Children and Youth Services Review 33 (2011) 2087–2095

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

A comparison of path factors influencing depressive symptoms in children of immigrant women and Korean children in South Korea

JongSerl Chun, Youngsoon Chung *

Graduate School of Social Welfare, Ewha Womans University, Seoul, South Korea

ARTICLE INFO

Article history:
Received 1 February 2011
Received in revised form 15 April 2011
Accepted 19 April 2011
Available online 29 April 2011

Keywords:
Depression
Children of immigrant women
Korean children
Path model

ABSTRACT

The aim of this study is to compare Korean children and the children of immigrant women with respect to how depressive symptoms in these two groups are related to potential causes, including paternal neglect, maternal neglect, gender, socioeconomic status, ego resilience, peer relationships, teacher-student relationships, and discrimination. Concurrently analyzing multiple populations, we found that the path model and the path coefficients we used for the study were appropriate for both groups. Peer relationships and discrimination were found to have direct influences on depressive symptoms in both groups. We also found that gender, ego resilience, and teacher-student relationships had indirect effects in causing depressive symptoms in the children of immigrant women. Furthermore, maternal neglect had a more significant indirect effect among the children of immigrant women, whereas paternal neglect had a more significant indirect effect among the Korean children in our study. The results indicate that the same path model could be applied to both groups of children, allowing us to conclude that the same focus and approaches for intervention could be provided to both groups to decrease the levels of depressive symptoms.

1. Introduction

Due to globalization and improvement in women's social and economic status in South Korea since the 1990s, an increasing number of Korean men with low socioeconomic status have encountered difficulty finding suitable marriage partners and are choosing to marry women from other Asian countries (Chang & Park, 2009; Kim, 2009a, 2009b). According to the report issued by the Ministry of Justice of the Republic of Korea (2010), the number of immigrant women in South Korea has rapidly increased from 25,182 in 2001 to 136,556 in 2010. This rapid increase has led to an increase in the number of children born of immigrant mothers; this number was 24,745 in 2009, which is an increase of 31.8% from the previous year. Among these children, 83.4% were between the ages of 7 and 12 years (Ministry of Education, Science & Technology of the Republic Korea, 2010).

Emerging childhood depression among this population has become a social issue. Approximately 14% of children and adolescents from multicultural families in South Korea have reported "feeling depressive and unmotivated" (Ministry for Health, Welfare and Family Affairs of the Republic of Korea, 2008). Previous studies have consistently reported that children in immigrant families commonly show severe depressive symptoms. Hovey and King (1996) examined depression among students who were the children of Mexican immigrants (or who were immigrants themselves) residing in the United States, and reported that these students have a significantly higher rate of depressive symptoms compared both to Mexican adolescents residing in Mexico, and to Caucasian-American adolescents residing in the United States. A higher rate of depression and anxiety was also found in the children of Turkish immigrants living in the Netherlands in comparison to Dutch adolescents (Murad, Joung, Lenthe, Bengi-Arslan, & Crijnen, 2003). The findings of diverse lines of research have showed the international scope of childhood depression among children of immigrant women. It can be inferred that the rapid expansion of the number of children of immigrant women in South Korea will lead to increased interest in childhood depression in this population.

Interest in childhood depression in general (for both immigrant and non-immigrant populations) is on the rise in modern society as the mean onset age for depression continues to decrease. Up to 15% of children and adolescents are reported to have depressive symptoms in the United States (Bhatia & Bhatia, 2007); early onset symptoms include affective symptoms such as sadness and low motivation, and later symptoms include affective symptoms such as guilt, self-deprecation, and low self-esteem (Kim & Oh, 1992). Previous studies have shown that childhood depression affects physical, cognitive, emotional, and social developments and may lead to complications in schoolwork, interpersonal relations, problematic behavior, drug abuse or addiction, eating disorders, suicide, and other mental disorders

* Corresponding author at: Graduate School of Social Welfare, Ewha Womans University, 11-1 Daehyun-Dong, Seodaemun-Gu, Seoul 120-750, South Korea. Tel.: +82 2 3277 2257; fax: +1 82 2 3277 4531.
E-mail address: yschung@ewha.ac.kr (Y. Chung).

0190-7409/$ – see front matter © 2011 Elsevier Ltd. All rights reserved.
doi:10.1016/j.childyouth.2011.04.032

(Hauenstein, 2003; Kandel & Davies, 1986). Further complications can arise because these symptoms may not be transient phenomena that children outgrow (Kandel & Davies, 1986).

The extrication of variables that influence childhood depression is essential for prevention and treatment. Approaches to depression that take into account risk factors and protective factors are widely used (Chung & Yuh, 2009). In this study, the variables most frequently discussed in previous studies are examined along with their links to depression. These variables include individual risk factors, such as gender; family-related variables, including parental neglect and socioeconomic status (SES); and social risk factors, including exposure to discrimination, protective factors including ego resiliency as an individual factor, and peer relationship as a social factor.

Previous studies on variables that influence depression have mostly targeted Korean children, resulting in an insufficient amount of data pertaining to depression among children of immigrant women in South Korea. Therefore, the purpose of this study is to examine the pathways of risk factors and protective factors that influence childhood depression for children of immigrant women and Korean children. This study verifies the compatibility of path analysis and path coefficients for both groups to determine whether preventive and interventional treatment of depression for both groups could be derived from a single model.

2. Literature review

2.1. Risk factors for depressive symptoms among children

Negative experiences or stress-inducing incidents constitute risk factors that influence depression (Lewinsohn, Gotilib, & Seeley, 1995). These risk factors can be evaluated from personal, familial, and social levels. The most commonly discussed personal factor related to depression is gender difference. According to previous studies, boys tend to have higher rates of depression onset before the age of 12 years, and girls after the age of 12 years (Nolen-Hoeksema & Girgus, 1994). Previous studies have also shown gender differentiation in the perception of severity for depressive symptoms—up to the age of 15 years, girls tend to feel twice as depressed as boys—and these gender differences are also shown in adult depressive symptoms (Cyranowski, Frank, Young, & Shear, 2000).

Familial risk factors include parental abuse and neglect (Alloy et al., 2001). Previous studies consistently showed that parental neglect is closely related to childhood and adolescent depression (Patton, Coffey, Posterino, Calin, & Wolfe, 2001). Maternal neglect is positively correlated with depression—higher maternal neglect leads to higher levels of depressive tendencies (Jo & Hyun, 2005). At the same time, paternal abuse has a direct effect on depression in children (Hong, 2010). Other familial risk factors include SES, with lower SES being an important predictor of adolescent depression (Kim & Jung, 2001).

Social risk factors, such as exposure to discrimination, are reported to have negative relationships with childhood psychological problems (Jasinskaja-Lahti & Liebkind, 2001). Discrimination has been defined as injurious treatment that influences persons on grounds that are rationally irrelevant to the situation (Antonovsky, 1960). Intentional insult or prejudiced behavior towards various races, genders, religions, disabilities, or any other differences based on ethnocentric behavior—behavior that is favorable towards internal groups and negative towards external groups—also defines discrimination (Kim, 2007a, 2007b). Klonoff, Landrine, and Ullman (1999) found that discrimination against African-American adolescents in the United States was closely related to depression. Noh, Beiser, Kaspar, Hou, and Rummens (1999) found that Southeast Asian immigrants living in Canada who were exposed to discrimination showed higher rates of depression compared to fellow immigrants who had not been exposed to discrimination.

2.2. Protective factors for depressive symptoms among children

Protective factors decrease the onset of depression. Individual internal protective factors include ego resiliency. *Ego resiliency* refers to personal temperament—the elasticity and the ability of an individual to recuperate and return to their baseline level of happiness (or mood in general) following stressful and adverse situations (Block & Gjerde, 1990). According to previous studies, ego resiliency has an indirect influence on depression. Individual internal protective factors, such as self-esteem, are mediating protective factors between child abuse or neglect and depression (Vanceanu, Hobfoll, & Johnson, 2007). Previous research has reported that high levels of ego resiliency are associated with depressive symptoms after controlling stressful situations (Hjemdal, Aune, Reinfjell, Stiles, & Friborg, 2007).

Social protective factors can also reduce depression. The teacher–student relationship is recognized as an important social protective factor that influences childhood depression. Moreover, since peer influence tends to surmount parental influence with maturation of children, peer relationship is another fundamental social protective factor that affects depression. Studies show that the quality of peer relationships influences the degree of depression a child or adolescent experiences. Higher-quality peer relationships and positive peer interaction lower depression levels, while lower-quality peer relationships and negative peer interaction increase depression levels (Prinstein & Aikins, 2004). Children and adolescents without intimate peers or fewer numbers of peers have a higher risk of depression (Stewart et al., 1999).

2.3. Pathways linking factors to depressive symptoms among children

Gender differences have influences on some of the factors we have discussed, including teacher–student relationships, peer relationships, ego resiliency, and discrimination. Studies show that girls tend to have stronger and more numerous teacher–student relationships compared to boys. This is speculated to be the result of disparate development rates between the genders; girls tend to attain social maturity at an earlier age, giving them the ability to create greater intimacy in the teacher–student relationship (Kim, 2009a, 2009b). Gender variables also account for differences in peer relationships. Previous studies show that girls have a higher perception of intimacy and emotional stability (Bae, 1999) and higher rates of ego resiliency than boys (Dixon, 2002). Lee and Park (2005) also conducted research on gender differences in ego resiliency, targeting 12-year-old children, and found that girls have a higher level of ego resiliency than boys. Sellers and Shelton (2003) reported that the perception of discrimination was influenced by gender, with boys having higher rates of discrimination perception than girls. However, Kim (1995) found that adolescent girls had a higher perception of discrimination than adolescent boys, contradicting the consistency of the research on this topic.

Parental neglect can also have influence on some of the factors we have discussed. Previous studies have shown that parental neglect has a direct influence on children's ego resiliency (Jang & Shin, 2006); lower neglect rates lead to higher child ego resiliency. Simultaneously, the child–parent relationship has a positive correlation with the teacher–student relationship. Children with strong maternal relationships showed especially strong teacher–student relationships (Pianta, Nimetz, & Bennett, 1997). Parental neglect in child-rearing has been related to poor quality of teacher–student relationships (Lim, 2006). Peer relationship is both a protective factor and a mediating factor between parental abuse and childhood depression (Jeon, 2008). A mediating factor for discrimination includes negative parental child-rearing, which leads to a higher sensitivity to the perception of discrimination (Jasinskaja-Lahti & Liebkind, 2001).

With regard to family risk factors, low SES leads to difficulty in psychosocial adjustment (Conger, Ge, Elder, Lorenz, & Simons, 1994).