Acculturation and the Mental Health Status of the Immigrants in South Korea : Convergence to the General Tendency?

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이주민의 문화동화와 정신건강 : 일반적 경향으로의 융합인가?

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Abstract   This study was conducted to study the effect of acculturation on the permanent resident and naturalized citizens' mental health status. The Survey Data of Foreign Residents in Korea 2012 was utilized. Independent variable was the acculturation level, measured by the duration of life spent in Korea and the level of Korean proficiency. The dependent variable was the mental health outcome. Initially, acculturation showed protective effect on mental health of immigrants. But after adjustment of control variables, the effect of acculturation disappeared. This result does not converge into the general trajectory of mental health status among immigrants regarding the level of acculturation. The experience of discrimination had outstanding negative effect, which suggests policy inception point.

• Key Words : Acculturation, Naturalized Migrants, Permanent Residents, Mental Health, Experience of Discrimination

요 약   이 연구는 우리나라에서 영주권을 얻었거나 귀화한 외국인들의 정신건강과 한국문화 동화 간의 관계를 고찰하였다. 영주권자 및 귀화자의 건강을 포함한 가장 최근 자료인 2012년 거주외국인 조사자료가 분석에 활용되었다. 분석에 사용된 주요변수는 한국거주기간과 한국어 수준으로 측정된 문화동화 수준과 정신건강이었다. 문화동화수준이 영주권자와 귀화자의 정신건강을 보호하는 것처럼 보였지만 통제변수들이 분석에 추가된 후 그 효과는 사라졌다. 이러한 경향은 다른 나라에서 발견된 문화동화와 정신건강 간의 일반적 결과에 융합하지 않는 결과이다. 한편 차별경험이 이주민 건강에 매우 중요한 변수임이 발견되었다.

• 주제어 : 문화동화, 귀화자, 영주권자, 정신건강, 차별경험

1. Introduction

In South Korea, Immigration is considered to be a relatively new phenomenon. Korea started experiencing

growing population of immigrants from the late 1980s. Korea opened its borders to foreign workers in 1990, admitting more migrant workers. Moreover, marriage migrants increased in Korea, as the international marriage between Korean men and foreign wives became popular from the 1990s[1]. As of 2014, It is estimated that there were about 1.6 million foreign residents in Korea. This is about 3.5% of the total population. Permanent residents have reached 60,000 in 2011, which is a substantial increase from 6,000 in 2002. Compared to the total number of 49 naturalized citizens in 1991, the naturalized citizens of Korea have reached over 100,000, 213,197 in 2016[2].

It's crucial that the health status of the permanent residents and the naturalized citizens of Korea improve or at least not deteriorate as they acculturate to Korean society, assuming that they are going to stay long term in Korea. However, the existing studies only focus on particular types of immigrants. It is rare to find studies of the immigrants done at the national level. All the more, studies on the acculturation are even harder to find. As previous surveys for immigrants in Korea have been performed by various government agencies or research centers in order to address short-term needs and goals, they are considered to be unsystematic and inconsistent[3].

Most studies of the immigrants' acculturation and health are carried out traditional destination countries such as the United States, Canada, and European countries[4]. Many people expect that the immigrants' health status would get better as they get more acculturated, but the result turned out to be the opposite. The study's result showed that the health advantage of the immigrants erode over time[5].

The studies of the association between acculturation and health among the Hispanics living in the United States reveal that the health advantages of the immigrants decrease as the duration in the United States increase[6]. In studies led by Abraido-Lanza, the rates of risky health behaviors including smoking, alcohol use and high body mass index of Latinos seemed to increase with higher acculturation. This suggest that Latinos get exposed to different risk factors or they pick up unhealthy behaviors in the acculturation process[7]. Studies also showed that the more acculturated immigrants were more likely to have poor health in Canada[8].

The mental health is also found to have the same trend. Studies of Mexican Americans living in Los Angeles showed higher acculturation associated with higher lifetime rates of psychiatric disorders including phobia, alcohol abuse or dependence, and drug abuse or dependence[9]. Higher acculturation was also associated with increased psychological distress among Hispanic American young adults[10]. In Europe, some studies found that immigrants' dissatisfaction does not improve with increased duration[11].

Discrimination theory is one of the explanation behind the association of acculturation and poor mental health. Perceived discrimination is a chronic stressor contributing to poor mental health among immigrants[4]. Positive association between perceived discrimination and poor mental health, especially depression, was found in many studies[12]. The explanation of the discrimination theory is that as the stay in the destination country increases, the immigrants' language proficiency improves, which results in their increased realization of the discrimination that they didn't notice before. Thus the acculturation results in the increased exposure of the immigrants to the perceived discrimination. For instance, the studies of Mexican immigrant women in the U.S revealed that the second generation, rather than the first generation, experienced more discrimination [13]. The discrimination theory also explains why the second generation Korean American's health is often worse than the first generation immigrants' health[4].

Study results from the traditional destination countries showed that although it is common to believe that higher language proficiency helps immigrants adapt to the new environment which results in good mental health, the reality is that as the language

proficiency increases, the immigrants start to recognize the discrimination they face and their health deteriorates[14]. The Survey data of Foreign Residents in Korea 2012 controlled the discrimination variable, which allowed the to check the net effect of the language proficiency for this study.

The hypotheses for this study are: (1) The mental health of the permanent residents will improve as the duration in Korea increases; (2) The mental health of the permanent residents will improve as their language level increases; (3) The mental health of the naturalized citizens will improve as the duration in Korea increases; and (4) the mental health of the naturalized citizens will improve as their language level increases.

2. Method

With the Survey data of Foreign Residents in Korea 2012, conducted by IOM Migration Research & Training Centre of Korea (IOM MRTC), our research team conducted a secondary analysis of cross-sectional data. The Ministry of Justice provided the immigrant population list that IOM MRTC used to draw the sample through stratified random sampling. The sample size of n=1303 was used in total, with n=730 being permanent residents and n=573 being naturalized citizens.

Our independent variable was the level of acculturation. For the measurement of the level of acculturation, proxy measure of the duration of life spent in Korea was used. The proxy measure was categorized into five groups (less than 4 years, 4-5 years, 6-7 years, 8-9 years, and greater than 10 years). The question 'What is your level of the linguistic competence for speaking Korean?' was asked, with answers 5 as 'excellent', 4 as 'good', 3 as 'so so', 2 as 'not so good', and 1 as 'poor'. High level is composed of the scores of 4 or higher, medium level is composed of 3, and low level is composed of 2. The general mental health status, which is the dependent variable, was assessed by the modified version of the Hopkins

Symptom Checklist (HSCL).

SAS 9.4 was used to conduct multiple logistic regression in order to investigate the probabilities of having poor mental health adjusted for sex, age, nation, type of visa, education level, income level, marital status, Korean proficiency and discrimination experience. This model calibrated for each variables.

3. Result

Table 1 presents the socio-demographic characteristics of permanent residents and naturalized citizens. Overall, the female proportion (73.51%) is greater than the male proportion (26.49%). The proportion of female is greater in the citizens group (86.21%) than that in residents group(62.33%). Most residents are from China (53.56%) followed by Taiwan (13.97%), and Japan (13.7%). Most citizens are from China (67.02%), followed by Vietnam(20.77%). For the visa type, the marriage migrant group, followed by the labor migrant group is the largest.

<Table 1> Socio-demographic Characteristics of Sample

		Total (n=1303)		Residents (n=730)		Citizens (n=573)	
		N	%	N	%	N	%
Sex							
	Male	354	26.49	275	37.67	79	13.79
	Female	949	73.51	455	62.33	494	86.21
Age							
	0-29	300	23.28	126	17.26	174	30.37
	30-39	347	26.65	183	25.07	164	28.62
	40-49	363	27.51	231	31.65	132	23.04
	50-59	217	16.67	143	19.64	74	12.94
	60+	76	5.89	47	6.44	29	5.06
Nation							
	China	775	59.48	391	53.56	384	67.02
	Taiwan	102	7.83	102	13.97	0	0
	Japan	100	7.67	100	13.7	0	0
	Vietnam	151	11.59	32	4.38	119	20.77
	America/Canada	43	3.30	43	5.89	0	0
	Thailand	31	2.38	31	4.25	0	0
	Philippines	61	4.68	31	4.25	30	5.24
	Cambodia	40	3.07	0	0	40	6.96
Visa Type							
	Marriage Migrants	750	57.56	357	48.90	393	68.59
	Labor Migrants	285	21.87	199	27.26	86	15.01
	Others	201	15.43	128	17.53	73	12.74
	Unknown	67	5.14	46	6.30	21	3.66
Marital Status							
	Unmarried	210	15.98	147	19.07	75	12.14
	Married	1092	84.02	624	80.93	543	87.86
Final degree							
	Below middle school	423	32.97	186	24.28	269	43.81
	High school	523	40.07	299	39.03	254	41.37
	Technical College	141	10.65	96	12.53	51	8.31
	University and above	216	16.3	185	24.15	40	6.51
Income (million)							
	< 1	152	11.67	72	9.09	80	13.96
	1-2	424	32.54	228	31.23	196	34.21
	2-3	329	25.25	175	23.97	154	26.88
	3-4	135	10.36	95	13.01	40	6.98
	4+	157	12.05	112	15.34	45	7.85
	Unknown	106	8.14	48	6.58	58	10.12
Korean Proficiency							
	Low	72	5.53	42	5.75	30	5.24
	Medium	778	59.71	422	57.81	356	62.13
	High	453	34.77	266	36.44	187	32.64
Discrimination							
	No	363	27.86	178	24.38	185	33.29
	Yes	940	72.14	552	75.62	388	67.71
Duration in Korea							
	0-3	122	9.36	95	13.01	27	4.71
	4-5	296	22.7	160	21.92	136	23.73
	6-7	351	26.94	138	18.9	213	37.17
	8-9	145	11.13	61	8.36	84	14.66
	10+	389	29.85	276	37.81	120	20.94

The proportion of married migrants in the citizens group (87.86%) is slightly higher.

Overall, as their final degree, most immigrants have completed high school, but the residents show relatively higher education level. For the income group, the highest proportion is 1-2 million KRW (₩) for both the residents (31.23%) and the citizens (34.21%). According to Statistics Korea, in 2011, ₩3.84 million was the average income level for Koreans, which shows that the average income level for the permanent residents and the naturalized citizens are much lower. For the permanent residents and the naturalized citizens, the proportion of Korean proficiency is similar with the highest proportion being the medium level of Korean proficiency. Regarding the duration in Korea, the proportion of residents is smallest (8.36%) in 8-9 years whereas the proportion of citizens is smallest in 0-3 years (4.71%), showing different patterns. More residents (37.81%), compared to citizens (20.94%), stayed in Korea for more than 10 years.

Table 2 presents the results from four models of mental health outcomes for residents. In Model 1, predictor for the poor mental health was those who stayed in Korea for 4-5 years. Good mental health was predicted by higher level of Korean proficiency. The demographic variable is controlled in model 2 and the social and economic variables are controlled in model 3, resulting in a slight decrease of the duration 4-5 years' coefficients. In Model 4, poor mental health status is predicted by the experience of discrimination. The diminished effect of higher Korean proficiency on good health was resulted by controlling the discrimination experience.

Table 3 shows results of four separate models of mental health outcomes for citizens. In model 1, among the acculturation variable, high level of Korean proficiency predicts for good mental health status.

<Table 2> Logistic Regression Coefficients of Mental Health Outcomes Among Residents

Variables	Mental Health Outcomes (n=729)			
	Model 1	Model 2	Model 3	Model 4
Korean Proficiency				
Low	0	0	0	0
Medium	-0.336	-0.169	-0.181	-0.156
High	-0.521	-0.308	-0.200	-0.195
Duration in Korea				
0-3	0	0	0	0
4-5	0.621*	0.560+	0.552+	0.531
6-7	0.485	0.367	0.431	0.374
8-9	0.305	0.210	0.180	0.099
10+	0.039	-0.159	0.065	0.05
Sex				
Male		0	0	0
Female		0.365+	0.271	0.306
Age				
0-29		0	0	0
30-39		-0.104	-0.069	-0.044
40-49		0.310	0.363	0.396
50-59		-0.083	-0.097	-0.049
60+		0.365*	0.349+	0.965*
Nation				
China/Taiwan		0	0	0
Japan		-0.971**	-1.154**	-1.025**
Others		-0.117	0.061	0.161
Visa Type				
Marriage Migrants		0	0	0
Labor Migrants		-0.350	-0.408	-0.373
Others		-0.363	-0.399	-0.366
Marital Status				
Unmarried		0	0	0
Married		-0.026	0.033	0.016
Final degree				
Below middle school			0	0
High school			0.093	0.035
Technical College			0.168	0.136
University and above			-0.088	-0.147
Income (million)				
<1			0	0
1-2			0.122	0.148
2-3			-0.308	-0.308
3-4			-0.181	-0.139
4+			-1.298***	-1.215**
Discrimination				
No				0
Yes				0.660**

***p<0.001; **p<0.01; *p<0.05; +p<0.10

<Table 3> Logistic Regression Coefficients of Mental Health Outcomes Among Citizens

Variables	Mental Health Outcomes (n=573)			
	Model 1	Model 2	Model 3	Model 4
Korean Proficiency				
Low	0	0	0	0
Medium	-0.543	-0.439	-0.434	-0.314
High	-0.660+	-0.482	-0.487	-0.312
Duration in Korea				
0-3	0	0	0	0
4-5	0.417	0.319	0.451	0.458
6-7	0.367	0.239	0.206	0.215
8-9	-0.080	-0.291	-0.225	-0.276
10+	-0.047	0.035	0.075	0.066
Sex				
Male		0	0	0
Female		0.979**	0.936**	0.933**
Age				
0-29		0	0	0
30-39		-0.097	-0.165	-0.139
40-49		0.408	0.376	0.432
50-59		0.683+	0.671+	0.778+
60+		-0.146	-0.226	-0.161
Nation				
China		0	0	0
Vietnam		1.028***	1.131***	1.174***
Others		0.243	0.117	0.346
Visa Type				
Marriage Migrants		0	0	0
Labor Migrants		0.013	0.120	-0.037
Others		-0.103	-0.031	-0.036
Marital Status				
Unmarried		0	0	0
Married		-0.896**	-0.753*	-0.701*
Final degree				
Below middle school			0	0
High school			0.422*	0.409+
Technical College			0.550	0.422
University and above			1.166**	1.017*
Income (million)				
<1			0	0
1-2			-0.150	-0.199
2-3			-0.468	-0.520
3-4			-0.964*	-1.009*
4+			-0.668	-0.687
Discrimination				
No				0
Yes				1.010***

***p<0.001; **p<0.01; *p<0.05; +p<0.10

Health tends to improve with increasing duration. Model 2 shows that controlling the demographic variables results in reduced health protective effect of high level of Korean proficiency. In Model 4, controlling the discrimination experience results in the further decrease of the coefficient for high level of Korean proficiency. Overall, females, those from Vietnam, and discrimination experience predict for poor mental health. Higher income and married status predict for good mental health.

4. Discussion

The study's purpose was to examine the acculturation's effect on the general mental health status of immigrants in Korea. Previous studies of the traditional destination country showed the association of the higher level of acculturation with poor physical and mental health. No data sets were available until recently to test the health trajectory of the immigrants in South Korea at the national level. Having no data available is one of the major challenges of emerging destination countries. The study of the permanent residents and naturalized citizens in South Korea at the national level became possible with the Survey data of Foreign Residents in Korea 2012. The effects of acculturation measured by duration in Korea and the Korean proficiency on mental health status of the immigrants was investigated.

Our result also revealed that the experience of discrimination is an important predictor of the poor mental health status of immigrant as in many previous studies[12]. The experience of discrimination was an important predictor for both residents and citizens. There was no clear relationship in the marital status with health among the residents. However for the citizens, the married status predicted for good health. Marriage migrants are the largest component of the marriage migrants. This suggests that the family relationship acts as a social support for the migrants. This result is consistent with previous studies

explaining that the good family relationship is associated with improvements in poor mental health[15]. With more focus on the multivariate results for the citizens, up to 5 years, the mental health deteriorate but starts improving afterwards, suggesting that the immigrants' health deteriorates in the short run due to acculturative stress. However, after some adjustment period, the security from the stable family relationship seems to result in the improving health trajectory of the immigrants.

Many studies in the United States and Canada have examined the ethnicity of the immigrants as an important health determining factor. However, in Korea, not much work has been done to assess the overall health status of ethnic groups[16]. The subgroup differences found in the mental health status of the immigrants is another interesting point from this study's results. Although the Korean Chinese has advantage in the language, and also has longer history in Korea, the immigrants from Japan tended to have good mental health than those from China including Korean Chinese in the resident's group. This result shows contradiction from the previous studies that suggest there may be health advantages for groups that stayed longer period in the host country to develop positive adaptations[17]. Among the citizens, those from Vietnamese appeared to be the most vulnerable group. As explained earlier, most of the Vietnamese migrate to Korea as marriage migrants. They are dependent upon their husbands in social and economic aspect at first However, as their relationships with the husband stabilize, their mental health gets better.

There are several limitations involving the measurement issues from the available data in this study. First, as this was a cross sectional study, the temporal sequence between the independent variables and the mental health outcome was not determined. Secondly, data has limitation in that it was unweighted though it was obtained through stratified random sampling. There is also limitation with measuring the acculturation. There is currently no standardized

acculturation measures used in Korea. Thus we tried to incorporate suggestions made in previous studies with currently available data. As the proxy measure, we used duration of time and also added the language proficiency to represent acculturation as the latent variable. The follow-up studies should increase the range of indicators to capture basic attitudes, values, and behaviors related to the acculturation process[18]. Moreover, this study is limited in that we used the 2012 data, although this is the most recent data for permanent residents and naturalized citizens.

It is expected that the longitudinal study on the immigrants would be able to strengthen the research by enhancing the understanding of the relationship between significant predictors. The Significant predictors include predictors such as the discrimination experience, marital status, the high income group and the mental health outcome. The comparison of the immigrants with the Korean nationals is expected to further enhance the knowledge of the immigrants' health.

This study was significant in that it provided current status of the relationship between acculturation and mental health of the permanent residents and the naturalized citizens of Korea, even with some limitations. In Korea, acculturation has a negative effect towards the residents in the short run, but appears not to be significant in the long run. High income appears to be the predictors for good health for both residents and citizens. Married status appears to be the predictors for good health for citizens, which suggests that good family relationship might be the key variable for good mental health for immigrants. Our finding is different from the general health pattern revealed in the traditional destination countries, adding to the new but growing literature of the acculturation and the immigrant's health in emerging destination countries. It is expected that our results would be able to help Korean government provide adequate health and social measures for the current and future immigrants.

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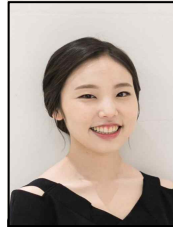
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