2017

# Daughter's Generation: The Importance of Having Daughters Living Nearby for Older Korean Immigrants' Mental Health

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**Abstract**

With declining adherence to filial piety in East Asian cultures, the closeness of adult daughters rather than sons may become more important for older Asian immigrants' well-being. With a sample of 177 older Korean immigrants to the United States (age 60+, $M$ = 72, $SD$ = 7.7), we examined how and to what extent having daughters living nearby rather than sons (daughters-in-law) is related to older Asian immigrants' mental health, moderating the direct relationship between stressful life events and depressive symptoms. The analyses showed physical proximity of daughters rather than sons (daughters-in-law) functioned as a stress buffer by reducing the direct relation between stressful life events and older immigrants' depressive symptoms. The findings suggest that gendered cultural expectations of adult children's caregiving roles for older Korean immigrants are changing, implying that companionship and the perceived quality of instrumental and emotional support might take priority over traditional gendered expectations of filial piety.

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The importance of adult children for social support and mental health of older adults has been well documented (Antonucci, Jackson, & Biggs, 2007; Giarrusso, Silverstein, Gans, & Bengtson, 2005; Izuhara, 2010; Silverstein, Conroy, Wang, Giarrusso, & Bengtson, 2002). Social support from adult children might be even more essential for older Asian immigrants with a limited social network of friends to ward off feelings of depression and isolation with advanced age (Mui, 1996, 1998, 2001; Mui & Kang, 2006). Traditionally in East Asian culture, the oldest son and his wife (daughter-in-law) had the primary responsibility of caring for older parents as part of filial piety (Eun, 2003; Koyano, 2003; Tsutsui, Muramatsu, & Higashino, 2014). Filial piety has been defined as a central family value in East Asian cultures; it emphasizes respect for parental authority and regulates adult children's attitudes and behavior toward family-based support, especially for older parents (Sung, 2000).

This sociopolitical mechanism for social order, however, has been criticized for placing too much emphasis on obligation and social expectation; there is little attention to promoting relationship quality in terms of intimacy, security, and closeness, which are essential parts of intergenerational relationships and, thus, seniors' well-being (Eun, 2003; Mui, 2001; Tsutsui et al., 2014). With a weakening sense of duty to filial piety and decreasing involvement of daughters-in-law (Tsutsui et al., 2014), Asian seniors may feel more comfortable with and supported by their own daughters who can provide not only practical support, such as giving a ride to a doctor's visit or grocery shopping, but also emotional support, which may be less likely to be obtained from an adult son or daughter-in-law (Hashimoto & Ikels, 2005; Ikels, 2004; Koyano, 2003; Koyano et al., 1995). The bonds between older mothers and their adult daughters tend to be tighter, enduring, and intimate, with more frequent emotional interactions than with adult sons and daughters-in-law (Fingerman, 2001, 2003). Furthermore, emotional closeness and attitudes play a significant role in older mothers' expectations and preferences with regard to future primary caregivers (Pillemer & Suitor, 2006, 2014).

The question of whether sons or daughters of Asian immigrants might provide more beneficial social support becomes more critical with the increasing need for practical and instrumental support, in addition to emotional support, at advanced age. The needs and challenges faced by aging Asian immigrants in particular may include cultural and language barriers, a

high prevalence of depressive symptoms, and disruption of personal support networks stemming from the act of immigration (Mui, 1996, 1998, 2001; Mui & Kang, 2006). Kuo, Chong, and Joseph (2008), for instance, reviewed 24 empirically based depression studies of older Asian immigrants in North America published in English between 1985 and 2006. The results support the contention that depressive symptoms among older Asian immigrants, ranging from 18% to 31.1%, are significantly more prevalent than among community-dwelling older adults in the general U.S. population (Blazer, 2003). In this regard, research on elderly Asian immigrants provides a unique opportunity to examine the significance of social support structure for depressive symptoms (Litwin, 1995, 2001).

Contemporary studies by Korean, Japanese, and Chinese scholars with native and/or immigrant older adult samples have described a strong, shared cultural emphasis on filial piety. Despite their unique local traits, East Asian cultures share a cultural and historical value of filial piety (i.e., the traditional social support role of the oldest son and daughter-in-law), and the importance of adult children as primary supporters for elders' mental health and well-being (Hwang & Wood, 2009; Jeon, Jang, Kim, & Cho, 2013; Lee & Jin, 2013; Lee & Woo, 2013; Lee & Yoon, 2011; Mao & Chi, 2011; Park & Roh, 2013). For example, in a nationally representative sample of older adults in China ($N = 19,415$, age = 60+), Mao and Chi (2011) found that receiving financial and instrumental support from their adult children and coresiding with married children had a positive effect on the parents' perception of their children's filial piety, even after controlling for the parents' sociodemographic and health-related characteristics, such as gender, residential area (rural or urban), marital status, age, economic security, education, and self-rated health. In addition, a nationally representative study of elders in Korea ($N = 4,422$, age = 60+) revealed that coresiding with married children was significantly related with fewer depressive symptoms in widows, whereas better relationships with children ameliorated depressive symptoms in widowers (Jeon et al., 2013). Moreover, a number of Korean scholars have found that having adult children living with their older parents or nearby might function as a stress buffer, reducing the effects of stressful life events on depressive symptoms among Korean elderly immigrants in the United States (Hwang & Wood, 2009; Lee & Jin, 2013; Lee & Woo, 2013; Lee & Yoon, 2011; Park & Roh, 2013).

Yet despite those important findings, the current literature has paid minimum attention to the role of the adult children's gender (i.e., sons vs. daughters) with regard to older Korean immigrants' mental health. Although a burgeoning literature has documented the increasing caregiving role of adult daughters for older Asian parents in East Asia based on census data (e.g.,

Hashimoto & Ikels, 2005; Ikels, 2004; Izuhara, 2010; Koyano, 2003), research has not investigated how this change in traditional support type is related to older Korean immigrants' mental health in the United States. In particular, the moderating effect of having adult children living with parents or nearby on the negative association between stressful life events and depressive symptoms might be more pronounced if daughters rather than sons and daughters-in-law live close by. The emotional bond that links daughters-in-law and parents-in-law might not be as strong as between daughters and their parents, and thus, might not help sustain the parent's mental health in times of stress. This may be especially true if the daughter-in-law has taken on the caregiving and support role only out of a sense of obligation and duty while the son concentrates on his occupational career.

The current study examined how social support and closer presence (coresidence or living nearby) of a daughter rather than a son and daughter-in-law might be related to older Korean immigrants' mental health, even after controlling for socioeconomic status, self-rated health, stressful life events, and years of residency, which are well-studied contributing factors to older adults' well-being in general and older Asian Immigrants in particular (see George, 2010; Kuo et al., 2008; Pinquart & Sörensen, 2000, for detailed reviews on factors related to elders' subjective well-being and depressive symptoms). Three hypotheses were tested.

> **Hypothesis 1:** Social support is inversely related to older Korean immigrants' depressive symptoms.
> **Hypothesis 2:** The close presence of a daughter rather than a son or daughter-in-law is associated with fewer depressive symptoms, even after taking socioeconomic status, years in the United States, self-rated health, and stressful life events into consideration.
> **Hypothesis 3:** The closer presence of a daughter rather than a son or daughter-in-law functions as a stress buffer, moderating the effects of recent stressful life events on depressive symptoms among older Korean immigrants.

## Method

### Design and Procedure

The study collected data from older Korean immigrants, aged 60 and older, residing in the community in north-central Florida. After receiving approval from the university's institutional review board, recruitment was conducted through a variety of sites, such as churches, community centers, retirement communities, senior apartments, and grocery stores, to ensure a diverse sample. A self-administered survey questionnaire translated into Korean and

back-translated into English was initially administered to 233 older Korean immigrants after informed consent was obtained. Professionally trained graduate research assistants who were all Koreans were present throughout the data collection process to address any questions regarding the survey questionnaire. The survey took on average 30 minutes to complete. In cases where the respondents' mental capacity was in question, research assistants administered the Mini Mental State Examination (MMSE; Folstein, Folstein, & Mchugh, 1975). Three of the participants were younger than 60 years, 5 people were excluded because of problematic scores on the MMSE, and 22 people dropped out of the study for personal reasons, resulting in a sample of 203 respondents ranging in age from 60 to 97 years ($M = 72$, $SD = 7.7$). Data were collected from October 2009 to February 2010, and a small financial token ($5 gift card) was provided to each participant. The analyses were restricted to the 177 cases with valid data for all of the variables of interest.

## Measures

*Depressive Symptoms.* These symptoms were measured using a short version (10 items) of Radloff's (1977) Center for Epidemiologic Studies Depression Scale (CES-D). This measure uses a 4-point response scale (0 = *rarely or none of the time* and 3 = *most or all the time*) to describe how frequently the individual had experienced depressive feelings during the past week (e.g., "I felt depressed"). Two statements (i.e., "I felt hopeful about the future" and "I felt happy") were reverse-coded. Cronbach's alpha of the 10 depression items was .82.

*Social Support.* A culturally modified and empirically tested social support scale (Park, 1985) was further modified for this study to assess the amount of *perceived social support* received from spouse, child or children, relatives, friends, and acquaintances. A set of eight questions accounted for the types of support that the respondents received at present from each support network category. Adapting Caplan's (1974) categorization, the questions measured four subtypes of support: *emotional* ("I felt free to talk about my personal worries with him/her" and "I felt relaxed and close when I was with him/her"), *affirmative* ("he/she made me feel I was an important person" and "he/she treated me with respect"), *informational* ("he/she gave me helpful information" and "he/she encouraged me when I was having a hard time to make a decision"), and *financial* ("he/she was willing to help me out when I needed financial help" and "he/she was willing to lend valuables if I had asked for"). Responses used a 5-point Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Cronbach's alphas for the subtypes ranged from .90 to .92. The average of all social support scores was computed to obtain a measure of total perceived social support.

*Gender of Closest Living Child.* The variable was coded 1 if a daughter lived closest to the parent and 0 otherwise. In case of coresidence, the coresiding child was counted as closest living child. In one case, the parent coresided with both daughter(s) and son(s), and the variable was coded as 1.

*Self-Rated Health and Life Stress.* Self-rated health status was measured by a single item on a 5-point scale from 1 (*very bad*) to 5 (*excellent*). The life stress scale was drawn and translated from a measure specifically designed for older adults (Aldwin, 1990). The Elders Life Stress Inventory (ELSI; Aldwin, 1990) originally consisted of 31 items. After deleting parent- and boss-related items, 25 items remained that asked respondents to indicate whether or not they have had certain disruptive experiences over the past year. If respondents had experienced a specific life stress during the past year (e.g., "the death of a friend" or "worsening relationships with a child"), they were asked to report the stressfulness of the experience on a scale ranging from 1 (*not at all stressful*) to 5 (*extremely stressful*), with 0 indicating that the stressful event had not happened (there were 18 participants out of 203 who reported no stressful events over the past year). Average stressful life events scores of the 25 items were computed with a Cronbach's alpha of .82.

*Sociodemographic Variables.* The analyses included sociodemographic control variables, including gender (0 = *male*, 1 = *female*), age (in years), years of residence in the United States, income, education, and marital status. Monthly household income was reported in five categories from below $200 to $1,800 or more. Educational attainment was measured on an ordinal scale ranging from 0 (*no education*) to 12 (*higher professional educational attainment*). Marital status was coded as 1 (*unmarried*) or 0 (*married*).

*Interaction Variable.* An interaction term between life stress and living closer to a daughter than a son was created by multiplying life stress with the dichotomous variable indicating the closest living child. To reduce multicollinearity, life stress was centered at its mean (Aiken & West, 1991).

## Results

### Sample and Mean Comparisons

As Tables 1 and 2 show, the mean age of the sample was 71.9 years (*SD* = 7.7). The average years of residence in the United States was 29.4 years (*SD* = 11.8), and the mean age at immigration was 42.5 years (*SD* = 14.6). About two thirds of the participants were women (63%), 77.4% were married, 19.2% were widowed, and 2.3% were divorced. Although the

**Table 1.** Sample Demographics.

| Variables | % or M (SD) | Variables | % or M (SD) |
|---|---|---|---|
| Age at immigration | 42.5 (14.6) | English competency | |
| Marital status | | Difficult | 54.2 |
| Married | 77.4 | Moderate | 14.7 |
| Separated | 0.6 | Not difficult | 31.0 |
| Widowed | 19.2 | Self-identity | |
| Divorced | 2.3 | Korean | 62.1 |
| Living arrangement | | Korean American | 33.9 |
| Living alone | 15.3 | American | 4.0 |
| Living with spouse | 75.6 | Education | |
| Living with children | 9.1 | Less than high school | 31.1 |
| Children | | High school graduate | 21.5 |
| Number of children | | Some college and higher | 47.5 |
| None | 1.7 | Financial satisfaction | |
| One | 14.7 | Not good | 9.0 |
| Two or more | 83.6 | Moderate | 52.5 |
| Living closest[a] | | Good | 38.4 |
| Son | 57.3 | Monthly income | |
| Daughter | 42.1 | Up to $1200 | 45.8 |
| Other | 0.6 | More than $1,200 | 54.2 |
| Living distance[b] | | Monthly support from children | |
| Less than 1 hour | 59.7 | None or no more than $400 | 80.2 |
| Between 1 and 4 hours | 13.3 | $401 up to $800 | 9.0 |
| More than 4 hours | 27.0 | More than $800 | 10.7 |

*Note.* N = 177. M = mean; SD = standard deviation.
[a]100% = Closest living child or children. Coresidence is included. [b]Driving hours.

majority of the participants were living with their spouses (75.6%), 15.3% of the older adults were living alone, and 9.1% were living with their children. Only three participants (1.7%) had no children, whereas 83.6% had two or more children. Among the children who were reported as living closest to their parents, 57.3% were son(s) and 42.1% were daughter(s). Only one person mentioned that both daughter and son lived closest. The majority of the participants (59.7%) had at least one child who lived less than 1 hour of driving distance away, but for more than a quarter of the sample (27.0%) the closest child lived more than 4 hours away. The average driving distance (in hours) of daughters living closest ($M = 7.67$, $SD = 17.01$) was shorter than the

**Table 2.** Bivariate Listwise Correlations between Depressive Symptoms, Perceived Social Support, Sociodemographic Characteristics, Self-Rated Health, and Stressful Life Events.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | M | SD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Depressive symptoms | — | | | | | | | | | | 0.78 | 0.57 |
| 2. Perceived social support | -.19* | — | | | | | | | | | 3.36 | 1.05 |
| 3. Daughter lives closest | -.16* | .06 | — | | | | | | | | 0.39 | 0.49 |
| 4. Gender (1 = female) | .20** | -.19* | .04 | — | | | | | | | 0.63 | 0.48 |
| 5. Age | .08 | -.35*** | .08 | -.09 | — | | | | | | 71.90 | 7.70 |
| 6. Years of residence in the United States | .07 | .11 | -.06 | .03 | -.02 | — | | | | | 29.40 | 11.80 |
| 7. Income | -.25** | .37*** | .05 | -.15* | -.43*** | .26*** | — | | | | 3.54 | 1.44 |
| 8. Education | -.28*** | .42*** | -.00 | -.38*** | -.27*** | .22** | .52*** | — | | | 5.99 | 2.88 |
| 9. Unmarried | .22** | -.45*** | .04 | .36*** | .28** | -.05 | -.28*** | -.33** | — | | 0.23 | 0.42 |
| 10. Self-rated health | -.38*** | .19* | .16* | -.12 | -.17* | .13 | .35*** | .37*** | -.17* | — | 3.22 | 1.01 |
| 11. Stressful life events | .36*** | -.11 | .01 | .06 | -.02 | -.05 | -.11 | -.12 | .10 | -.14 | 0.53 | 0.52 |

*Note.* $N = 177$. Person correlation coefficients ($r$).
*$p < .05$. **$p < .01$. ***$p < .001$.

average driving distance of sons living closest ($M$ = 9.14, $SD$ = 18.34). However, the standard deviations were large and the mean difference of driving distance between sons and daughters living nearby was not statically significant ($t$ = .51, $p$ = .61). Moreover, the median driving distance to either the closest living daughter or the closest living son was 30 minutes.

Almost 70% of the participants reported that they had moderate or high difficulties in communicating with Americans in English, and the great majority identified as either Koreans or American Koreans (96%) as opposed to Americans. The socioeconomic status of the sample appeared to be relatively high as almost half of the respondents (47.5%) were college educated, and 9 out of 10 reported that they were satisfied with their current financial situation. In fact 54.2% of the participants had a monthly household income higher than $1,200, including Social Security benefits, and 80.2% reported that they were financially independent from their children (see Table 1 for more details).

The mean score of kin group support (spouse + children + relatives) was 3.63, whereas the mean score of nonkin group support (friends + acquaintances) was 2.96. More specifically, the mean score of support from *children* ($M$ = 4.13) was higher than the social support of any other group with significant mean differences (tested by one-way ANOVA) except for spouse support: *spouse* ($M$ = 3.91, $F$ = 1.32, $p$ = .14), *friends* ($M$ = 3.20, $F$ = 4.08, $p$ < .001), *relatives* ($M$ = 2.85, $F$ = 3.78, $p$ < .001), and *acquaintances* ($M$ = 2.71, $F$ = 3.47, $p$ < .001). In terms of social support types, *affirmative support* ($M$ = 3.50, used as contrasting factor for one-way ANOVA) and *informational support* ($M$ = 3.39, $F$ = 35.2, $p$ < .001) had the highest mean scores, followed by *emotional support* ($M$ = 3.35, $F$ = 29.2, $p$ < .001) and *financial support* ($M$ = 3.21, $F$ = 14.7, $p$ < .001).

Parents whose adult daughters coresided with them or lived nearby reported receiving significantly more affirmative support ($M$ = 4.54) and financial support ($M$ = 4.37) from their children than parents who coresided or lived closer to their adult sons ($M$ = 4.07, $t$ = −.2.54, $p$ = .012, and $M$ = 3.96, $t$ = −.2.06, $p$ = .041, respectively). The reported greater informational support from children of parents with daughters living closer ($M$ = 4.27) rather than sons ($M$ = 3.92) was only statistically significant at the trend level ($t$ = −.1.80, $p$ = .074), whereas the difference in perceived emotional support from children was not statistically significant between parents with daughters ($M$ = 4.30) or sons living closer ($M$ = 3.99, $t$ = −.1.63, $p$ = .106).

## Correlations and Predictors of Depressive Symptoms

Bivariate listwise correlation analyses (Table 2, $N$ = 177) showed that perceived overall social support (combined support from both kin and

nonkin members) was negatively related to depressive symptoms. Sociodemographic variables also showed significant correlations: Being female, unmarried, and having experienced stressful life events during the past year were related to more depressive symptoms, whereas having daughter(s) living nearby or coresiding, or having higher education, income level, and health status were inversely related to depressive symptoms. Age and years of residence were unrelated to depressive symptoms. Female, older, and unmarried participants tended to report receiving less social support than male, younger, and married respondents. Income, education, and health were positively related to perceived social support. Having a daughter rather than a son living nearby was positively correlated with better self-rated health status.

Nested multivariate regression analyses (Table 3) were used to test how total perceived social support and having a daughter rather than a son living nearby were associated with depressive symptoms, controlling for other variables in a stepwise procedure. As predicted in Hypotheses 1 and 2, overall social support and having a daughter rather than a son living nearby were related to fewer depressive symptoms in Model 1. The effect of perceived social support was no longer significant after controlling for other variables in subsequent models, but the effect of the gender of closest living child remained significant at least at the trend level in all the models. Among the sociodemographic variables, only years of residence in the United States was consistently related to greater depressive symptoms in Models 2 to 4. When health and stress were taken into consideration in Model 3, the borderline significant inverse effects of income and education on depressive symptoms in Model 2 became nonsignificant. Better self-rated health was significantly related to fewer depressive symptoms, and stressful life events were linked to more depressive symptoms in both Models 3 and 4. Yet, as Model 4 shows, the closer presence of a daughter rather than a son moderated the negative relation between stressful life events and depressive symptoms. The interaction between the closer presence of a daughter and stressful life events was significant, supporting Hypothesis 3 that having a daughter rather than a son living in closer proximity functions as a stress buffer for Korean older immigrants.

A simple slope test (Dawson, 2014) and Figure 1 indicate that the positive unstandardized effect of stressful life events on depressive symptoms was significantly stronger ($b = 0.55$, $t = 4.97$, $p < .001$) if a son was the closest living child than when the closest living child was a daughter. If a daughter lived in closer proximity, this effect was considerably reduced and no longer statistically significant ($b = 0.17$, $t = 0.68$, $p = .50$). Figure 1 also shows that under the condition of no stress, depressive symptoms tended to be low and

**Table 3.** Predictors of Depressive Symptoms Among Elderly Korean Immigrants; Nested OLS Regression Models.

| Independent variables | Model 1, $b$ ($\beta$) | Model 2, $b$ ($\beta$) | Model 3, $b$ ($\beta$) | Model 4, $b$ ($\beta$) |
|---|---|---|---|---|
| Social support | | | | |
|   Perceived social support | −.10* (−.18) | −.01 (−.02) | −.00 (−.00) | −.00 (−.01) |
|   Daughter lives closest[a] | −.17* (−.15) | −.17* (−.15) | −.13† (−.11) | −.14† (−.12) |
| Sociodemographic variables | | | | |
|   Gender (female = 1) | | .07 (.06) | .08 (.07) | .09 (.08) |
|   Age | | −.00 (−.06) | −.00 (−.02) | −.00 (−.02) |
|   Years of residence | | .01† (.14) | .01* (.15) | .01* (.14) |
|   Income | | −.07† (−.17) | −.04 (−.09) | −.04 (−.09) |
|   Education | | −.04† (−.18) | −.02 (−.09) | −.02 (−.08) |
|   Marital status (unmarried = 1) | | .16 (.12) | .11 (.08) | .13 (.10) |
| Health and stressful life events | | | | |
|   Self-rated health | | | −.15*** (−.26) | −.14** (−.24) |
|   Stressful life events[b] | | | .32*** (.30) | .55*** (.51) |
| Interaction | | | | |
|   Daughter lives closest × Stressful life events | | | | −.38** (−.27) |
| Model fit | | | | |
| $F$ | 5.32** | 3.94*** | 7.49*** | 7.71*** |
| $R^2$ | .06 | .16 | .31 | .34 |
| $R^2$ change | | .10** | .15*** | .03** |

*Note.* N = 177. $b$ = unstandardized coefficients; $\beta$ = standardized coefficients.
[a]Closest living includes coresidence. [b]Variable was grand-mean centered.
†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

were unaffected by the closest living child. Only under conditions of high stress were depressive symptoms considerably lower, on average, if a daughter rather than a son lived nearby.

The social support variables alone explained only 6% of the variation in depressive symptoms in Model 1. Sociodemographic factors explained an additional 10% of the variation in depressive symptoms in Model 2, and the health and stress variables explained an additional 15% of the variation in depressive symptoms in Model 3. Taking the interaction effect into account between the closer proximity to a daughter rather than a son and stressful life events further increased the explanatory power of the model by 3%. Overall, the variables in Model 4 explained 34% of the variation in depressive symptoms among older Korean immigrants.
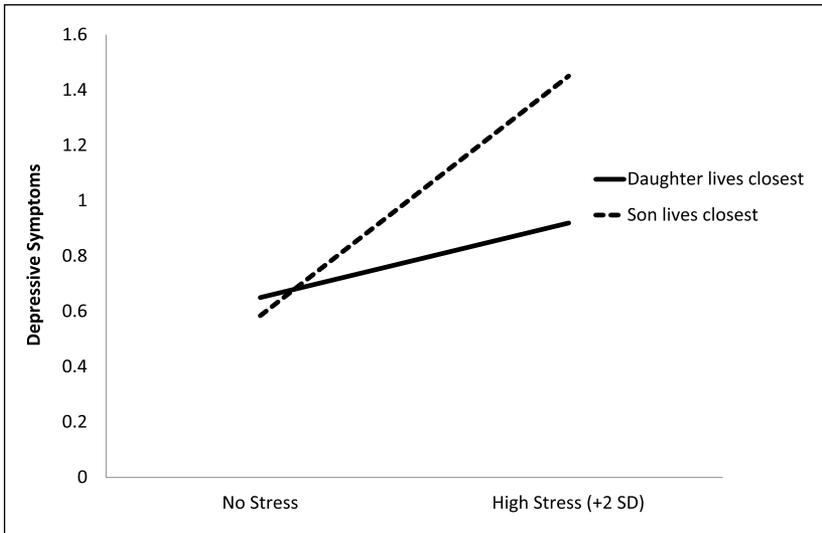
**Figure 1.** Interaction between stressful life events and closest living child on depressive symptoms.

## Discussion and Conclusion

All three hypotheses tested in this study were supported by the findings. As predicted by Hypotheses 1 and 2, bivariate correlation analyses attested that greater perceived social support (Hypothesis 1) and having a daughter instead of a son and daughter-in-law coresiding or living nearby (Hypothesis 2) were associated with fewer depressive symptoms among older Korean immigrants. Regression analyses indicated that even when the effects of sociodemographic variables, self-rated health, and stressful life events were taken into consideration, having a daughter living nearby had consistent mitigating effects on depressive symptoms among the participants, corroborating Hypothesis 2. Furthermore, the interaction effect between stressful life events and living with or close to a daughter was negative and statistically significant as hypothesized (Hypothesis 3), suggesting that the close presence of a daughter reduced the impact of stressful life events on depressive symptoms among older parents so that the direct relation between stressful life events and depressive symptoms was no longer statistically significant. Yet this buffering effect of the close presence of a daughter rather than a son and daughter-in-law on depressive symptoms was most pronounced under conditions of high stress that often come with advanced age (e.g., loss of loved

ones, the onset of illness, etc.). This finding shows the moderating impact of the gender of adult children on depressive symptoms when the older person needed more support during stressful life events.

Although overall perceived social support was unrelated to the gender of the closest living child, parents whose daughters lived with them or close by reported receiving significantly more affirmative, financial, and, at the trend level, informational support from their child or children than parents who lived closer to adult sons. While we did not ask respondents specifically about the social support they received from each of their children individually and, therefore, do not know with certainty that the closest living child offered the most support to older immigrant parents, and the findings suggest that having a daughter living close by who might provide instrumental as well as emotional support appears to be more important for participants' mental health than the conventional wisdom of filial duty that used to define obligations in Asian cultures (Hashimoto & Ikels, 2005; Ikels, 2004; Koyano, 2003; Kuo et al., 2008; Mao & Chi, 2011; Tsutsui et al., 2014).

The results indicate the increasing importance of a new caregiving role for adult daughters to older Korean immigrant parents and a shift from duty-based traditional filial piety to need-based practical support (Eun, 2003; Hashimoto & Ikels, 2005; Ikels, 2004; Jeon et al., 2013; Koyano, 2003; Lee & Jin, 2013; Lee & Yoon, 2011; Mao & Chi, 2011; Tsutsui et al., 2014). In addition, relationships with adult daughters, in general, may be qualitatively different in ways that benefit parents, emphasizing greater emotional closeness and contact, compared to the more duty-based and possibly more distant or formal relationships with sons and their wives (Pillemer & Suitor, 2014). Furthermore, living with or close to daughters may also represent a greater opportunity for Asian elders to empower themselves (and thereby improve mental well-being) through reciprocal assistance; they might take care of grandchildren or provide emotional support to their daughters by becoming their confidante.

A number of implications for health care provisions and practice with Asian immigrant seniors can be derived from this study. In addition to the well-documented association between aging-related stressful life events and depressive symptoms (Jeon et al., 2013; Kuo et al., 2008; Lee & Jin, 2013; Lee & Yoon, 2011), the present study contributes to the existing literature by suggesting that the availability of daughters in close proximity rather than sons and daughters-in-law might help older immigrants to cope successfully with stressful life events and mitigate their negative impact on mental health. Moreover, based on the bivariate correlations, the close presence of daughters rather than sons might also have a positive impact on subjective health, which is one of the most consistent predictors of greater subjective well-being and

fewer depressive symptoms in old age (George, 2010), a finding that was also replicated in our study of older Korean immigrants. Hence, health care practitioners should be aware of the importance of identifying relational family structure, roles and preferences with regard to children, and perceived types and quality of supports, from the older parent's perspective. For instance, even if the older Asian immigrants have sons as their official caregivers, it may be beneficial for health care practitioners to check on the availability of daughters. By having more contextual information about older patients' real needs in terms of preference of support from adult children, quality care plans and intervention goals can be achieved among aging Asian immigrants.

Limitations of the study include the cross-sectional nature of the data, which makes it impossible to determine the causality of the effects, and the unknown generalizability of the findings. Relatively small, affluent Korean communities in Florida are not necessarily representative of older Korean immigrants in the United States. Being in a small community may amplify the importance of adult daughters since there may be fewer alternative sources of social support for aging immigrants. Also, greater affluence may mean that this group is in better health and faces fewer adverse life events and, consequently, fewer depressive symptoms than samples from larger and more established immigrant centers, for instance, in Los Angeles, San Francisco, and New York. Furthermore, an individual's personality, the reasons for immigration, and the absence of children (especially daughters) might affect the adaptation process, mitigating or intensifying the effects of current social support and, as a result, interplay differently with depressive symptoms. Future quantitative and qualitative studies are needed to explore these issues further.

Despite these limitations, it should be noted that examining immigrant aging in a greater variety of contexts, including the newer, growing immigrant communities of the Sunbelt, can provide timely, important information on changing needs and caregiving preference among older Asian immigrants. Further research might expand on the findings of this study by examining the changing features of caregiving relationships and their implications for older adults in a more representative, random sample and with other ethnic immigrants. Future research might also investigate how and to what extent older immigrants are able to exercise choice in terms of received support from daughters and sons, given a variety of factors that may constrain their options, including, for instance, the availability of sons and/or daughters, physical and emotional closeness, mental and physical health, financial situation, and social expectation, to name a few. Moreover, it might be interesting to explore how the caregiving needs and mental health of older Chinese immigrants are affected by the previous one-child policy of the Chinese government and the

traditional preference for sons rather than daughters (Zhang & Goza, 2006). Our findings point to the potential value of examining gender-specific caregiving preferences among older immigrants to better understand their intergenerational supports or conflicts and their association with older adults' mental health.

## Authors' Note

## Declaration of Conflicting Interests

## Funding

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