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(Ministry of Health and Welfare, 2001).

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Park, 1990; Shin, 1998)

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(Shin, 1998)

1999; Kim, Park & Han, 2001; Rhee, Shin,

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Chung, Shin & KIm, 2001)가

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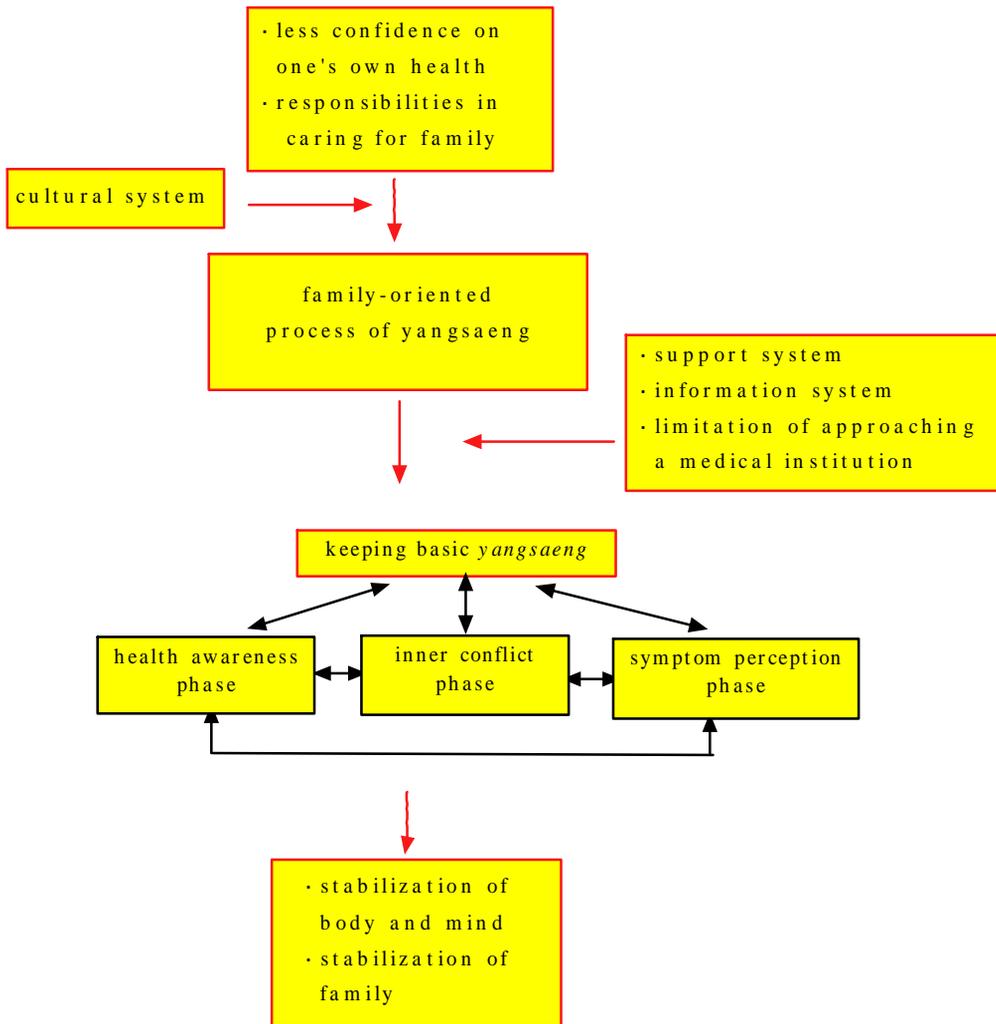
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<Figure 1> Action · interaction process of family-oriented yangsaeng

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*feminist family therapy in Korea*  
Unpublished doctoral dissertation. The  
Chungang University of Korea, Seoul.

Lee, I. B., Lee, Y. K., Chang, S. S., Lee, S. G., Cho, Y. C., Lee, D. B., & Lee, T. Y. (1999). A study on farmer's syndrome and its risk factors of vinyl house work and farmer in a rural area, *Korean J of Rural Med*, 24(1), 13-33.

Lee, Y. J. (1993). Traditional method of health promotion in Korea. *Korean J Nurs Query*, 2(2), 21-35.

Lundberg, P. C. (1999). Meanings and practices of health among married Thai immigrant women in Sweden. *J Transcultural Nurs*, 10(1), 31-36.

Meillier, L. K., Lund, A. B., & Kok, G. (1997). Cues to action in the process of changing lifestyle, *Patient education and counseling*, 30, 37-51.

Ministry of Health and Welfare (2001). *Yearbook of health and welfare statistics*,

Ness, P. (1997). Understanding of health. *AAOHN Journal*, 45(7), 330-336.

Nies, M. A., Vollman, M., & Cook, T. (1998). Facilitators, barriers, and strategies for exercise in European American women in the community, *Public health nursing*, 15(4), 263-272.

Park, J. E. (1990). The health status of rural farming women. *Korean J of Rural Med*, 15(2), 97-106.

Porter, E. J. (1998). Staying close to shore: a context for older rural widows' use of health care. *J Women & Aging*, 10(4), 25-39.

Rhee, J. A., Shin, J. H., Chung, E. K., Shin, M. H. & Kim, S. Y. (2001). Relation of lifestyle factors to menopausal symptoms and management of middle-aged women in rural area. *J of the Korean Society of Maternal and Child Health*, 5(1), 83-96.

Shin, K. R. (1998). A study of the health status of adult women in rural area. *J*

## References

Antrist, L. C. (1988). A feminist framework for graduate education in women's health. *Journal of Nursing Education*, 27(2), 66-70.

Banister, E. M. (1999). Women's midlife experience of their changing bodies. *Qualitative Health Research*, 9(4): 520-537.

Bruenjes, S. J. (1994). Orchestrating health: middle-aged women's process of living health. *Holistic Nurs Pract*, 8(4), 22-32.

Chang, S. H., Lee, K. S., & Lee, W. J. (1998). A study of farmer's syndrome in choongju area. *Korean J of Rural Med*, 23(1), 15-26.

Chen, Y. D. (1996). Conformity with Nature: A theory of Chinese American elder's health promotion and illness prevention. *Adv Nurs Sci*, 19(2), 17-26.

Flaskerud, J. H., & Thompson, J. (1991). Beliefs about AIDS, Health, and Illness in Low-Income White Women, *Nursing Research*, 40(5), 266-271.

Hemard, J. B., Monroe, P. A., Atkinson, E. S., & Blalock, L. B. (1998). Rural women's satisfaction and stress as family health care gatekeepers. *Women & Health*, 28(2), 55-77.

Kim, K. J., Park, J. Y. & Han, C. H. (2001). Middle-aged women's health behavior and its related factors in rural area. *Korean J of Rural Med*, 26(1), 81-103.

Kim, K. B. (1991). *Ethnography of Korean health practice*. Unpublished doctoral dissertation. Ewha Woman's University, Seoul.

Kim, S. C. (1992). *A study on the acceptability*

- Korean Acad Adult Nurs*, 10(1), 160-171.
- Shin, K. R. (1998). The lived changing body experience of postmenopause women. *J Korean Acad Nurs*, 28(2), 414-430.
- Stephens, C. C. (1994). *Health beliefs and practices of rural, southern Appalachian women from an ethnographic perspective*. Unpublished doctoral dissertation. University of Alabama at Birmingham, Birmingham
- Strauss, A., & Corbin, J. (1997). *Basics of qualitative research-grounded theory procedures and techniques*, Newbury Park : Sage Publications.
- Taso, L. (1997). *Living with changing health: perimenopause among Chinese women in Taiwan*. Unpublished doctoral dissertation. University of San Diego. San Diego, California.
- Winkvist, A., & Akhtar, H. Z. (1997). Images of Health and Health Care Options among Low Income Women in Punjab, Parkistan. *Soc. Sci. Med.* 45(10), 1483-1491.

- Abstract -

## A Study on Health Behavior Experience of Middle-aged Women in Rural Area

Yang, Jin-Hyang \*

**Purpose:** The purpose of this study is to describe the health behavior experience of middle-aged Korean women in rural areas, and to help understand their health practice, perceive their nursing needs and provide guidelines to developing appropriate nursing

interventions.

**Method:** The participants were 18 healthy middle-aged women living in rural areas, with no serious illness that require hospitalization. The data was collected through interviews and participant observation, analyzed by the grounded theory methodology of Strauss & Corbin(1997). The data collection period was from April to November of 2001.

**Result:** Depending on the paradigm model, the central phenomenon was family-oriented pursuing of yangsaeng. The causal condition was less confidence on one's own health, responsibilities in caring for family. The contexts were cultural system. The intervening condition was information system, support system, limitation of approaching a medical institution. The action/ interaction strategies were yangsaeng through dietary practice, yangsaeng through promoting clothing and housing, yangsaeng through exercise, practice of folk therapy, yangsaeng through mental hygiene, and use of medical institution. The consequences were stabilization of body and mind, and stabilization of family.

**Conclusion:** It is recommended for nurses to understand health behavior experience of middle-aged women, and provide nursing intervention with theoretical scheme and practical principles so that these women can pursue the family-oriented process of yangsaeng.

**Key words :** Middle-aged women,  
Health behavior,  
Grounded theory methodology

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