Social Support and COVID-19 Stress Among Immigrants in South Korea

Souhyun Jang

Korea University, South Korea

Paul Youngbin Kim

Seattle Pacific University, USA

Min-Sun Kim

Dankook University, South Korea

Hoyoun Koh

Nazarbayev University, Kazakhstan

Kyungmin Baek[1]

Soongsil University, South Korea

Abstract

Individuals have been under more stress since the COVID-19 pandemic began than they were before the pandemic. While social support is a known stress buffer among the general population, its impact on stress among vulnerable populations, such as immigrants and those living in rural areas, has received little attention in the context of South Korea. Accordingly, we examined the relationship between different types of social support and COVID-19 stress among young adult immigrants based on where they live (rural vs. urban). We conducted a survey of 300 young adult immigrants aged 25–34 years and analyzed the results. The dependent variable was COVID-19 stress, and the independent variables were four types of social support: emotional, appraisal,

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[1] All correspondence concerning this article should be addressed to Kyungmin Baek at JoMansik Memorial Hall #727, Soongsil University, Dongjak-gu, Sando-ro 369, Seoul, Republic of Korea or by email at kbaek37@ssu.ac.kr.

instrumental, and informational. We discovered that young adult immigrants in rural areas perceived higher-level social support in all aspects compared with those in urban areas. Furthermore, social support was not related to COVID-19 stress in urban areas, while appraisal support was positively and informational support was negatively related to COVID-19 stress in rural areas. Our findings suggest that a contextualized understanding of social support is critical to understanding COVID-related stress during the COVID-19 pandemic.

Keywords: COVID-19 stress; social support; immigrants; South Korea

During the COVID-19 pandemic, individuals experienced stressors such as social confinement (Husky et al., 2020), job loss (Rugaber, 2020; Solheim et al., 2022), housing insecurity (Solheim et al., 2022), family relationship strains (Solheim et al., 2022), the burden of caring for family members (Beach et al., 2021), fear of getting infected (Cerda & García, 2022; C. L. Park et al., 2020), and disruptions to education (Rugaber, 2020; Park et al., 2020). Immigrants are particularly vulnerable to COVID-19-related stress compared with their native-born counterparts (Solheim et al., 2022; Clark et al., 2020) as they are more likely to have fewer resources (e.g., language skills and technological abilities) (Sieffien et al., 2020).

Moreover, resources that immigrants need to cope with COVID-19-related stress may differ depending on their social contexts. In the context of South Korea (Korea hereafter), roughly half of the immigrants live in large urban cities and the other half reside in rural areas (Statistics Korea, 2022). Specifically, a key difference between urban and rural areas is the social cohesion. People in urban areas (which are considered more modern societies) are much more interdependent and cooperative, while those in rural areas (which are considered more traditional societies) tend to be more self-sufficient and value the community bond (Cotterrell, 2010; Savaage et al., 2020). Given these established differences in social cohesion, it follows that interpersonal resources that are needed to cope with COVID-19 stressors might differ depending on the regional characteristics (urban or rural). The Local Autonomy Act of Korea defines rural areas as areas whose population is less than 50,000, similar to the

classification by the U.S. Office of Management Budget.

Thus, various forms of social support might be needed for immigrants to effectively cope with COVID-19-related stress. Social support, defined as "social interaction through which emotional concerns, instrumental aid, or information is expressed, perceived or received," (Seabrook et al., 2016, p. 316) has been found to buffer the relationship between stress and mental health issues during the COVID-19 pandemic (Starr et al., 2021; Szkody et al., 2021). Building upon the well-established finding that social support is best conceptualized and assessed as multidimensional rather than unidimensional (Ugolini, 1998; Wang et al., 2021), Zalta et al. (2021) showed that not all social support is equally helpful; rather, the positive impact of social support can be maximized when the type of social support (e.g., emotional, instrumental, or informational) is matched with what an individual needs in a particular context. For example, emotional support might be more helpful when an individual faces a situation beyond their control (e.g., death), whereas instrumental or informational support could be more beneficial when an individual perceives more control (e.g., smoking). However, only a few prior studies applied this idea to examine social support in relation to stress and distress during the COVID-19 pandemic, with most studies focusing on emotional social support (Jo et al., 2021; Tian et al., 2021). For example, a study found that emotional social support decreased during the COVID-19 pandemic and that it may be especially critical for those who are part of an ethnic minority in their country of residence (Gilligan et al., 2020).

Immigrants provide key labor in various industries in Korea, a country that has historically been racially and ethnically homogeneous (S. E. Kim et al., 2022). Immigration-related mental health outcomes (Lee & Park, 2018; J. A. Kim et al., 2015) and social integration (H. S. Kim, 2010; I. J. Yoon, 2022) have been the subject of numerous research studies. In contrast, only a few studies have examined COVID-19-related mental health outcomes among immigrants, such as COVID-19-related anxiety disorders (Acharya et al., 2022) or panic disorders (M. S. Yoon et al., 2021). Furthermore, majority of research and policy initiatives in Korea supporting immigrants have focused on first-generation immigrants, with relatively less attention paid to second- or 1.5-generation immigrants (Song & Choi, 2021). In addition,

although a significant proportion of immigrants live in rural areas in Korea, previous studies did not intentionally examine how mental health among immigrants might differ depending on location.

Accordingly, this study aims to examine how social support impacts stress among immigrants in Korea, using survey data from the less studied young adult immigrants. Our specific goals are as follows: (1) to investigate the role that various types of social support—such as emotional, appraisal, instrumental, and informational support—play in addressing COVID-19 stress among young adult immigrant, and 2) to examine whether these effects vary depending on where they live (i.e., rural vs. urban areas). To our knowledge, no prior study has investigated how immigrants' response to COVID-19 might differ based on their location in Korea. The findings of this study can be used to inform policymaking, both during and after the COVID-19 pandemic.

Methodology

Data

We administered a cross-sectional survey of young adults, ages 25 to 34 years, with an immigrant background, that is, they were either Korean-born with at least one foreign-born immigrant parent or were foreign-born. We chose this age group of immigrants because they have been understudied compared to multiethnic adolescents in middle and high schools in Korea. We used purposive sampling to recruit participants and conduct surveys. As it was not feasible to obtain accurate statistics regarding the immigrant young adult population in Korea, the number of samples was allocated according to the proportion of foreign residents in each administrative division of Korea. Interviewers then visited multicultural family support centers[2] to conduct the interviews. Survey participants' contacts were found from the multicultural family support center, and they were contacted to come to the center for the interview. The survey was approved by the Institutional Review Board

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[2] The Korean government established multicultural family support centers to provide various programs with immigrants to help their successful settlement and self-reliance in Korea (Ministry of Gender Equality and Family, 2022).

(IRB) of Dankook University, Gyeonggi-do Korea (approval no. 2022-07-027-002).

Measures

Our dependent variable was COVID-19 stress, and we adapted four items from a published measure of stress during the COVID-19 pandemic (Pedrozo-Pupo et al., 2020): (1) I felt like something serious was going to happen unexpectedly because of COVID-19. (2) I felt that I couldn't control the important things in my life because of COVID-19. (3) I got stressed or nervous because of COVID-19. (4) I am angry that things related to COVID-19 are beyond my control. The mean scores from a five-point Likert scale (*1 = not at all; 5 = very frequently*) were used, and the Cronbach's alpha was .70.

The independent variable was social support. Based on prior studies that categorized social support into four different types (Tomás et al., 2020; Bi et al., 2021): emotional, appraisal, instrumental, and informational social support. First, the following three items were included for emotional social support (J. W. Park, 1985): (1) The people around me make me feel loved and cared for. (2) The people around me are willing to listen when I talk about my problems. (3) The people around me make me experience intimacy when we are together. The mean scores from a five-point Likert scale (*1 = not agree at all; 5 = totally agree*) were used, and the Cronbach's alpha was .71. Second, appraisal social support was measured using the following three statements: (1) The people around me recognize that my existence is necessary and valuable. (2) The people around me recognize my work so that I can take pride in what I do. (3) The people around me respect my opinion and accept it positively. The mean scores from a five-point Likert scale (*1 = not agree at all; 5 = totally agree*) were used, and the Cronbach's alpha was .76. Third, for instrumental social support, we used the following statements: (1) The people around me give sound advice so that I can understand the reality and adapt well. (2) The people around me give advice when I have to make important decisions. (3) When I am faced with a difficult situation, the people around me show me how to deal with it wisely. The mean scores from a five-point Likert scale (*1 = not agree at all; 5 = totally agree*) were used, and the Cronbach's alpha of the scale was .78. Last, informational social support was measured via the following three statements: (1) The people around me help me directly or indirectly when I need help. (2) The people around me do their best to help me without expecting

anything in return. (3) Whenever I ask, the people around me are willing to give me time and respond to my questions. The mean scores from a five-point Likert scale (*1 = not agree at all; 5 = totally agree*) were used, and the Cronbach's alpha was .77.

We asked the following demographic questions: gender (man vs. woman), age, education level (high school or less, enrolled in a two-year college, and enrolled in a four-year university or above), employment status (unemployed, regular/full-time employment, and part-time employment), household income (measured in 10-point scale: 1=less than 1 million KRW[3]; 5=from 4 million KRW to 5 million KRW; 10=more than 9 million KRW), and birthplace (foreign country vs. Korea). These variables were used as control variables.

Results

The study participants' characteristics are shown in Table 1, with indication of any differences between the rural and urban samples. The average score for COVID-19 stress across all participants was 2.95/5 (standard deviation [*SD*] = 0.58), which was just over the midpoint. Slightly more than half of the participants were women (58.3%), and about 46.3% had educational level of a four-year university degree or higher. Most participants (84.0%) were working; half had full-time and the rest had part-time jobs. The mean household income was 5.28, suggesting an income of approximately 4 million KRW per month (equivalent to 3,000 USD). About one-third (32.0%) were born in Korea. Among the four types of social support, the mean of the score of instrumental support was the highest (3.73/5; *SD* = 0.62), followed by that for emotional support (3.71/5; *SD* = 0.53), appraisal support (3.69/5; *SD* = 0.61), and informational support (3.4/5; *SD* = 0.78).

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[3] 1 USD is equivalent to 1,300 KRW as of 2023.

Table 1

Characteristics of Participants

Variable		Total (n = 300)	Rural Area (n = 206)	Urban Area (n = 94)	Signifi-cance Test
COVID-19 Stress (Mean, *SD*)		2.95 (0.58)	2.95 (0.59)	2.94 (0.57)	0.08
Gender (*n*, %)	Men	125 (41.7)	86 (41.8)	39 (41.5)	-0.04
	Women	175 (58.3)	120 (58.3)	55 (58.5)	
Age (Mean, *SD*)		28.87 (2.76)	28.88 (2.86)	28.85 (2.53)	0.09
Education (*n*, %)	Less than high school	74 (24.7)	51 (24.8)	23 (24.5)	6.53*
	Enrolled in two-year college	87 (29.0)	51 (24.8)	36 (38.3)	
	Enrolled in four-year university or above	139 (46.3)	104 (46.3)	35 (37.2)	
Employment (*n*, %)	Unemployed	48 (16.0)	38 (18.5)	10 (10.6)	4.11
	Employed (regular/fulltime)	126 (42.0)	80 (38.8)	46 (48.9)	
	Employed part-time	126 (42.0)	88 (42.7)	38 (40.4)	
Household Income (Mean, *SD*)		5.28 (1.78)	5.31 (1.86)	5.22 (1.59)	0.37
Birthplace (*n*, %)	South Korea	96 (32.0)	69 (33.5)	27 (28.7)	0.68
	Outside South Korea	204 (68.0)	137 (66.5)	67 (71.3)	
Emotional Support (Mean, *SD*)		3.71 (0.53)	3.74 (0.51)	3.63 (0.56)	1.72
Appraisal Support (Mean, *SD*)		3.69 (0.61)	3.78 (0.59)	3.50 (0.63)	3.63***
Instrumental Support (Mean, *SD*)		3.73 (0.62)	3.78 (0.61)	3.62 (0.62)	2.17*
Informational Support (Mean, *SD*)		3.4 (0.78)	3.73 (0.63)	3.51 (0.68)	2.80**

Note. *p < .05; **p < .01; ***p < .001. *t*-test or chi-square test is used by residence area.

Several characteristics of young adult immigrants differed significantly by their location. A higher proportion of the participants were enrolled in or had graduated

from two-year colleges in urban areas compared with rural areas. Rural young adult immigrants received significantly more appraisal, instrumental, and informational support than their counterparts; this is in contrast with a recent study that found low-level social support in a rural community during the COVID-19 pandemic in another country (Tchimtchoua Tamo, 2020). Nevertheless, individuals in Korea's rural areas are aware of the value of social capital (D. B. Park, 2012), and social capital was previously recognized as a stress-moderator before the COVID-19 epidemic (Yun et al., 2010).

Table 2 presents factors that predict COVID-19 stress among young adult immigrants based on their place of residence. No social support variable was found to be related significantly to COVID-19 stress in young adult immigrants living in urban areas. In contrast, COVID-19 stress was associated with appraisal and informational support among young adult immigrants in rural areas. Specifically, appraisal social support was negatively related to stress (b = -0.264, p < .05), whereas informational social support was positively related to stress (b = 0.224, p < .05) among the participants from rural areas.

Table 2

Factors Predicting COVID-19 Stress Between Rural and Urban Areas

	Rural	**Urban**
Gender	-0.032 (0.082)	-0.053 (0.118)
Age	0.034 (0.015) *	0.001 (0.024)
Education		
Enrolled in two-year college	0.071 (0.120)	-0.036 (0.155)
Enrolled in four-year university or above	0.141 (0.109)	-0.107 (0.165)
Employment		
Employed (regular/fulltime)	0.0810 (0.124)	-0.071 (0.219)
Part-time employed	0.162 (0.120)	0.314 (0.207)
Household Income	0.004 (0.024)	0.123 (0.042) **
Birthplace	-0.026 (0.087)	-0.069 (0.127)
Emotional Support	-0.112 (0.112)	-0.141 (0.182)
Appraisal Support	-0.264 (0.104)*	0.0131 (0.167)
Instrumental Support	0.064 (0.098)	-0.101 (0.173)
Informational Support	0.224 (0.095 *	-0.083 (0.142)
Constant	2.146 (0.590) ***	3.438 (0.856) ***
Observations	206	94
R-squared	0.096	0.235

Note. regression coefficient (standard error); *p < .05; **p < .01; ***p < .001.

Besides social support, different factors were related to COVID-19 stress among young adult immigrants based on where they lived. Among those who live in rural areas, being older was positively related to COVID-19 stress (b = 0.034, p < .01). Furthermore, the economic factor was important in dealing with COVID-19 stress among those who live in urban areas, and those with higher household income in urban areas were more vulnerable to stress during the COVID-19 pandemic (b = 0.123, p < .01).

Discussion

This study investigated the relationship between different types of social support and COVID-19 stress among young adult immigrants in South Korea, as well as whether and to what extent this relationship differs between those living in urban versus rural areas.

Consistent with the prior literature suggesting that various types of social support interact with social contexts, leading to different impact outcomes (Zalta et al., 2021; Jo et al., 2021), we found that not all aspects of social support are always beneficial; rather, their benefit can be maximized when the social support matches with the needs of individuals, particularly based on their location. That is, social support is not related to COVID-19 stress in urban areas, and socioeconomic status (i.e., household income) predicts mental health among young adult immigrants in urban areas. This finding suggests that material factors are especially meaningful in urban settings, where loosely connected or even dehumanized relationships might be prevalent.

For those living in rural settings, our findings revealed that the multidimensional conceptualization of social support has utility in relation to COVID-19 stress. Because it is more likely that a better sense of local community is created and maintained in rural areas compared with large cities (Savage et al., 2020), the appraisal aspects of social support might play an important role in protecting the mental health of young adult immigrants. Interestingly, the informational aspect of social support was detrimental to stress among young adult immigrants in rural areas. There are several possible explanations for this finding. First, individuals in rural areas

are less likely than their urban counterparts to obtain knowledge about COVID-19 through non-interpersonal information sources (e.g., WeChat and other apps and websites), whose impact and importance have been highlighted particularly during the pandemic (Zhang et al, 2021). Therefore, they may find it difficult to obtain necessary and timely information, which could have a negative effect on their mental health. Second, as there were widespread anti-immigrant attitudes and misinformation during the pandemic in Korea (S. Kim, 2020), informational support could have been perceived as untrustworthy or harmful for immigrants in a small and exclusive rural community. Broadly, these findings suggest that urban-rural differences are not only geographical but also manifest in psychosocial outcomes. Future research should consider these geographic factors when examining various psychological and sociocultural experiences of young adult immigrants during the COVID-19 pandemic.

Besides appraisal and information social support, we discovered that being older was associated with higher COVID-19 stress in rural areas. This finding makes sense given that rural areas in Korea have poorer medical facilities compared with urban areas. Thus, it is possible to predict that older immigrants in rural areas will experience high stress as a result of COVID-19. Furthermore, it is commonly acknowledged that older persons have greater difficulty accessing and assessing digital information (Ragnedda et al., 2020; Song et al., 2021). While many parts of life, including ordering food and other items and seeking medical care and services, were transferred to a digital platform during the pandemic, older people may be more vulnerable in terms of having digital capital, which is composed of digital competencies and digital technology (Ragnedda et al., 2020; Ragnedda, 2018). The Korean government should therefore reduce healthcare disparities between rural and urban areas, particularly among older people in rural areas, who may be twice vulnerable due to their age and location during the pandemic.

Our study has several limitations that need to be acknowledged. First, as our study was cross-sectional, it was not feasible to determine whether having different types of social support can alleviate (or agitate) the mental health of young adult immigrants over time. Second, because we were unable to obtain details about each young adult immigrant in Korea, we utilized the purposive sampling method. Last, we

categorized participants' region of residence as urban and rural. Future studies could further nuance these categories to include, for example, the peri-urban area on the outskirts of cities (Ranscombe, 2020), the semi-rural (Seruwagi et al., 2022) area, or the rural-urban continuum (Peters, 2020). Despite these limitations, this study is one of the first attempts to understand mental health during the COVID-19 pandemic among young adult immigrants, a group of people who have been understudied in Korea. Building upon our study, future studies could examine the effects of social support over time on immigrants' mental health by using longitudinal data or qualitatively examining whether there are any other forms of social support that might be more relevant for immigrants in Korea.

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Biographical Notes

Souhyun Jang is an assistant professor of Sociology at Korea University. Her research interests include public health and immigration.

She can be reached by email at soujang@korea.ac.kr.

Paul Youngbin Kim is a professor of Psychology at Seattle Pacific University. His research interests include psychological processes impacting Asian and Asian American communities.

He can be reached by email at paulkim@spu.edu.

Min-Sun Kim is an assistant professor of Psychology and Psychotherapy at Dankook University. Her research interests include discrimination and mental health of immigrants and minority.

She can be reached by email at 12191720@dankook.ac.kr.

Hoyoun Koh is Assistant Professor of Political Science and International Relations at Nazarbayev University. His research interests include political experiment and quantitative methods.

He can be reached by email at ho.koh@nu.edu.kz.

Kyungmin Baek is an associate professor of Information Sociology at Soongsil University. His research interests include organizational sociology and immigration. He is the corresponding author of this paper.

He can be reached at JoMansik Memorial Hall #727, Soongsil University, Dongjak-gu, Sando-ro 369, Seoul, Republic of Korea or by email at kbaek37@ssu.ac.kr.