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The Acculturation and the Mental Health Status of the Immigrants in South Korea

이주민의 문화적응과 정신건강상태에 관한 연구: 영주권자와 귀화자를 중심으로

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The Acculturation and the Mental Health Status of the Immigrants in South Korea

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Abstract

The Acculturation and the Mental Health Status of the Immigrants in South Korea

Background: The purpose of this study is to examine the effect of acculturation on the mental health trajectory of the permanent residents and naturalized citizens.

Methods: A secondary analysis of cross-sectional data was conducted using the Survey Data of Foreign Residents in Korea 2012. Independent variable was the acculturation level, measured by the duration of life spent in Korea and the level of Korean proficiency. The duration of life spent in Korea was categorized into five groups (0-3 years, 4-5 years, 6-7 years, 8-9 years, and greater than 10 years). The level of Korean proficiency was categorized into high level, medium level and low level. Dependent variable was the mental health outcome, adjusting for sex, age, nation, type of visa, marital status, education level, income level, and the experience of discrimination.

Results: For residents and citizens, the probabilities of having poor mental health was the greatest at 4–5 years, but the health status improved afterwards. The high level of Korean proficiency appeared to have the health protective effect. For residents, predictors for poor mental health include female and highest age group whereas the origin of nation from Japan and high income level predicted for good health. For citizens, female and the origin of nation from Vietnam predicted for poor mental health whereas high income level and married status predicted for good health. The experience of discrimination predicted for poor health for both residents and citizens.

Conclusion: The results show that the immigrants in South Korea follow a different health trajectory from the traditional destination countries. Controlling the experience of discrimination resulted in the health protective effect of the language proficiency. The results will be contributing to the new but growing literature of the acculturation and the immigrant' s health in emerging destination countries.

Keywords : Acculturation; Immigrant Health; Permanent Resident; Naturalized Citizen; South Korea

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1. INTRODUCTION

1.1 Background

Immigration is a relatively new phenomenon in South Korea. It is only from the late 1980s that Korea has started experiencing growing population of immigrants. In 1980s, Korea experienced rapid economic growth and also experienced a shortage of labor in the so-called difficult, dirty and dangerous jobs (Kong, 2010). As a result, Korea opened its borders to foreign workers in 1990, admitting more migrant workers. Coupled with the inflow of migrant workers, Korea experienced inflow of marriage migrants, as the international marriage between Korean men and foreign wives became popular from the 1990s (Lee, 2008). It is estimated that as of 2014, there were about 1.6 million foreign residents in Korea, which accounts for about 3.5% of the total population. Among this number, permanent residents have reached 60,000 in 2011, substantial increase from 6,000 in 2002. The naturalized citizens of Korea have reached over 100,000, compared with total of 49 naturalized citizens in 1991(Ministry of Justice, 2015).

Permanent residents and naturalized citizens are important components of the society as they represent those immigrants who will be staying long-term in the destination country. However, as

immigration is a relatively new phenomenon in South Korea, the history of permanent residents and naturalized citizens is not long. For instance, the concept of permanent residency was introduced to Korea in 2002 as a method to manage foreign residents in South Korea. The Korean government started to grant permanent residency to those who stayed in Korea with F-2 status (residence visa) for more than five years. However, in order to mitigate the permanent residency requirements, the government started to also grant the permanent residency to the overseas Korean who have lived in Korea for more than 2 years, and the spouse of Korean nationals who have lived in Korea for more than 2 years. Immigrants have to prove their marital relationship is well in order to obtain the residency. Moreover, the government grants the permanent residency to business investors who invested more than $50 million and employed more than five Koran nationals without any requirements for the period stay in Korea (IOM MRTC, 2012).

The history of naturalized citizens is relatively short as well. 1957 was the first time a pure foreigner acquired Korean nationality. Foreigners who became naturalized citizens were less than 100 persons per year until 1990. The number of naturalized citizens, with the majority being the marriage migrants, increased along with the rapid increase of foreign residents in 1990s (Oh, 2014). In

Korea, immigrants can apply for citizenship through general naturalization, simplified naturalization, or special naturalization. Detailed information about each category of Korean naturalization system is available at Ministry of Justice website (http://www.moj.go.kr/). According to Choi (cited in IOM MRTC, 2012), it is known that general naturalization takes about 7 years to obtain, whereas the simplified naturalization process takes about three and a half years. The simplified naturalization is usually granted for marriage migrants or overseas Koreans, and the immigrants have to prove their marital relationship is well in order to obtain the citizenship.

Some of the characteristics of permanent residents and naturalized citizens are that majority of them came to Korea as marriage migrants or labor migrants. Most of the permanent residents are from China including the Korean Chinese, Taiwan and Japan, whereas most of the naturalized citizens are from China including the Korean Chinese, Vietnam and other Southeast Asian countries. Marriage migrants constitute about 50% of permanent residents whereas 60% of naturalized citizens. Labor migrants constitute about 27% of permanent residents whereas 8% of naturalized citizens. Thus the marriage migrants are the largest group that constitutes the permanent residents and naturalized

citizens of Korea. In order to obtain the residency and citizenship, the marriage migrants have to prove that their marital relationship is well. Thus it can be assumed that the marital relationship is relatively stable for the permanent residents and the naturalized citizens (IOM MRTC, 2012).

The health implications of the permanent residents and the naturalized citizens can be crucial, as they will be affecting various areas such as the overall medical cost, incidences of communicable diseases, and the level of labor productivity in Korea. It's important that their health status improve or at least not deteriorate as they acculturate to Korean society, assuming that permanent residents and naturalized citizens are going to stay in Korea for long term. However, the studies of the immigrants in Korea are still at a beginning level, and the existing studies focus on certain types of immigrants such as the labor migrants, or focus on certain area of the country. Studies of the immigrants at the national level are rare. Moreover, studies on the acculturation are rare, even though the acculturation is an important health determining factor for the immigrants. Previous surveys for immigrants in Korea are considered to be unsystematic and inconsistent, as they have been performed by various government agencies or research centers to address short-term needs and goals (Kang, 2012).

Generally, immigrants are known to be vulnerable to health problems as most of them are exposed to poor working conditions and also have less income to receive health services. They are likely to experience language and cultural barriers in the access of health service. Their mental health status is especially known to be a serious problem. Mental health problem is often more complicated than physical health problem as the mental health problem involves various culture, social and gender aspects. Health service providers unaware of the cultural context of the immigrants as well as the language have difficulties communicating with the patient. The problem is not only on the service provider's side but also in the patient's side. Many immigrants come from developing countries, and their understanding of the mental health is low, and many tend to avoid asking help for their mental health status.

Therefore, it is clear that more public health attention should be given to the immigrants in order to understand their current health status. This will in turn help the Korean government to provide adequate health and social measures for the increasing number of immigrants.

1.2 Objectives

There is an increasing call for the need on the study to examine the health status of immigrants in Korea related to their acculturation level. The permanent residents and naturalized citizens are those who will be staying long term in Korea. Most of them are married to Korean spouse, forming the multicultural family within Korea. Thus it's important that their health status improves or at least not deteriorate as they acculturate into Korean society. As the Survey data of Foreign Residents in Korea 2012 became available, studying the mental health of the nationally representative sample of immigrants in Korea became possible. *Research Service Report* based on these data was published, but the purpose of the report is to provide timely descriptions about the immigrants' status, rather than modeling the health outcomes.

Accordingly, the purpose of this study is to model the mental health outcomes of the permanent residents and naturalized citizens with acculturation as an independent variable.

2. Literature Review and Hypotheses

2.1 Literature Review

2.1.1 Acculturation as a Health Determining Factor

One of the most important health determinant factors of the immigrants is considered to be acculturation, defined as the process by which individuals adopt the attitudes, values, customs, beliefs and behaviors of another culture (Clark, 1998). It is the distinguished factor that only the migrating people experience.

The process of acculturation could be stressful because of the changes that could happen to the supportive networks he/she had, and the immigrants could also experience discrimination that frustrates their expectations of improved social and economic status in the host country (Vega & Amaro 2015).

Acculturation can be measured in various ways, but most of the studies use measures such as time spent in the host country, place of birth, or language-based indicator. The researchers assume that the amount of exposure individuals have to the host country can be used to infer acculturation level.

2.1.2 Acculturation and Health

Most studies regarding the immigrants' acculturation and health are done in traditional destination countries such as the United States, Canada, and European countries (Cho and Kang 2012). Although people expected that the immigrants' health status would get better as they get more acculturated, the result was the opposite. In general, the health advantage of the immigrants is known to erode over time (Antecol, 2006; Vega 2004).

Growing studies of the association between acculturation and health among the Hispanics in the United States show that the health advantages of the immigrants tend to decrease as the duration in the United States increase (Cho 2004). In studies done by Abraido-Lanza, the rates of risky health behaviors such as smoking, alcohol use and high body mass index of Latinos showed to increase with higher acculturation. The results suggest that Latinos are exposed to different risk factors or adopt unhealthy behaviors in the process of acculturation (Abraido-Lanza 2006). Studies in Sweden also showed that low acculturation was associated with poor self-rated health (Wiking 2004), and also the more acculturated immigrants were more likely to have poor health in Canada (Dunn 2000).

There are several hypotheses that explain the immigrant's

eroding health phenomenon found in traditional destination countries, including the healthy migration effect, culture buffering effect and the acculturation theory.

The healthy migration effect means that the only healthy people will be migrating to another country (Teruya 2013). Moreover, the host country often carries out rigorous examination that only accepts immigrants that are healthy. Thus it reasons that the selection of healthy migrants into the destination countries accounts for the phenomenon that immigrants are generally in good health at the beginning.

Culture buffering effect explains that other cultures are more likely to be characterized by values promoting healthy behaviors such as familial and social support and also values proscribing unhealthy behaviors such as smoking and abuse of alcohol, compared to the United States. So the immigrants who are healthy at the time of immigration adopt health-deteriorating culture of the time of the host country as their acculturation proceeds, and thus their health status deteriorates (Burnam, 1987).

Compared to the traditional destination countries, the association between the immigrants' acculturation and the health status is poorly understood in emerging destination countries. Previous researches done in Korea have pointed out the need to

study the relationship between the acculturation and the use of health resources, health behaviors, and health status (Cho and Kang 2012; Choi 2011; IOM MRTC 2012).

2.1.3 Acculturation and Mental Health

The deteriorating health with the increased acculturation is also found in the mental health arena. Studies of Mexican Americans in Los Angeles showed that higher acculturation was associated with higher lifetime rates of psychiatric disorders including phobia, alcohol abuse or dependence, and drug abuse or dependence (Burnam 1987; Vega 1998). Higher acculturation was also found to be associated with increased psychological distress among Hispanic American young adults (Kaplan 1990). Studies done in Europe also found that immigrants' dissatisfaction does not improve with increased duration of stay (Safi 2010).

One of the explanations behind the association of acculturation and poor mental health is the discrimination theory. Perceived discrimination appeared as one of the chronic stressors which contribute to poor mental health among immigrants (Cho and Kang, 2012). Many studies have found a positive association between perceived discrimination and poor mental health, especially depression, among different groups of migrant populations (Chou 2012). The discrimination theory explains that as the duration of stay in the destination country increases, the immigrants' language proficiency improves, and they start to realize and feel the discrimination that they didn't notice before. Thus the

acculturation exposes the immigrants to the perceived discrimination. For example, the studies of Mexican immigrant women in the U.S showed that the second generation experienced more discrimination than the first generation (Edna, 2007). Not only limited to Mexican immigrants, but the discrimination theory also explains why the health of the second generation Korean American is often worse than the first generation immigrants (Cho and Kang, 2012).

2.1.4 Health of Permanent Residents and Naturalized Citizens

As the permanent residents and naturalized citizens are recognized as the representatives of the immigrants who will be staying long term, much research done on immigrants in the United States considered legal status as major determinant of immigrants' health. Dividing the immigrants into subgroups according to their legal status, Derose found that the naturalized citizens are associated with more healthy behavior than the noncitizen immigrants, concluding that obtaining legal residency and citizenship may be the best route for the immigrants to expand their access to health care (Derose 2007). Guarnaccia has identified the major barrier to mental health service utilization among Latinos is lack of citizenship status (Guarnaccia 2005). The worries related to their legal status were also found to increase the risk for emotional distress and impaired quality of health (Cavazos-Rehg 2007).

In Korea, there were almost no studies done on the permanent residents and the naturalized citizens until the *Research Service Report* came out from the Survey data of Foreign Residents in Korea 2012. The report provides descriptions about the immigrants' status and identified marriage migrants from Vietnam

to have relatively low mental health status. However, there is still no study that modeled the mental health outcome of the permanent residents and citizens.

2.2 Hypotheses

The main purpose of this study is to model the mental health outcomes of the permanent residents and naturalized citizens with acculturation as an independent variable. Studies from the traditional destination country show that health erodes over time because immigrants adopt the health deteriorating culture and lose the healthy behavior. However, the context of the immigrants in Korea is different from that of the traditional destination countries. As mentioned above, the marriage migrants constitute the biggest part of the permanent residents and naturalized citizens. It can be assumed that their relationship with the spouse is stable. Good relationship with the spouse would act as a health protective factor for the immigrants.

Despite the common belief that higher language proficiency will help immigrants adapt to the new environment and result in good mental health, the reality was different. The reason is that as the language proficiency increases, the immigrants start to recognize the discrimination they face and their health deteriorates. However, the Survey data of Foreign Residents in Korea 2012 had the discrimination variable which could be controlled, thus allowing the net effect of the language proficiency to be checked.

Our hypotheses are (1) Permanent residents will show improving mental health trajectory as the duration in Korea increases (2) Permanent residents will show improving mental health trajectory as their language level increases. (3) Naturalized citizens will show improving mental health trajectory as the duration in Korea increases (4) Naturalized citizens will show improving mental health trajectory as their language level increases.

3. Method

3.1 Data

We conducted a secondary analysis of cross-sectional data, using the Survey data of Foreign Residents in Korea 2012, conducted by IOM Migration Research & Training Centre of Korea (IOM MRTC). IOM MRTC used immigrant population list provided by the Ministry of Justice to draw the sample through stratified random sampling. Survey was translated into 7 languages (Chinese, Japanese, Vietnamese, English, Thai, Cambodian and Tagalog). More information about the survey design and methods can be found at the website (http://www.iom-mrtc.org/). The sample represents a total population of 164,069 immigrants, with 75,143 permanent residents and 88,926 naturalized citizens. Out of the population, those who didn't record the length of residence and the gernal mental health status were taken out. As a result, the sample size of n=1303 was used, with n=730 being permanent residents and n=573 being the naturalized citizens of Korea.

3.2 Measures

3.2.1 Acculturation Variable

Our independent variable was the level of acculturation. Among different factors that affect acculturation, length of residence in the host country and the fluency in the host country's language are often used in the studies to measure the acculturation (Berry, 2006; Choi, 2009; Park, 2003). To measure the level of acculturation, duration of life spent in Korea was used as a proxy measure, categorized into five groups (less than 4 years, 4-5 years, 6-7 years, 8-9 years, and greater than 10 years). Korean Proficiency was asked with the question 'What is your level of the linguistic competence for speaking Korean?', with 5 being 'excellent', 4 being 'good', 3 being 'so so', 2 being 'not so good', and 1 being 'poor'. Score of 4 or higher was grouped into high level, 3 was grouped into medium level and 2 or lower was grouped into low level.

3.2.2 Mental Health Outcome

Our dependent variable, the general mental health status, was assessed by the modified version of the Hopkins Symptom Checklist (HSCL), with the question ‘Over the past month, how often have you experienced the following difficulties? Please choose one of the five numbers for each category’, with 5 being ‘very often’, 4 being ‘fairly often’, 3 being ‘often’, 2 being ‘sometimes’, and 1 being ‘never’. The list includes 14 items: 1) headache 2) nervousness 3) chest pain 4) fatigue 5) insomnia 6) loss of appetite 7) being easily moved to tears 8) fear without reason 9) being suicidal 10) being lonely 11) depression 12) loss of interest 13) heart palpitation 14) feeling hopeless. Most study uses average score of 1.75 as a cut-off point for indications of poor mental health status for further diagnosis. In this study, 1.75 was rounded up to 2 for convenience. Thus the average score of 2 or below was classified into having good mental health, and average score of 3 or above was classified into having poor mental health.

3.2.3 Control Variable

Several demographic variables and socioeconomic variables including sex, age, nation, type of visa before they obtained the residency or citizenship, marital status, education level, and income level were controlled. Age was divided into five categories: 0–29, 30–39, 40–49, 50–59, and 60+ years. For the permanent residents, the nation was divided into 3 groups: 'China/Taiwan', 'Japan' and 'Others'. The countries Thailand, Philippines and Cambodia were grouped as 'Others' in order to adjust for the sample numbers. For naturalized citizens, the nation was divided into China, Vietnam, and 'Others'. Vietnam, America/Canada, Thailand and Philippines were grouped into 'Others' in order to adjust for the sample size. Type of visa was categorized into 3 main groups: 'Marriage Migrants', 'Labor Migrants', and 'Others'. 'Others' include other types of visa for studying abroad and specialized jobs. The current marital status was categorized into 'unmarried' or 'married'. Education level was divided into 4 groups: below middle school, high school, technical college, and university and above. Income level was divided into 6 groups: less than 1 million KRW, 1–2 million KRW, 2–3 KRW, 3–4 KRW, more than 4 million KRW, and unknown group.

This study also controlled the experience of discrimination as it has been identified as one of the chronic stressors which contribute to poor mental health among immigrants. Many studies have found a positive association between the experience of discrimination and poor mental health, especially depression, among different groups of migrant populations such as Korean migrants in Canada, and South Asians and Chinese migrants in the United Kingdom, and Korean immigrants, Asian Americans and African Americans in the United States (Chou 2012). The experience of discrimination was asked with the question 'Have you experienced discrimination because you are a foreigner while living in Korea?' with 'no' or 'yes' option.

3.3 Statistical Analysis

Statistical Analyses were performed using SAS 9.4 to conduct multiple logistic regression 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.

4. Results

4.1 Socio-demographic Characteristics

Table 1 presents the socio-demographic characteristics of permanent residents and naturalized citizens. Overall, the proportion of female (73.51%) is greater than that of male group (26.49%). Between the residents and the citizens, the proportion of female is greater in citizens (86.21%) than that in residents (62.33%). Regarding the age, more proportion of the citizens are in the younger age group 0-29 and 30-39 compared to the residents. For the residents, most are from China (53.56%) and the second largest nation group is Taiwan (13.97%), and the third is Japan (13.7%). For the citizens, the largest nation group is China (67.02%), and the second largest is Vietnam (20.77%). Regarding the visa type, the largest group for both residents and citizens is the marriage migrants group and the following is the labor migrants. The proportion of married immigrants is slightly higher in the citizens group (87.86%).

Overall, most migrants have completed high school as their final degree, but the residents show relatively higher education level compared to the citizens. Regarding the marital status, most of immigrants are married (84.02%). The income group with the highest proportion is 1-2 million KRW for residents (31.23%) and

the citizens (34.21%). The proportion of Korean proficiency is similar for both residents and citizens with medium level of Korean proficiency having the highest proportion. Regarding the duration in Korea, the residents and the citizens show different pattern as 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%). Compared to citizens (20.94%), more residents (37.81%) stayed in Korea for more than 10 years.

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	32.29
	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

4.2 Distribution of Mental Health Outcomes

Table 2 provides the frequency and percentage distribution of the dependent variable mental health outcome for independent variables for residents. For the residents, females, the oldest age group had higher distribution in poor mental health than their counterparts. Immigrants from China/Taiwan were more distributed in poor mental health than those from Japan. Low income group and low Korean proficiency had higher distribution in poor mental health.

Table 3 provides the frequency and percentage distribution of the mental health outcome for citizens. For the citizens, females and the youngest age group had higher distribution in poor mental health than their counterparts. Immigrants from Vietnam and those who came to Korea as marriage migrants were most distributed in poor mental health than their counterparts. Low income group and low Korean proficiency had higher distribution in poor mental health and those who are unmarried were more distributed in poor mental health.

Table 2. Distribution of Mental Health Outcomes among Residents

Total including Residents (n=730)					
		Poor Mental Health		Good Mental Health	
		N	%	N	%
Total		190	26.03	540	73.97
Sex					
	Male	62	22.55	213	77.45
	Female	128	28.13	327	71.87
Age					
	0-29	34	26.98	92	73.02
	30-39	44	24.04	139	75.96
	40-49	63	27.27	168	72.73
	50-59	31	21.68	112	78.32
	60+	18	38.30	29	61.7
Nation					
	China/Taiwan	137	27.79	356	72.21
	Japan	14	14	86	86
	Others	39	28.41	98	71.53
Visa Type					
	Marriage Migrants	95	26.61	262	73.39
	Labor Migrants	48	24.12	151	75.88
	Others	25	19.53	103	80.47
	Unknown	22	47.83	24	52.17
Final degree					
	Below middle school	50	29.41	120	70.59
	High school	81	27.93	209	72.07
	Technical College	27	29.03	66	70.97
	University and above	32	18.08	145	81.92
Income (million)					
	< 1	21	29.17	51	70.83
	1-2	71	31.14	157	68.86
	2-3	41	23.43	134	76.57
	3-4	24	25.26	71	74.74
	4+	10	8.93	102	97.07
	Unknown	23	47.92	25	52.08
Marital Status					
	Unmarried	36	26.28	101	73.72
	Married	153	25.84	439	74.16
Korean Proficiency					
	Low	15	35.71	27	64.29
	Medium	120	28.44	302	71.56
	High	55	20.68	211	79.32
Discrimination					
	No	30	16.85	148	83.15
	Yes	160	28.99	392	71.01
Duration in Korea					
	0-3	20	21.05	75	78.95
	4-5	54	33.75	106	66.25
	6-7	42	30.43	96	69.57
	8-9	16	26.23	45	73.77
	10+	58	21.01	218	78.99

Table 3. Distribution of Mental Health Outcomes Among Citizens

Total including Citizens (n=573)					
		Poor Mental Health		Good Mental Health	
		N	%	N	%
Total		214	37.35	359	62.65
Sex					
	Male	16	20.25	63	79.75
	Female	198	40.08	296	59.92
Age					
	0-29	76	43.68	98	56.32
	30-39	53	32.32	111	67.68
	40-49	48	36.36	84	63.64
	50-59	30	40.54	44	59.46
	60+	7	24.14	22	75.86
Nation					
	China	124	32.29	260	67.71
	Vietnam	65	54.62	54	45.38
	Others	25	35.71	45	64.29
Visa Type					
	Marriage Migrants	159	40.46	234	59.54
	Labor Migrants	26	30.23	60	69.77
	Otheres	22	30.14	51	69.86
	Unknown	7	33.33	14	66.67
Final degree					
	Below middle school	87	34.39	166	65.61
	High school	92	39.48	141	60.52
	Technical College	18	37.5	30	62.5
	University and above	17	43.59	22	56.41
Income (million)					
	< 1	34	46.58	46	57.5
	1-2	77	39.29	119	60.71
	2-3	48	31.17	106	68.83
	3-4	10	25	30	75
	4+	13	28.89	32	71.11
	Unknown	32	55.17	26	44.83
Marital Status					
	Unmarried	34	46.58	39	53.42
	Married	180	36	320	64
Korean Proficiency					
	Low	16	53.33	14	46.67
	Medium	135	37.92	221	62.08
	High	63	33.69	124	66.31
Discrimination					
	No	46	24.86	139	75.14
	Yes	168	43.3	220	56.7
Duration in Korea					
	0-3	9	33.33	18	66.67
	4-5	58	42.65	78	57.35
	6-7	87	40.85	126	59.15
	8-9	25	29.76	59	70.24
	10+	35	30.97	78	69.03

4.3 Acculturation and Health Outcomes

Table 4 presents the results from four models of mental health outcomes for residents. In Model 1, those who stayed in Korea for 4-5 years predict for poor mental health. Higher level of Korean proficiency predicts for good mental health. Model 2 controls for the demographic variable and model 3 for the social and economic variables, which results in a slight decrease of the coefficients for the duration 4-5 years. In Model 4, the experience of discrimination predicts for poor mental health status. Controlling the discrimination experience results in the diminished effect of higher Korean proficiency on good health, as the coefficient for the Korean proficiency dropped.

Table 4. 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	0.368	0.396
50-59		-0.083	-0.097	-0.049
60+		0.865*	0.849+	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	0.085
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 5 displays results from four separate models of mental health outcomes for citizens. Model 1 shows that among the acculturation variable, high level of Korean proficiency predicts for good mental health status. Regarding the duration in Korea, health tends to get better with increasing duration. In Model 2, controlling the demographic variables resulted in the reduction of the health protective effect of high level of Korean proficiency. In Model 4, controlling the discrimination experience, the coefficient for high level of Korean proficiency became similar to that of the medium level of Korean proficiency. Overall, females, those from Vietnam, and discrimination experience predicted for poor mental health, whereas higher income and married status predicted for good mental health.

Table 5. 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+	−0.462	−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**	0.983**
Age				
0−29		0	0	0
30−39		−0.097	−0.165	−0.139
40−49		0.408	0.376	0.482
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		−0.108	−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

5 Discussion

The purpose of this study was to examine the effect of acculturation on the general mental health status of immigrants in Korea. The study had a special focus on permanent residents and naturalized citizens, who best represent the long-term immigrants in Korea. Much previous studies from the traditional destination country showed that higher level of acculturation is associated with poor physical and mental health. However, until recently, no data sets were available in Korea to test the health trajectory of the immigrants at the national level. This is in fact one of the challenges many emerging destination countries that experienced growth of immigrants recently. When the Survey data of Foreign Residents in Korea 2012 became available, the study of the permanent residents and citizens at the national level became possible. We investigated the effects of acculturation measured by duration in Korea and the Korean proficiency on mental health status of the immigrants.

There are abundant evidences that those with higher SES are healthier. Our descriptive tables also support this view as low income group are more distributed in poor mental health. Our multivariate results show that both for residents and citizens, high income is a predictor for good health. Higher income for the

immigrants would mean funds to enter the middle or high class neighborhoods, where they can adopt the healthy behavior and lifestyle. In contrast, low income group would have fewer resources and they are likely to enter the lower class where they are more likely to exposed to risk factors or adopt unhealthy behavior. Although the National Health Insurance (NHI) in Korea improved access to health care for the immigrants as well, limited coverage of the NHI often leads to out-of-pocket payment. This would be a burden and the barrier to health care access for a low income immigrant. Also it is likely that those who are in the low income group are working in the difficult, dirty and dangerous jobs.

Our result also showed the experience of discrimination to be an important predictor of the poor mental health status of immigrant, which has been found in many previous studies involving different migrant population in different countries (Chou, 2012). The experience of discrimination was an important predictor for both residents and citizens. Controlling the discrimination variable resulted in the reduction of the health protection effect of the higher language proficiency, especially among citizens. The discrimination theory explains that the increased language proficiency can result in the immigrants realizing the discrimination, which results in worsening of health. Our results suggest that higher level of host

country' s language proficiency could have a negative impact on health. However, the negative impact due to the realization of the discrimination resulting from the high language proficiency is smaller than the positive impact that results from the high language proficiency.

Regarding the marital status, there was no clear relationship with health among the residents, but the married status predicted for good health among the citizens. As the largest group constituting the naturalized citizens is marriage migrants, this suggest that the family formed by marriage acts as a social support for the migrants. This result is consistent with much previous studies explaining that the good family relations are associated with improvements in poor mental health (Lee 2005; Park 2008). Focusing more on the multivariate results for the citizens, the mental health deteriorate up to 5 years and improve afterwards. This suggests that immigrants' health appears to be deteriorating in the short run due to acculturative stress. However, as soon as they get over the stress the security from the stable family relationship results in the improving health trajectory of the immigrants.

Although many immigrant studies in the United States and Canada have examined the ethnicity of the immigrants as an important health determining factor, not much work has been done

in Korea to assess the overall health status of ethnic groups (Choi 2011). Thus another noteworthy point from our results is the subgroup differences found in the mental health status of the immigrants. Among the residents, those from Japan were more likely to have good mental health than those from China including Korean Chinese, even though the Korean Chinese has advantage in the language, and also has longer history in Korea. This result contradicts with the previous studies which suggest that there may be some health advantages for groups that have had a longer period in the host country to develop positive adaptations to a host country (Frisbie, 2001). This implies that variations in the health of different ethnicities need additional factors in order to fully understand, such as the diversity of cultural norms and values. However, data suitable for inclusion in the research model are scant. Among the citizens, those from Vietnamese appeared to be the most vulnerable group. As explained above, most of the Vietnamese are marriage migrants, and they are dependent upon their husbands socially and economically when they first come to Korea. However, as their relationships with the husband stabilize, their mental health seems to stabilize as well.

Most of the immigrants' studies done in Korea only pointed out the negative health condition of the immigrants in Korea (Cho

and Kang, 2012). In contrast, our findings provide a positive aspect of Korea as an emerging destination country, as in the long run, the acculturation appears to be a health protective factor for the immigrants, or at least settle to the original level. However, the conditions of the immigrants shouldn't be taken lightly. Instead, the measures should be taken to help the immigrants adjust to Korea in the short run.

Our study has several limitations involving the measurement issues due to the available data. First of all, as it was a cross sectional study, we were not able to find out the temporal sequence between the independent variables and the mental health outcome. Secondly, although the data was obtained through stratified random sampling, it has limitation in that it was unweighted. Additionally, there is limitation regarding measuring the acculturation. Measuring the acculturation has long been a study topic in traditional destination studies (Cabassa, 2003), but currently there is no standardized acculturation measures used in Korea. With the available data, we tried to incorporate suggestions made in previous studies. We used duration of time as the proxy measure and also included the language proficiency to represent acculturation as the latent variable. This study marked the beginning of building the knowledge of acculturation from the ground up. It is suggested that

the follow-up studies expand the range of indicators to capture basic attitudes, values, and behaviors related to the acculturation process (Cabassa, 2003).

In the future, the longitudinal study on the immigrants would further strengthen the research by enhancing the understanding of the relationship between significant predictors such as the discrimination experience, marital status, and the high income group and the mental health outcome. Furthermore, comparison of the immigrants with the Korean nationals would further enrich the knowledge of the immigrants' health.

6. Conclusion

Even with limitations, this study was significant in that it provided a general mental health trajectory of the permanent residents and the naturalized citizens of Korea, who represent the immigrant population most likely to stay in Korea for a long time. In Korea, the immigrants' go through acculturation stress in the short run, but their health gradually recovers after some adjustment period. Controlling for the experience of discrimination, high language proficiency helps the immigrants adapt to the Korean Society. Thus acculturation appears to be a health protective factor in the long run. High income and good family relations appear to be the good predictors for health. Our finding is different from the general health trajectory found in the traditional destination countries, but adds to the new but growing literature of the acculturation and the immigrant's health in emerging destination countries. Our results will help the Korean government provide adequate health and social measures for the increasing number of immigrants.

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국문초록

이주민의 문화적응과 정신건강상태에 관한 연구: 영주권자와 귀화자를 중심으로

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연구배경: 국내의 이주민 역사는 전통이민유입국가에 비해서 길지 않다. 그러나 1980년대부터 증가하기 시작한 이주노동자와 혼인이주자의 유입을 시작으로, 체류외국인의 비율이 증가하는 추세이다. 일반적으로 이주민들은 취약한 집단으로 알려져 있을뿐더러 이주 후 적응이라는 내국인들과는 차별화되는 건강결정요인을 경험한다. 전통이민유입국가에서는 이주민의 적응과 건강에 관련된 선행 연구가 많이 진행되었으나 현재 우리나라에서는 이주민들의 적응과 건강에 관한 연구는 부족한 상황이다. 따라서 본 연구의 목적은 현재 우리나라에 거주하고 있는 영주권자와 귀화자의 거주기간에 따른 정신건강상태를 파악해보려고 한다.

연구방법: 본 연구에서는 법무부에서 의뢰하고 IOM MRTC에서 수행한 '2012년 체류외국인 실태조사: 영주권자와 귀화자를 중심으로' 데이터를 사용하였다. 본 연구의 독립 변수인 문화적응은

국내거주기간과 한국어수준으로 측정하였고, 종속 변수는 정신건강상태이다. 연령, 성별, 출신국가, 체류자격, 혼인여부, 교육수준, 가구소득 및 차별경험을 통제 변수로 사용하였다. 분석은 SAS 9.4을 사용하여 다중 회귀 분석을 실시하였다.

연구결과: 차별 경험을 통제하였을 때 한국어 수준이 높을수록 이주자들의 정신건강상태가 높게 나타났다. 영주권자와 귀화자들이 초반에는 새로운 환경에 적응하느라 정신건강상태가 악화되지만 장기적으로는 가족관계와 소득수준이 안정화되면서 정신건강상태가 회복되는 것으로 보인다.

결론: 국내에 거주하는 이주민의 문화적응에 따른 정신건강상태는 전통이민유입국가에서 나타나는 일반적인 건강이 악화되는 현상과는 다른 것으로 나타났다. 본 연구의 결과는 앞으로 정부에서 이주민 관련 건강정책을 세울 때 근거를 제공하는데 의의가 있다.

Keywords : **문화적응; 이주민 건강; 영주권자; 귀화자; 정신건강**

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