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Effects of Social Roles on Mental Health
of Female Migrants in South Korea:
a Focus on Permanent Residents
and Naturalized Citizens

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Table of Contents

Introduction	1
Theoretical Framework and Literature Review	3
Mental Health of Migrant Women	3
<i>Defining Mental Health</i>	3
<i>Factors that Influence Migrant Women's Mental Health</i>	4
Social Role and Mental Health	6
<i>Approaches to Social Roles</i>	6
<i>Social Roles of Female Permanent Residents and</i> <i>Naturalized Citizens</i>	8
<i>Occupancy and Quality of Social Roles</i>	11
Research Framework	16
Research Questions and Hypotheses	17
Data and Method	18
Data	18
Method	19
Results	21
Level of Depression by Respondents' Characteristics and	
Ethnicity	21
Social Roles and Depression	24
Regression Analysis	27
Discussion and Conclusion	30
References	37
Appendix	46

Tables and Figures

Table 1. Level of Depression by Respondents' Characteristics and Ethnicity	23
Table 2. Level of Depression by Social Roles and Ethnicity	25
Table 3. Frequency of Depressive Symptoms	26
Table 4. Regression Analysis on Effects of Social Roles	29
Figure 1. Research Framework	16

Abstract

Effects of Social Roles on Mental Health of Female Migrants in South Korea: a Focus on Permanent Residents and Naturalized Citizens

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The inflow of migrant women into South Korea increased notably in the 2000s. Among them, permanent residents and naturalized citizens comprise diverse populations with regard to the purpose of immigration and national origin, which are mainly China and Southeast Asia. Despite the fact that they are distinguishable from temporary immigrants, whether the social environment has been appropriate for them to settle as its members is questionable. In this context, an exploration into their mental health and its social determinants will shed light not only on their adaptation in the society, but also on the social quality in terms of health inequality among its members.

This study is an investigation into the effects of occupying important social roles in the family, at work, and in wider society (i.e., a parent, a worker, and a community member) on the depression of female permanent residents and naturalized citizens from China and Southeast Asia. The State of the Foreign Residents Survey data (the Ministry of Justice, 2012) from 621 women were analyzed. In addition,

how the quality of experience in carrying out each role (satisfaction in family life, perceived discrimination, and level of social support, respectively) influenced the depression level was analyzed. Finally, this research paid special attention to the differences in the effects of social roles created by ethnicity, a major factor that leads to divergent mental health outcomes in Korea.

The results of multiple and moderated regression analyses show that higher *quality* of social roles leads to the most salubrious effects in lowering the level of depression in general. Moreover, the relationship between occupying a social role and the role quality differs by ethnicity. For Korean-Chinese, assuming a role as a parent or a worker has positive effect on mental health, but the favorable effect of the quality of each role is greater. For Chinese and Southeast Asians, assuming a role as a parent or a community member reduces depression, but the effects are moderated by the role quality: satisfaction in family life moderates the effect of a parent-role in attenuating depression, whereas the effect of a community member-role in diminishing the level of depression is attenuated as they receive more social support.

Overall, the results illuminate the importance of the substantial (not just the nominal) aspects of social roles on mental health. Also, the effects of social roles on migrant women's mental health differ by type and quality of roles, and ethnicity. Implications from the diversity in social roles' impact on mental health among migrant populations are discussed.

Keywords: migrant women, mental health, social roles, role quality, parent, worker, community member, ethnicity

Introduction

The inflow of migrant women into South Korea increased notably in the 2000s, mainly due to the rise of marriage migrants from Asia. Among migrant women, permanent residents and naturalized citizens are distinguishable from temporary immigrants. There are about 240 thousand permanent residents and naturalized citizens in the country (2013). Female permanent residents and naturalized citizens comprise diverse populations with regard to the purpose of immigration and national origin, which is mainly China and Southeast Asia. Among permanent residents in 2012, those whose former status was ethnic Korean with a foreign nationality more than doubled in number compared to 2010, amounting to 58.3% of the overall permanent residents, and 47% of such origin are female. As for naturalized citizens, it is worth noting that 68-86.3% of them are from China among years between 2003-2011, and that about 45% of Chinese origins between 2008-2011 are different types of migrants from marriage migrants, approximately 80% of them being female (Cheong et al. 2013).

Despite the fact that permanent residents and naturalized citizens have been a stable constituent population of the society, whether the social environment has been appropriate for them to settle as its members is questionable. In this context, an exploration into their mental health and its determinants will shed light not only on their adaptation in the society, but also on the social quality in terms of health inequality among its members.

Permanent residents and naturalized citizens from Southeast Asia and China share the “triple vulnerability factor” regarding mental health arising from ethnicity, gender, and class. However, as noted by Kim et al. (2011), most previous research on multicultural society is focused on marriage migrants, and other types of migrants remain understudied. An independent investigation into mental health of female permanent residents and naturalized citizens from China and Southeast Asia is much needed.

Previous studies have focused on examining the effects that socio-demographic variables and family-related factors have on mental health of marriage migrants. However, it is possible to posit that diverse social roles are especially pertinent to the mental health of permanent residents and naturalized citizens, as their primary sources of identity and ways of social integration stem not only from the familiar sphere, but also from work and the wider society. Building on prior research that suggests the importance of social roles for female marriage migrants in Korea (Cha and Han 2006, Cha and Kim 2008, Bae and Seo 2011), this study aims to examine how different social roles influence the mental health of permanent residents and naturalized citizens from China and Southeast Asia.

In particular, (a) the effects of occupying important roles in the family, at work, and in wider society (i.e., a parent, a worker, and a community member) on their level of depression is explored; (b) how the quality of experience in carrying out each role (namely, satisfaction in family life, perceived discrimination, and level of social support, respectively) influence

the depression level is analyzed; this research pays special attention to (c) the differences in the effects of social roles created by ethnicity, a major factor that leads to divergent mental health outcomes in Korea. By doing so, the present research aims at adding to the literature on the meanings and effects of social roles for diverse migrant populations, and at improving the state of mental health for migrants with different backgrounds and characteristics, contributing to reduction in health inequality in Korea.

Theoretical Framework and Literature Review

Mental Health of Migrant Women

Defining Mental Health

In order to examine the relationship between social roles and mental health in general which is not confined to medical illness, the sociological concept of mental health would be most suitable. The origin of sociological inquiry on mental health can be traced back to Durkheim's *Suicide*(1987/1951) which indicated that suicide was “most prevalent among individuals who were not married and lacked ties with the community and church (Cohen 2000).” The concept of mental health in this research is borrowed largely from the review by Kye et al. (2013): mental health “generally refers to psychological well-being, instead of mental

illnesses that require treatment,” well-being meaning “satisfaction or happiness in a comprehensive sense.” Depression and sense of control are the most commonly used subordinate concepts of psychological well-being, and others include satisfaction about life, happiness, self-esteem, and anger (Kye et al. 2013).

Psychological well-being is sociologically meaningful in two ways: it reveals important aspects of a social system’s quality, and also affects an individual’s social behavior (e.g., Lyubomirsky et al. (2005) demonstrated that happy individuals are better citizens in general); in other words, “social characteristics and processes are implicated in both the causes and consequences of mental illness (Aneshensel et al. 2013)”.

In the literature about migrants, psychological well-being is pertinent as one of the indices commonly used to measure adjustment level in a new society (Chung and Han 2009). Mental health is especially relevant to the context of migrant women in a broader sense because disparity in mental health exists in accordance with social status. As Nettleton (2013) notes, individuals’ mental health shows variance as a result of interplay among social class, gender, ethnicity or race, and so on. The point made earlier about the “triple vulnerability” of migrant women in Korea is again reiterated here in relation with mental health.

Factors that Influence Migrant Women’s Mental Health

Research on migrant women’s mental health in South Korea has focused

on the marriage migrants. Marriage migrant women are known to report inferior level of mental health compared to their native Korean counterparts (Yang 2009). Concerning the factors that influence migrant women's mental health, findings are fairly consistent with previous studies conducted abroad.

In detail, socio-demographic variables such as age, education, length of residence, language proficiency (bilingualism), and acculturation are basic variables related to migrant women's mental health. According to previous research, those with younger age and higher level of education show better mental health condition (Cha and Kim 2008). Also, duration of residence in the destination country and proficiency of its language are reported to be negatively correlated with depression (Kang 2013, Bae and Seo 2011, Kweon and Park 2007). Acculturation also reduces the depression level of marriage migrants in Korea (Kim 2012), which is the opposite result compared to empirical research on immigrants in more traditional destination countries¹. In addition, family-related variables that influence mental health of migrant women include household income and satisfaction in family life, both of which lower the depression level (Ha and Kim 2013, Choi et al. 2013, Seol and Yoon 2005).

Lastly, country of origin and residency status could result in various levels of depression among permanent residents and naturalized citizens, because such factors are related to the purpose and context of their immigration. In

¹ In the United States, Western Europe, and Australia, immigrants with higher acculturation level generally report higher level of perceived discrimination, which affects their mental health negatively (Abraido-Lanza et al. 2006). However, in South Korea, immigrants who are more acculturated do not necessarily experience lower level of mental health, although the exact mechanism still remains to be confirmed.

particular, residency status makes difference in the level of support a migrant could receive through the social system in terms of welfare, resulting in different health outcomes (Cho et al. 2011). In the next section, the relevance and importance of social roles and related factors in explaining mental health of migrant women are discussed.

Social Role and Mental Health

Approaches to Social Roles

The analysis on the impact of social roles on mental health has centered on two facets: first, entrances into and exit from social roles, and second, the quality of experiences in assuming social roles, especially “their capacity to generate stress or provide social support” (Aneshensel et al. 2013). Previous research has differed in answering whether assuming social roles are beneficial for mental health, as reviewed by Cohen (2000). Early theorists asserted the benefits of social contact and interaction (Durkheim (1951), Faris (1934)), but were later refuted by a number of sociologists believing that participation in multiple social roles demand different obligations and create *role strain*, namely role conflict and role overload. However, this view was criticized by Sieber (1974), whose analysis of empirical data led to the proposition of *role accumulation* theory: one can accumulate different rewards from each social role, such as “privileges, status security, status enhancement, and self-esteem enhancement (Cohen 2000).” Thoits (1983)

also believed in the benefits of social roles with the *identity accumulation* hypothesis, arguing that social roles are advantageous as they provide a purpose to life. In sum, early theories have assumed that “(more) roles were associated with worse (*stress* hypothesis) or better mental health (*enhancement* hypothesis)” (Lanza di Scalea et al. 2012).

Casting doubt to these simplistic views is still a third view, the *role context* approach as described by (Moen et al. 1989). This view considers “not only the number of role involvements but their nature and circumstances as well,” such as particular contingencies and role combinations. There is a similar approach to this, which “posits that it is particular roles, such as employment that matter, rather than their aggregate numbers (Moen et al. 1989).”

The present research extends from the latter two approaches in the understanding that particular roles *and* their qualities (contexts) create a difference in mental health at the same time. By doing so, both (a) the positive and negative aspects of (b) each social role can be assessed. Also, the *interactive* effects of certain important social roles and their qualities in the unique context of female permanent residents and naturalized citizens in Korea can be examined.

However, there is a dearth of recent empirical research to test “the extent to which the negative effect of stress in a given role can be modified by the rewarding aspects of the same role (Lanza di Scalea et al. 2012).” It can only be assumed from numerous studies that “established the primacy of

subjective role experience (role quality) over the role quantity (Lanza di Scalea et al. 2012)” (Plaisier et al. 2008) that the quality of a given role should not be ignored in assessing the effects of social roles (Baruch and Barnett 1986). For instance, research focused on women’s multiple roles also emphasize the importance of role quality.

Social Roles of Female Permanent Residents and Naturalized Citizens

With regard to migrants in particular, the importance of social roles for mental health has been emphasized in previous literature related to both mental health and migration. As indicated in previous migration research, social roles have additional value for migrants in that they can facilitate migrants’ settlement and adaptation (Massey et al. 1994, Portes 2000). However, it is also the case that assuming social roles can be a source of stress for them. Past literature noted that “migration experience can shape the meanings of social roles differently for each individual (Piper and Roces 2004)” (Cha and Kim 2008). It can also be inferred from studies on marriage migrants in Korea that diverse contexts and situations in which individuals are during the process of adapting to the host country have different impact on mental health (Yang and Kim 2007).

For female permanent residents and naturalized citizens from China and Southeast Asia, social role as a parent, a worker, and a community member have additional importance in affecting their mental health. These three

roles denote each of the most important roles in the family, at work, and in the wider society for them. They arrive in South Korea mainly under the visa for either overseas Koreans or marriage migrants, with the hope of improving their general level of life and socioeconomic status. Most of them are marriage migrants, and they had been sought after mainly in rural villages in Korea. The meaning of a parent-role is pertinent as they are expected to give birth and raise children as a familial duty by their Korean spouses and parents-in-law, and the wider society also considers this natural to some extent. A worker-role is especially important for overseas Koreans because most of them immigrate in order to find a job. It is also an outlet into the wider society, and a way for marriage migrants to become more independent and to raise the level of self-esteem. Finally, assuming a community member-role enables all types of migrants to expand their area of activity from being limited at home and/or work, and facilitates their integration into the society through interaction with others.

As explained above, assuming social roles can be more advantageous for permanent residents and naturalized citizens than for native Koreans. Permanent residents and naturalized citizens are not yet fully Korean as such, both in terms of their identity and recognition from the society. Occupying a social role facilitates their psychological adjustment in the host country, and thus it will have positive rather than negative consequences mental health, other things being equal.

Meanwhile, ethnicity is a major factor that could create difference in the

effects of social roles on the mental health of immigrants in Korea, because the characteristics of interactions with and perceptions from native Koreans differ by an immigrant's ethnicity. It is a widely spread notion in Korea that Koreans share the same blood stemming from the common ancestry (Park 2009). In a similar context, findings from empirical research reveal that Koreans are more at ease with accepting Korean-Chinese and North Korean refugees as nationals than accepting Chinese and Southeast Asians (Kim et al. 2013). This has an additional implication in terms of how close native Koreans feel toward immigrants with different ethnic origins. According to research by Kim et al. (2009, 2013) testing the applicability of the measure "social distance" in Korean context, Koreans have more difficulty accepting foreigners as Korean nationals than accepting them as neighbors, coworkers, or friends, which is the opposite of the Western case.

Thus, those with Korean ethnicity are more likely to be accepted as 'one of us,' or proper members of the society than those with different ethnicities when carrying out social roles, which affects their mental health positively. This difference in the context of social relationships with Koreans would mean that for those who do not share Korean ethnicity, qualities of social roles are even more important in order for social roles to have positive impact on their mental health. In the following, literature on more general meanings of important social roles and their influence on mental health is reviewed with a focus on permanent residents and naturalized citizens.

Occupancy and Quality of Social Roles

For the parent-role, social meanings of parenthood is well delineated by (Veevers 1973). Meanings particularly pertinent to the migrant women are that parenthood is regarded as a civic obligation, a sign of social normalcy that contributes to social maturity and personality stability (especially for women), and a factor critical for marital adjustment. Also, child rearing is a source of personal joy for parents.

Despite such positive meanings of the role, most findings from abroad show that raising minors is harmful to mental health, as it creates distress for parents (Evenson and Simon 2005); however, specific effects differ by socio-demographic factors such as gender, race, and ethnicity, and by social contexts (Umberson et al. 2013). This could explain why some empirical researches in Korea report positive impact of a parent-role. For instance, Cha and Han (2006) mentioned that a positive experience from a parent-role reduces depression of Korean women in general, and similar effect was supported for marriage migrants as well (Cha and Kim 2008). Due to the fact that “population-based estimates of prevalence of mental health problems in migrants are scarce (Del Amo et al. 2011), there is difficulty in exploring the reasons for such positive effects for marriage migrants in Korea. However, it can be assumed that the parent-role is crucial to establish firmer status in the new family and society even for some permanent residents and naturalized citizens who immigrate as marriage

migrants.

On the other hand, there is also a possibility that being a mother does not necessarily serve as a positive experience for migrant women's mental health even in Korea (e.g., Kim (2009) reported that having a child has adverse effect on marriage life). This possibility is accentuated as the subjects of this research is not limited to marriage migrants. Constraints, conflicts, pressure and stress accompanied by rearing children are assumed to be greater for migrants than natives in Korea, where children from multicultural background experience various difficulties such as identity crisis and prejudice (Kim 2010) in the country that is widely regarded as ethnically and culturally 'homogeneous'. In addition, many migrant women have difficulty supporting their children's education due to the difference in education system between Korea and their countries of origin, and low proficiency in Korean (Lee 2007). Numerous studies prove that such excessive stress in child rearing are positively correlated with depression in parents (Park 2014). In addition, Korean communication with children and conflict regarding ways of child rearing with other family members are other major difficulties that marriage migrants face in assuming their role as a parent, both of which can influence mental health negatively (Kweon and Park 2007). This last aspect related to satisfaction in family life is especially important as the quality of parent-role, since (low) satisfaction in family life can not only generate stress but also mitigate other stressors in the occupancy of the mother-role.

Second, the general importance of the worker-role can be found in the fact that “work is a central activity and a principal source of identity for most adults. It is also frequently described as a source of stress, anxiety, and hardship at the same time (Tausig 2013)” In detail, a job can be “a meaningful daytime program, and provides possibilities of self-realization (Sieber 1974).” Work or employment is generally reported to be beneficial for psychological well-being (McKee-Ryan et al. 2005, Cox et al. 2004).

For migrant women, the primary meaning of work lies in improving their socioeconomic status (Park et al. 2012) and enabling financial independence. In addition, employment could improve their understanding of the new society and social integration (Park and Seon 2010), in large part from forming social networks at work. This also helps them recover from feeling alienated and incompetent on their own (Bae and Seo 2011). Empirical research, in general, asserted that the benefits derived from being a worker contribute in improving marriage migrants’ mental health (Bae and Seo 2011, Cha and Kim 2008, Han et al. 2003). The importance of participation in the labor force applies for both labor and marriage migrant women (Piper 2003).

However, there remains a possibility that the role as a worker could be detrimental to mental health. First, migrants’ expectation that their socioeconomic status would be improved in the new country is not easily realized (Bae and Seo 2011) due to limitation in socioeconomic mobility, which is heightened by language and cultural barrier. In addition,

discrimination they experience at work is a strong negative influencer for mental health, as perceived discrimination is “often conceptualized as one of these chronic stressors which is a significant risk factor contributing to depression among immigrants (Chou 2012).” For instance, Chou (2012) showed that perceived discrimination is a significant predictor of depressive symptoms among Mainland Chinese migrants after one year in Hong Kong. Discrimination at work can be a crucial stressor for migrants in the homogeneous country, where prejudice and discrimination towards foreigners from developing countries are heightened (Kim et al. 2008). Permanent residents and naturalized citizens in Korea also reported that they feel most discriminated at work than other places (Cheong et al. 2013).

Finally, the meanings and effects of a member-role in social communities are examined in detail by Moen et al. (1989, 1992) who showed that role membership in clubs or organizations had positive correlation with women’s longevity and health. The benefits could be associated with “choice involved in social participation in community activities, ... social involvement and recognition, reduction in anxiety and self-preoccupation, and many forms of socioemotional support (Moen et al. 1992).” It can be inferred that similar benefits are applicable for reduction in depression, since the aforementioned benefits are mainly psychosocial. The effects of social participation and social activities have been analyzed in a similar context, without much distinction between the two terms (Bae 2013). The effect of participation in social activities in reducing depression level has

consistently been reported (e.g. Hong et al. (2009)), and the same was the case for migrants in Korea as well (Lee et al. 2011).

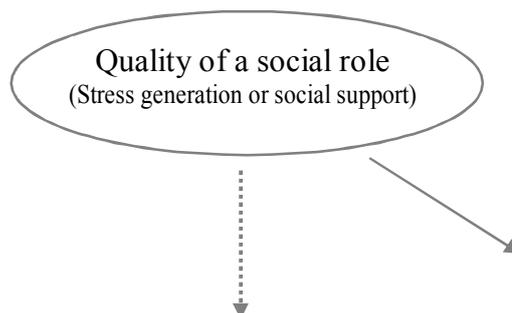
These benefits could be linked to those of social networks which have been discussed extensively in previous literature, because they have commonalities in being able to prevent migrant women from isolation, and in providing them with a sense of security and trust. Immigrants form social networks to stay connected and adjust to life in the new society (Kang 2013). Lee and Kim (2010) proved that social networks, both formal and informal, are effective in reducing depression of marriage migrants. Studies conducted on the general population also indicate the positive impact of social networks on mental health, reporting that the number of acquaintances and close contact with others lower depression levels (Cha and Kim 2008). It can be assumed that such positive effects can be generalized to migrant women, who are more vulnerable to isolation and/or alienation in the host society as foreigners.

While a part of the positive effect of occupying a community member-role stems from social participation and activities as mentioned above, social support received in assuming this role alleviates depression and improves mental health as well (Lee and Kim (2010), as cited in Youn and Lee (2010)) directly and through stress buffering. Stress buffering effect of social support “eliminates or reduces effects of stressful experiences by promoting less threatening interpretations of adverse events and effective coping strategies (Cohen 2004).” This association with mental health renders social

support important as a marker for quality of membership experience in social communities. Positive consequences of social support on mental health is demonstrated in research on general population and immigrants in specific.

Research Framework

In summary, each social role has its unique meaning pertaining to mental health, and both positive and negative experiences can be generated from them. Building on the previous literature, the research framework of the current study is described in *Fig. 1*. It posits that occupying a certain social role has independent effect on the level of depression, in this case lowering it. Also, this relation is moderated by a variable that represents the quality of each role: stress (low satisfaction in family life for a parent-role, and discrimination for a worker-role) mitigates the effect of a role in lowering depression, whereas social support (in the case of a community member-role) reinforces it.



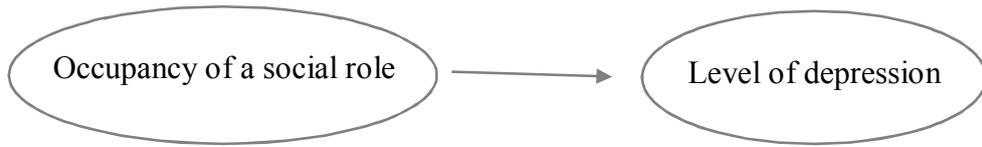


Figure 1. Research Framework

Research Questions and Hypotheses

According to the research framework, the research questions and the respective hypotheses of this study can be summarized as the following (all concern the female permanent residents and naturalized citizens from China and Southeast Asia in Korea).

RQ1: What influence does occupying a social role have on depression?

H1-1: Occupancy of a parent-role will decrease the level of depression.

H1-2: Occupancy of a worker-role will decrease the level of depression.

H1-3: Occupancy of a community member-role will decrease the level of depression.

RQ2: How is the effect of occupying a social role related to its quality?

H2-1: Increase in satisfaction in family life will strengthen the effect of a parent-role in decreasing the level of depression.

H2-2: Increase in perceived discrimination will strengthen the effect of a worker-role in decreasing the level of depression.

H2-3: Increase in social support will strengthen the effect of a community member-role in decreasing the level of depression.

RQ3: How do the effects of social roles differ by ethnicity?

H3-1: The importance of quality of each social role will be greater for those whose ethnicity is not Korean (Chinese and Southeast Asians).

Data and Method

Data

This research utilizes the State of the Foreign Residents Survey (2012) data collected by South Korea's Immigration Service in the Ministry of Justice. The survey drew a sample of permanent residents and naturalized citizens from a population list provided by the same agency. It used multistage cluster area sampling based on probability proportionate to size (PPS) on Seoul, Gyeonggi, Youngnam, Honam(including Jeju), and Gangwon and Chungcheong, from 50 administrative districts(*si*, *gun* and *gu*) in Korea. The research could be called a type of self-administered interview research² as interviewers visited each household for an interview in principle, but allowed respondents to answer questionnaires translated in respondents' native languages in a self-administered way when verbal

2 This method is used frequently in surveys on foreign population in the case that the interviewer does not speak the respondent's native language. The interviewer inspects the questionnaire after the process, or provides explanation for questions raised during the process in Korean (or the interviewer is accompanied by a translator either in person or on the phone through a call-center service) (Cheong et al. 2013).

communication was difficult in quite many cases (Cheong et al. 2013). The effects of social roles are analyzed in comparing 621 married women from China, Vietnam, Philippines, Cambodia and Thailand.

Method

Multiple regression and moderated regression analysis were conducted in two models, for the overall population as a whole and as divided into Korean-Chinese, and Chinese and Southeast Asians in each model. In Model 1, effects of occupancy and quality of a parent-role, a worker-role and a community member-role were examined separately, controlling for control variables. Next, interaction terms between predictors and interactive variables were included in Model 2 to examine the interactive effect of each role and its quality on the level of depression. Stata 13.0 was used for statistical analysis.

The dependent variable used was the level of depression, which is one of the representative variables to measure mental health. Also, depression is pertinent especially for females as they tend to express stress through psychological responses rather than through behavioral symptoms (Cha and Han 2006). Depression level was measured as a mean score of eight questions on the frequency of experiencing depression, with a 5 score scale (1: no recent experience of depressive symptoms, 5: experience depressive symptoms very frequently; the questionnaire can be found in the appendix).

These questions are derived from a simplified version of the Hopkins Symptom Checklist (Derogatis et al. 1974) which was frequently used in previous studies as an index of migrant workers' mental health in South Korea (Cheong et al., Lee and Kim 2010). There were fourteen questions that measure psychological distress expressed as physical symptoms, anxiety syndrome and depression, and only those measuring depression were utilized in the current study with high internal consistency (Cronbach's alpha of 0.84).

Occupancy and quality of social roles were the two categories of independent variables. Occupancy of a parent-role was measured as having a child aged 18 and younger, as in the study by Kandel et al. (1985) which examined the effect of social roles on the psychological well-being among migrant women. Such a measure is especially pertinent as Korean women report strong identity in assuming family roles, including that of the mother-role in raising children on their own (Park and Kim 2005). Occupying a worker-role was indicated by current employment status, as in Chou (2007)'s research on its effect on psychological distress of migrants in Australia and depression of marriage migrant women in Korea (Cha and Kim 2008). Community-member role occupancy was measured as participation in clubs or organizations, as it is "virtually synonymous with attendance (Moen et al. 1989)" in general. Only communities that focus on social activities for friendly purposes such as leisure clubs and social service organizations were counted, because migrant women's participation in

communities with political purposes is minimal. Quality of these social roles were measured by satisfaction in family life, perceived discrimination, and social support, respectively. Perceived discrimination was a mean score in six areas (e.g., on streets or in neighborhoods, at workplace), with Cronbach's alpha of 0.77.

Control variables included age, level of education, years of residence in Korea, proficiency in Korean, and level of acculturation, which was a mean score of five questions on the extent to which they keep the culture of the origin country. Household income, country of origin, and residency status (either a permanent resident or a naturalized citizen) were also controlled for in the analysis.

Results

Level of Depression by Respondents' Characteristics and Ethnicity

As shown in *Table 1*, the level of depression varies by the respondents' characteristics and ethnicity. First, age is negatively correlated with depression ($r=-.07$), although the correlation is almost non-existent for Korean-Chinese. Depression score is higher among those with higher education level in Korean-Chinese, but the correlation cannot be observed in Chinese and Southeast Asians. Duration of residence ($r=-.14$) and

proficiency in Korean language($r=-.07$) are negatively correlated with depression in Chinese and Southeast Asians, whereas the correlations are minimal for Korean-Chinese. Acculturation is negatively correlated with depression for both groups($r=-.15$). Those with higher household income report lower level of depression in general, although there are exceptions in a couple of sections. Those with household income of above 400 million Korean won has a mean depression score of 1.62, whereas those with household income of less than one million Korean won report 1.83 on average. Respondents from Thailand and Vietnam report a slightly higher level of depression than those from China, Cambodia, and Philippines. Among Chinese national origins, Korean-Chinese report lower level of depression than other Chinese. Naturalized citizens' depression level is a little higher than that of permanent residents among Chinese and Southeast Asians.

Table 1. Level of Depression by Respondents' Characteristics and Ethnicity

	Overall (n=621)		Korean-Chinese (n=298)		Chinese and Southeast Asians (n=323)	
Nominal variables						
Education level						
< 10 th grade	1.75	(0.6)	1.65	(0.6)	1.85	(0.7)
Secondary	1.79	(0.7)	1.73	(0.7)	1.84	(0.8)
Associate degree	1.82	(0.7)	1.74	(0.7)	1.88	(0.7)
≥ Bachelor's	1.86	(0.7)	1.87	(0.8)	1.85	(0.7)
Household income (KRW)						
< 1 million	1.83	(0.7)	1.72	(0.6)	1.92	(0.7)
1~2 million	1.86	(0.7)	1.8	(0.7)	1.92	(0.7)
2~3 million	1.76	(0.7)	1.62	(0.6)	1.88	(0.8)
3~4 million	1.65	(0.5)	1.67	(0.4)	1.64	(0.6)
≥ 400 million	1.62	(0.6)	1.55	(0.6)	1.67	(0.6)

Missing values	1.76	(0.7)	1.8	(0.8)	1.75	(0.7)
Country of origin						
China	1.75	(0.7)	1.71	(0.7)	1.86	(0.8)
Cambodia	1.76	(0.5)				
Philippines	1.75	(0.5)				
Thailand	1.88	(0.8)				
Vietnam	1.82	(0.8)				
Residency status						
Permanent residents	1.74	(0.7)	1.71	(0.7)	1.77	(0.7)
Naturalized citizens	1.81	(0.7)	1.71	(0.6)	1.9	(0.8)
Continuous variables						
Age	-0.07		-0.0		-0.06	
Duration of residence	-0.09		-0.0		-0.14	
Language proficiency	-0.12		-0.1		-0.07	
Acculturation	-0.15		-0.13		-0.15	

Numerical values refer to mean level of depression and standard deviation (in parentheses) for nominal variables, and correlation coefficient with level of depression for continuous variables.

Social Roles and Depression

As a prior step to analyzing the effects of social roles on depression, correlations between each social role and depression are examined for Korean-Chinese, and Chinese and Southeast Asians, separately and combined. *Table 2* demonstrates that as a whole, those who occupy social roles, either as a parent, a worker, or a community member have slightly

lower level of depression on average. Occupancy of all three roles are more advantageous for the mental health of Korean-Chinese, as seen in the larger difference in the level of depression among those who assume the roles and those who do not. Surprisingly, in the case of the community member-role, Chinese and Southeast Asians who are members experience higher level of depression.

Quality of each social role shows negative correlation with level of depression. In particular, satisfaction in family life and discrimination are moderately correlated with level of depression. Satisfaction in family life and discrimination are more strongly correlated with depression in the case of Chinese and Southeast Asians, whereas the reverse is true for social support.

Table 2. *Level of Depression by Social Roles and Ethnicity*

	Overall (n=621)		Korean-Chinese (n=298)		Chinese and Southeast Asians (n=323)	
Occupancy of social roles						
Parent						
Parent	1.76	(0.65)	1.64	(0.58)	1.83	(0.7)
Not a parent	1.81	(0.77)	1.77	(0.70)	1.91	(0.9)
Worker						
Worker	1.75	(0.7)	1.67	(0.6)	1.83	(0.8)

Not a worker	1.83	(0.7)	1.78	(0.7)	1.87	(0.7)
Community member						
Member	1.78	(0.7)	1.65	(0.6)	1.88	(0.8)
Not a member	1.8	(0.71)	1.79	(0.7)	1.8	(0.7)
Quality of social roles						
Family life satisfaction	-0.33		-0.3		-0.36	
Discrimination	-0.32		-0.25		-0.39	
Social support	-0.1		-0.13		-0.07	

Numerical values refer to mean and standard deviation (in parentheses) for occupancy of social roles, and correlation coefficient for quality of social roles.

Migrant women's state of mental health is shown in *Table 3* which shows the extent to which they experience each depressive symptom. Overall, migrant women have an average depression score of 1.78 when measured with a 5 score scale (1: no recent experience of depressive symptoms, 5: experience depressive symptoms very frequently).³ A closer look at each depressive symptom reveals that they experience insomnia and loneliness the most, as the answers were close to "sometimes." Extreme symptoms such as suicidal thoughts are experienced less frequently, closer to never (1.27).

³ The depression level could be seemingly low, and this could be associated with a tendency in materialist happiness found in low-income countries (Delhey 2010) from which the respondents immigrated. Another possibility lies in the limitation arising from "cross-cultural comparability of measurement in survey research." Techniques that could enhance the validity of measurement such as the "anchoring vignette", which offers specific and diverse sets of situations instead of uniform questionnaire, could complement such a limitation (King et al. 2004).

Table 3. Frequency of Depressive Symptoms

Symptom	Frequency
Overall	1.78 (0.7)
Insomnia	2.09 (1.2)
Loss of appetite	1.80 (0.8)
Crying	1.83 (1.0)
Suicidal thoughts	1.27 (0.6)
Loneliness	2.02 (1.1)
Depression	1.83 (1.0)
Loss of interest	1.59 (0.9)
Hopelessness	1.65 (0.9)

Numerical values refer to mean and standard deviation (in parentheses).

Regression Analysis

To answer the research questions directly, multiple regression analysis and moderated regression analysis were conducted at different models. Age, education level, duration of residence in Korea, Korean language proficiency, level of acculturation, household income, country of origin, and residency status were included as control variables to analyze the separate impact of social roles. Country of origin was dropped in the final models as it did not prove to be a significant variable with little influence on the effects of other variables.

In Model 1, occupancy and quality of each social role as a parent, a worker, and a community member is included in addition to the control variables. *Table 4* shows the result of this analysis that differs by the

ethnicity of migrant women. For Korean-Chinese, occupancy of both a parent-role($b=-.17$, $p<.1$) and a worker-role($b=-.13$, $p<.1$) attenuates depression. Occupancy of none of the three roles is effective in lowering depression for Chinese and Southeast Asians.

Variables that represent the quality of each social role (satisfaction in family life for the role as a parent, perceived discrimination for the role as a worker, and social support for the role as a community member) are significant for both groups. Satisfaction in family life($b=-.18$, $p<.001$) and low perceived discrimination($b=-.17$, $p<.001$) decrease depression for both groups, and the effects were greater for Chinese and Southeast Asians. Social support, on the other hand, was effective in lowering depression for Korean-Chinese only($b=-.09$, $p<.1$).

The main hypotheses of this research are tested in Model 2, which illuminates the interactive effects of role occupancy and quality for two of the roles in the case of Chinese and Southeast Asians only. The interactive effect concerning the parent-role is significant($b=-.17$, $p<.1$), showing that satisfaction in family life moderates the effect of a parent-role in attenuating depression. In contrast, the effect of a community member-role in diminishing the level of depression is attenuated as they receive more social support($b=.20$, $p<.05$).

Table 4. Regression Analysis on Effects of Social Roles

	Overall (n=621)		Korean-Chinese (n=298)		Chinese and Southeast Asians (n=323)	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
Constant	3.97***	3.96***	3.70***	3.68***	3.87***	3.87***
Age	-0.01+	-0.01*	0.0	0.0	0.0	0.0
Education level: below 10th grade (ref. secondary)	-0.09	-0.09	-0.16+	-0.15+	-0.03	-0.03
Education level: associate degree (ref. secondary)	0.02	0.01	0.02	0.02	0.0	-0.01
Education level: bachelor's or more (ref. secondary)	0.1	0.1	0.17	0.17	0.01	0.01
Duration of residence	-0.01	-0.01	-0.01	0.0	-0.01	-0.01
Language proficiency	-0.07**	-0.07**	-0.06	-0.06	-0.04	-0.03
Acculturation	-0.07**	-0.07**	-0.06	-0.05	-0.10*	-0.12**
Household income: less than ₩1 mil. (ref. above ₩4 mil.)	0.06	0.09	-0.01	0.02	0.12	0.13
Household income: ₩1-2 mil. (ref. above ₩4 mil.)	0.15	0.17	0.14	0.16	0.18	0.17
Household income: ₩2-3 mil. (ref. above ₩4 mil.)	0.07	0.08	0.01	0.01	0.17	0.18
Household income: ₩3-4 mil. (ref. above ₩4 mil.)	0.06	0.07	0.01	0.0	0.14	0.16

Household income: missing (ref. above ₩4 mil.)	-0.05	-0.03	0.07	0.08	-0.07	-0.07
Residency status: naturalized citizens (permanent residents)	0.18**	0.18**	0.1	0.1	0.19*	0.20*
Parent (not a parent)	-0.15*	0.21	-0.17+	0.04	-0.11	0.46
Worker (not a worker)	-0.05	-0.05	-0.13+	-0.13+	-0.01	-0.01
Community member role (not a member)	0.02	-0.48+	-0.07	-0.49	0.07	-0.63+
Satisfaction in family life	-0.18***	-0.12**	-0.16***	-0.14**	-0.20***	-0.07
Discrimination (high to low)	-0.17***	-0.17***	-0.11**	-0.11**	-0.21***	-0.20***
Social support	-0.06+	-0.13**	-0.09+	-0.12+	-0.03	-0.16*
(Parent)*(satisfaction in family life)		-0.11*		-0.07		-0.17+
(Community member)*(social support)		0.14*		0.12		0.20*
Adjusted R ²	0.21	0.22	0.15	0.21	0.23	0.24
F statistics	9.6***	9.1***	3.7***	3.5***	6.0***	6.0***
N	621		298		323	

+ p<0.1, * p<0.05, ** p<0.01, *** p<0.001

Discussion and Conclusion

All things considered, the results generally indicate that it is the *quality* of social roles that creates the most salubrious effects on mental health of migrant women. Moreover, the relationship between role occupancy and its quality in affecting mental health shows a systematic difference according to ethnicity. For Korean-Chinese, assuming a role as a parent or a worker has positive effect on mental health, but the favorable effect of the quality of each role is greater. For Chinese and Southeast Asians, assuming a role as a parent or a community member reduces depression, but the effects are moderated by the role quality. The regression model without interactions also indicates that higher quality of a parent- or a community member-role is strongly beneficial for mental health.

The relationship between occupying a social role and the role quality differs by ethnicity, as characteristics of interactions with the native population depend on the ethnicity of migrant women in Korea. Those sharing Korean ethnicity are more likely to be accepted as legitimate members of the society when assuming social roles, which adds relative importance to the quality of roles compared to their occupancy. On the other hand, for Chinese and Southeast Asians, the quality of roles not only directly affects the depression level, but also moderate the relationship between role occupancy and the depression level.

When analyzed by each type of social role, the positive effects of occupying a parent-role and satisfaction in family life for migrant mothers are supported. For Chinese and Southeast Asians, extra difficulties or stressors that they experience in childrearing due to her national origin could be attenuated when her experience with family life is satisfactory. For example, a mother who has little cultural conflict or misunderstanding with other family members about ways of raising a child, and more satisfied with family life in turn, is likely to have better mental health than those experiencing such conflicts. In the case of Korean-Chinese, the salutary effect of occupancy and the quality of a parent-role on mental health exist independent of each other.

Next, the positive effect of worker-role occupancy is significant for Korean-Chinese only, whereas the strong effect of discrimination on mental health exists for all migrant women. The effect of the role quality which is

stronger than the role occupancy for Korean-Chinese women can also be explained by the characteristics of their work. Many of them are employed in industries that utilize their high language proficiency in Korean. For example, 45% are employed in caregiving, lodging, and service industries in 2004 (Department of Labor, 2010). Also, 5% of employees in hospitals for the elderly are foreigners as of 2008, and most of them are Korean-Chinese caregivers. The quality of caregiving work is criticized in many aspects including work conditions and sexism (Hong and Kim 2010). More generally, these kind of jobs could result in low job satisfaction, as Cheong et al. (2013) shows that migrants who work in sales, housekeeping, and service-related positions report lower job satisfaction. Thus, the quality of a worker role, namely perceived discrimination, rather than the role occupancy could be more important in explaining the depression of Korean-Chinese women.

On the other hand, the interactive effect of role occupancy and quality that exists for other roles in Chinese and Southeast Asians is not shown in the worker-role. This could indicate that the objective qualities of a job such as wage and workplace environment could be more useful in explaining the quality of a worker-role than perceived discrimination. It could be partly because permanent residents and naturalized citizens feel less discrimination than visa holders do, as they have spent more time in Korea. This result could have important social and policy implications in raising awareness about the necessity to provide jobs that match diverse skills and strengths

that migrant women have, and to improve the quality of work conditions that are substantially lower than those of native Koreans in terms of wage, work hours, and so on (Cheong et al. 2013).

Effects of a community member-role require special attention in their interpretation, since results are rather contrary to a numerous previous views on the overall positive impact of community membership and social support. Social support is associated with lowering depression for Korean-Chinese; however, the effect of occupying a community-member role in lowering depression for Chinese and Southeast Asians is attenuated as they receive more social support.

The latter, unexpected phenomenon could be partially explained in relation with the appropriate *amount* of social support that has positive consequences on mental health. Membership in a community can have more positive influence for those who receive less social support in general. This could be attributed especially to the fact that permanent residents and naturalized citizens are more settled in the society than other types of migrants, in terms of both legal status and duration of residence. They are likely to have more resources than those who stay in Korea as temporary immigrants. As indicated in studies which suggest that longer residence in the new society leads to a decreased social alienation (Miller et al. 2006) and formation of new social networks (Lim et al. 2008, Yoon et al. 2008), permanent residents and naturalized citizens are likely to receive more social support in general. Thus, it is possible that the effects of incremental

amount of social support differ at different levels of social support.

Another related explanation can be found in terms of *quality* or *type(s)* of social support received in communities. These could depend on what kind of community an individual participates in, differing in characteristics such as its purpose, ethnic composition, language used, and so on. For example, Portes (2000) points out the demands for conformity as a negative yet natural consequence of community or group participation. It is possible that participation in a marginalized community where one receives strong downward pressure along with social support could lead to negative mental health outcomes. More broadly, this point could be related to a minor stream of recent research conducted in North America which revealed that social participation could affect health negatively by creating conflicts and strains, co-ethnic sense of obligation, and so on (Kim 2014).

A last note about a community member-role concerns the fact that the role occupancy did not create any positive effect on the mental health of Korean-Chinese. This could be due to the closed or exclusive characteristic of their social life. For instance, a nationwide study on marriage migrants in Korea by Kim et al. (2010) showed that their participation rate in local communities is the lowest among all groups of different national/ethnic origin. As diverse range of relationships “implies integration into several spheres of society (Marsden 1987),” involvement in less diverse range of communities is likely to result in fewer benefits from occupying a community-member role.

Finally, it is necessary to pay attention to the effects of education, household income, and country of origin, all of which did not prove to be statistically significant factors influencing depression. Higher education level has been associated with better mental health status, but this is not the case for permanent residents and naturalized citizens in Korea. This could be because most of them had received their education from their countries of origin, and they receive little formal or informal recognition and/or compensation for higher degrees in Korea.

Next, the minimal impact of household income on migrant women's depression could be derived from the fact that their families are mostly in a socioeconomically marginalized position in Korea (e.g., an average household earns 2-3 million KRW, which is substantially less compared to native Koreans who earn 4.07 million KRW (Statistics Korea, 2012), although consisting of more family members on average). Income has fundamental importance in many other domains of their lives, but it is possible that the low household income is past the level to have a meaningful impact on mental health of the migrant women.

Although country of origin did not have a significant influence on depression, there exists an association between residency status and depression. Naturalized citizens exhibit higher level of depression, which could be rooted in their socioeconomic dependency to their husbands as a higher proportion of them immigrated as marriage migrants (Cheong et al. 2013).

The meaning and contributions of this study can be found in that it analyzed the effects of social roles on mental health of female permanent residents and naturalized citizens, an understudied topic, albeit having important implications for individuals, families, and the society. Furthermore, interactive effects were explored between the occupancy and quality of different social roles, suggesting the importance of the substantial (not just the nominal) aspects of social roles on mental health. Lastly, this study examined the influence of ethnicity in diversifying the effects of occupancy and quality of social roles, and their interactions.

The limitations of this research lie in the fact that interactive effects among different social roles were not explored. Occupying multiple roles, most notably a mother-role and a worker-role, could generate role conflicts. This possibility requires examination in order to generate a more accurate picture about influencers on the mental health of migrant women. In addition, future research could greatly benefit from longitudinal data in finding out the exact mechanisms of social roles' impact on mental health.

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Appendix

Questionnaire on the level of depression (items in bold letters)

Below are some difficulties people often experience. Over the past month, how often have you experienced the following difficulties? Please choose one of the five numbers for each category.

	Never	Sometimes	Often	Fairly often	Very often
1) Headache	__①	__②	__③	__④	__⑤
2) Nervousness	__①	__②	__③	__④	__⑤
3) Chest pain	__①	__②	__③	__④	__⑤
4) Fatigue	__①	__②	__③	__④	__⑤

5) Insomnia	--①	--②	--③	--④	--⑤
6) Loss of appetite	--①	--②	--③	--④	--⑤
7) Being easily moved to tears	--①	--②	--③	--④	--⑤
8) Fear without reason	--①	--②	--③	--④	--⑤
9) Being suicidal	--①	--②	--③	--④	--⑤
10) Being lonely	--①	--②	--③	--④	--⑤
11) Depression	--①	--②	--③	--④	--⑤
12) Loss of interest	--①	--②	--③	--④	--⑤
13) Heart palpitation	--①	--②	--③	--④	--⑤
14) Feeling hopeless	--①	--②	--③	--④	--⑤

국문 초록

사회적 역할이 국내 이주여성 정신건강에 미치는 영향 - 영주권자·귀화자를 중심으로 -

한국사회 내 이주여성 수는 2000년대 들어 큰 폭으로 증가했다. 그 중 영주권자와 귀화자는 이주목적과 출신국이 다양하게 나타나며, 한시적 이민자들과는 구분된다. 그러나 주로 중국과 동남아 출신인 이들이 사회 구성원으로 제대로 정착하여 살아갈 수 있는 사회적·제도적 환경이 잘 갖춰져 있다고 보기 어렵다. 이러한 맥락에서 영주권자·귀화자 여성의 정신건강 수준과 사회적 영향요인에 관한 분석을 통해 이들의 사회적응 뿐 아니라, 건강불평등 수준으로 나타나는 한국 사회의 질을 살펴볼 수 있다.

본 연구에서는 가정, 직장 및 사회에서의 사회적 역할이 영주권자·귀화자의 정신건강에 미치는 영향을 알아보았다. 2012년 법무부 체류외국인실태조사 설문자료를 활용하여 621명의 중국·동남아 출신 기혼여성을 대상으로 분석했다. 부모, 직장인, 공동체 구성원으로서의 역할 수행 및 각 역할 수행의 질인 가정생활 만족도(부모), 차별인식(직장인) 및 사회적 지지 수준(공동체 구성원)이 우울수준에 미치는 영향을 살펴보았다. 연구대상을 한국계 중국인과 그 외의 집단으로 나누어서도 분석을 시행했다. 민족에 따라 한국 사회에서의 역할이 정신건강에 미치는 영향 또한 상이하게 나타날 가능성이 높기 때문이다.

다중회귀분석 및 조절회귀분석 결과 전반적으로 역할의 수행보다는 역할의 질 향상으로 인한 우울 감소 효과가 큰 것으로 드러났다. 또한 우울감에 미치는 영향과 관련하여 역할 수행과 역할의 질 사이의 관계는 민족별로 다르게 나타난다. 한국계 중국인의 경우 부모 또는 직장인 역할 수행이 우울을 줄이는 데 기여하나, 각 역할의 질이 높아질수록 우울감이 줄어드는 효과가 역할 수행의 효과보다 크게 나타난다. 그 외의 중국인과 동남아 출신의 경우 부모 역할 수행은 가정생활 만족도에 따라,

공동체 구성원 역할 수행은 사회적 지지 정도에 따라 우울감에 미치는 영향이 달라진다. 부모 역할 수행이 우울감을 줄이는 효과는 가정생활 만족도가 높을수록 강화된다. 한편 공동체 구성원 역할 수행이 우울감을 낮추는 효과는 사회적 지지 정도가 높아짐에 따라 약화된다.

이러한 결과는 사회적 역할의 명목적 측면 뿐 아니라 실질적 측면의 중요성을 시사한다. 또한 사회적 역할이 영주권자·귀화자 여성의 정신건강에 미치는 영향은 역할의 종류와 질, 그리고 민족에 따라 다르게 나타난다. 이처럼 이주민 집단 내에서도 각 사회적 역할이 정신건강에 끼치는 영향이 다르게 나타나는 결과의 함의를 제시하였다.

주요어: 이주여성, 정신건강, 사회적 역할, 역할의 질, 부모, 직장인, 공동체 구성원, 민족

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