if you don't want to. If you have any questions regarding this study or the survey questionnaire, please do not hesitate to contact the researcher at BodydissatisfactionStudy@gmail.com.

Thank you for considering taking part in this study. Please feel free to share this email with friends and family who are Korean-American females ages 18-23.

Now, if you would like to participate, please complete the survey by clicking on the link below.

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[1] See Jeffrey Jensen Arnett, "Emerging Adulthood: A Theory of Development from the Late Teens Through the Twenties." *American Journal of Psychology* (2000), http://www.ncbi.nlm.nih.gov/pubmed; Peggy Chin Evans, "If Only I were Thin Like Her, Maybe I Could be Happy Like Her': The Self Implications of Associating a Thin Female Ideal with Life Success." *Psychology of Women Quarterly* Vol 27 (2003), https://www.ebscohost.com/academic/psycarticles

[2] Gayle Y. Iwamasa et al., *Cognitive-Behavior Therapy with Asian Americans*, Culturally Responsive Cognitive-Behavioral Therapy: Assessment, Practice, and Supervision (Washington DC: American Psychological Association, 2006), 117-140.

Appendix D

Eligibility Questions

- Are you a female currently enrolled in a college/university located in the United States? (Yes/No)
- Are both of your biological parents full Korean? (Yes/No)
- Did both your mother and father immigrate to the United States from Korea? (Yes/No)
- In what country were you raised? (United States, Other)
- In what country do you currently reside? (United States, Other)
- How do you identify yourself? (Korean, Korean-American, American, Other)
- What is your age? (less than 18, 18, 19, 20, 21, 22, 23, 24 or older)

Appendix E

Online Consent Form

Body Dissatisfaction Study
Consent to be a Research Subject

Title: Examining the effects of Korean influences on body dissatisfaction among Korean-American College Aged Females through the Tripartite Influence Model

Principal Investigator: Sarah Rhie, B.A., MPH Candidate, Behavioral Sciences and Health Education Department

Introduction

You are being asked to be in a research study conducted by a Masters of Public Health student at Emory University's Rollins School of Public Health. This form is designed to tell you everything you need to think about before you decide to consent (agree) to be in the study or not to be in the study. **Participation is voluntary, and it is entirely your choice.**

Before making your decision:

- Please carefully read this form or have it read to you
- Please email any questions about anything that is not clear

Please feel free to take your time thinking about whether you would like to participate. By clicking on "yes" you will not give up any legal rights.

Study Overview

The purpose of this study is to examine whether Korean influences have an effect on body image among Korean-American females.

Procedures

This is a one-time online survey. There will be no follow-up surveys. You can expect to spend approximately 10-15 minutes to complete the online survey. The online survey may be completed at anytime and anywhere.

Risks and Discomforts

This study poses minimal risk to study participants. The online survey asks questions that may be considered personal regarding your past experiences, perceptions and attitudes towards your body and body image; however all survey responses will be kept confidential.

Benefits

This study is not designed to benefit you directly. This study is designed to learn more about whether Korean influences affect body image among Korean-Americans. The study results will provide further information in this area where information is lacking, and may be used to help others in the future.

Compensation

Participants will not be compensated or given incentive for participating in the survey.

Confidentiality

Certain offices and people other than the researchers may look at study records. Government agencies and Emory employees overseeing proper study conduct may look at your study records. These offices include [the Office for Human Research Protections, the Emory Institutional Review Board, the Emory Office of Research Compliance]. Emory will keep any research records we create private to the extent we are required to do so by law.

Study records can be opened by court order. They may also be produced in response to a subpoena or a request for production of documents.

Voluntary Participation and Withdrawal from the Study

You have the right to leave a study at any time without penalty. You may refuse to answer any questions that you do not wish to answer. If you choose to leave the survey without completing, your answers that you provided will still be used in data analysis.

Contact Information

Contact Sarah Rhie at bodydissatisfactionstudy@gmail.com

- if you have any questions about this study or your part in it or
- if you have questions, concerns or complaints about the research

Contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or irb@emory.edu:

- if you have questions about your rights as a research participant.
- if you have questions, concerns or complaints about the research.
- You may also let the IRB know about your experience as a research participant through our Research Participant Survey at http://www.surveymonkey.com/s/6ZDMW75.

Appendix F

Survey

Demographics

1. What is your age?
2. What is your current religion, if any?
3. What is your height in feet and inches? For example, if you are 5 feet and 4 inches, write 5'4"
4. What is your current weight in pounds
5. Are you currently attending a private or public college/university?
6. In what state or U.S. territory do you currently go to school?
7. Where do you currently live?

Korean and American Media Exposure

1. How many hours a week do you watch/read Korean media?
2. How many hours a week do you watch/read American media?

Tripartite Influence Scale

Media Subscale

1. The magazines I read and TV shows I watch emphasize that it is important to be thin.
2. The magazines I read and the TV shows I watch emphasize the importance of appearance (shape, weight, clothing).
3. The magazines I read and TV shows I watch emphasize dieting to lose weight.
4. I have felt pressure from the media to lose weight.
5. I would be interested in watching a new TV show if the topic is dieting.
6. I would be interested in watching a new TV show if the topic is fitness and exercise.

7. I would be interested in watching a new TV show if the topic is fashion.
8. I would be interested in reading a new magazine if the topic is dieting.
9. I would be interested in reading a new magazine if the topic is fitness and exercise.
10. I would be interested in reading a new magazine if the topic is fashion.

Parental Subscale

1. How concerned is your mother about whether you weigh too much or are too fat or might become too fat?
2. How important is it to your mother that you be thin?
3. How concerned is your father about whether you weigh too much or are too fat of might become too fat?
4. How important is it to your father that you be thin?
5. My father is on a diet to lose weight.
6. It is important to my father that he be as thin as possible.
7. My father's physical appearance (shape, weight, clothing) is important to him.
8. My mother is on a diet to lose weight.
9. It is important to my mother that she be as thin as possible.
10. My mother's physical appearance (shape, weight, clothing) is important to her.
11. Your father made comments or teased you about your appearance.
12. Your mother made comments or teased you about your appearance.
13. How often do your parents comment on each other's weight?
14. How often do your parents encourage each other to lose weight?
15. How often do your parents talk about weight or dieting?
16. How often do your parents worry about their weight?

17. How often do your parents worry about what they eat?
18. How often do your parents diet?
19. Do you think your parents take a lot of notice of each other's weight and shape?
20. Are weight and shape important to your parents?

Korean American Peers Subscale

1. One or more of my Korean American friends is on a diet to lose weight.
2. It is important to my Korean American friends that they be as thin as possible.
3. My Korean American friends' physical appearance (shape, weight, clothing) is important to them.
4. Your Korean American friends made comments or teased you about your appearance.
5. How often do your Korean American friends comment on each other's weight?
6. How often do your Korean American friends encourage each other to lose weight?
7. How often do your Korean American friends talk about weight or dieting?
8. How often do your Korean American friends worry about their weight?
9. How often do your Korean American friends worry about what they eat?
10. How often do your Korean American friends diet?
11. How often do your Korean American friends skip meals?
12. Do you think that your Korean American friends take a lot of notice in each other's weight and shape?
13. Are weight and shape important to your Korean American friends?

Thin-Ideal Internalization Scale

1. I would like my body to look like the people who are on TV.
2. I compare my body to the bodies of people who are on tv and movie stars.

3. I would like my body to look like the models who appear in magazines.
4. I compare my appearance to the appearance of TV and movie stars.
5. I would like my body to look like the people who are in movies.
6. I compare my body to the bodies of people who appear in magazines.
7. I wish I looked like the models in music videos.
8. I compare my appearance to the appearance of people in magazines.
9. I try to look like the people on TV.

Body Dissatisfaction Scale

1. I think my stomach is too big.
2. I think that my thighs are too large.
3. I think that my stomach is just the right size.
4. I feel satisfied with the shape of my body.
5. I like the shape of my buttocks.
6. I think my hips are too big.
7. I think that my thighs are just the right size.
8. I think my buttocks are too large.
9. I think that my hips are just the right size.