

Mental health of single fathers living in an urban community in South Korea

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Abstract

Objective: The aims of this study were to understand the mental health of single fathers relative to married fathers as the population of single fathers continues to increase and to use the resultant data for the establishment of public health policies.

Methods: We evaluated the mental health of 58 single fathers and 256 married fathers living in an urban community in South Korea. Self-reported questionnaires including the Global Assessment of Recent Stress, Center for Epidemiologic Studies–Depression, Scale for Suicidal Ideation, the Korean version of the Alcohol Use Disorder Identification Test, and the World Health Organization Quality of Life Assessment Instrument were used for evaluation. The mental health scale scores and the prevalence of mental health problems were compared between the single and the married fathers. We also assessed the factors associated with poor QOL, depressive symptoms, and severe stress among single fathers.

Results: The single fathers had poorer quality of life (OR 7.30, 95% CI 2.82–18.74), more depressive symptoms (OR 3.85, 95% CI 1.29–11.45), and more stress (OR 3.36, 95% CI 1.25–8.98) than did the married fathers even after controlling for socio-demographic factors. Among the single fathers, poor socioeconomic conditions, such as no house ownership, manual occupations, having two or more children, and having a youngest child in elementary school or middle school, were significantly associated with poorer mental health.

Conclusions: This study demonstrated that single fathers have poorer mental health than do married fathers. Single parenthood was significantly associated with their mental health. Therefore, we should attempt to provide practical support to reduce the social burden and offer earlier psychological interventions to reduce distress in single fathers.

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1. Introduction

Parents in single parent families suffer from psychological distress, financial difficulties, stress associated with child rearing, and social “prejudices” [1]. Unlike other Western countries, Korean society tends to see single parent families as defective, abnormal, or incomplete families [2]. For this reason, single parent families tend to hide the fact that they are single families and are exposed to various stress conditions [3]. These families also experience emotional distress including senses of loss, defeat, betrayal, rage, depressed mood, and frustration [4].

The rate of single parent families in South Korea has been increasing. There were 1.42 million single families in 2006, and this value rose to 1.63 million families or 9.3% of the total of families in 2011 [5]. The proportion of mother–child families is higher than that of father–child families; however, the rate of father–child families has increased sharply [6]. There were 287,000 such families in 2005, and this number rose to 347,000 families or 21.1% of all single parent families in 2010 [7]. Along with the rapid change in the social structure of South Korea, the structure and function of family have changed accordingly [8]. Because of the changes in values that have accompanied industrialization and urbanization, the nuclear family has become a more common form of household, and single households and the rate of divorce and remarriage have increased. The idea of traditional family from the past has been dismantled, and various forms of families have emerged. One of the fastest growing family types is the single parent family [3].

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The main causes of single parent families are divorce, separation by death, separation, and neglect. Among these causes, the divorce rate in Korea has rapidly increased. The crude divorce rate increased more than three-fold between 1990 and 2003 (from 1.0 to 3.5 divorces per 1000 population) [9]. This increase might be attributable to economic crisis, the demand for equal rights and opportunities of spouses, and the achievement of high levels of education by women [10,11]. South Korea experienced a severe economic crisis in the late 1990s. Although the crisis officially ended in 2001 when government repaid most of the emergency relief funds to the International Monetary Fund, the adverse effects of the crisis have continued to affect nearly all aspects of Korean society [12]. Additionally, the financial chaos that began in 2007 developed into a full-blown economic crisis in many countries [13]. Changes in macroeconomic conditions are tied to suicide risks, alcohol-attributable deaths, and changes of family structure. Men are at a particularly increased risk of mental health problems and death due to suicide or alcohol abuse during times of economic adversity [14–16]. The crisis likely increased the social exclusion of vulnerable groups, including children, young people, single parent families, the unemployed, minorities, migrants, and the elderly [13]. Studies have noted that Korean society have become economically polarized since the economic crisis [17]. Many articles published in South Korea reported that increasing income-related inequalities are associated with increases in suicide and depression over the 10-year period following an economic crisis [18]. Consequently, the rate of single parent families has increased due to the increases in divorce and suicide. Therefore, we expected that single parents would be more vulnerable to mental health problems after 1997.

There have been many studies that have shown greater physical and mental health problems among single mothers than married mothers [4,19,20]. However, to the best of knowledge, the psychiatric aspects of single fathers in Korea have not been reported. The lack of reports on this issue is likely because single fathers are less common than single mothers. Additionally, it is believed that the economic difficulties experienced by single fathers are less severe than those experienced by single mothers due to the wage gap between men and women in South Korea. Women earned only 62% of what men earned based on the statistics from 2010 [10]. This gap represents the highest wage gap among the members of the Organization for Economic Cooperation and Development countries [8]. Therefore, single mothers have become a major social issue. However, the proportion of single fathers has increased rapidly, and single fathers are often faced with problems of combining work, child-care, and house work. Eventually, the poorer mental health of single fathers might produce negative effects on the children's short- and long-term well-being [21]. Thus, more studies of single fathers are needed.

This study aimed to describe the mental health of single fathers compared to that of married fathers. Additionally, we assessed socio-demographic factors and other characteristics

of family members that were associated with the poorer mental health of the single fathers. Our hypothesis was that the single fathers would be at greater risk of mental health problems compared to the married fathers after controlling for other socio-demographic variables and the increased mental health problems would primarily be explained by family structure.

2. Methods

2.1. Subjects and the sampling method

The study subjects were 58 single fathers who completed the mental health survey on single parent families in Yangcheon-gu (local district) and 256 married fathers who completed the community mental health survey in the same district. The survey on single families was conducted to investigate the mental health statuses and identify the challenges and needs of single parents who applied to the community office for benefits supported by Yangcheon-gu. The single families that applied were families composed of children under 18 years old and single parent with spouses due to divorce, separation by death, separation, neglect, disappearance, or being unmarried. This survey was conducted by the Yangcheon-gu Mental Health Center from the 7th of June to the 24th of June 2011. Nineteen dongs (primary administrative division) of Yangcheon-gu (district) were classified into three district strata according similar local characteristics, and 497 families were selected from among the single families that applied by stratified random sampling. Thirty investigators visited the sample households twice. The investigators explained the purpose of the survey, provided instructions for completing the questionnaire, and distributed the self-reported questionnaire during their first visit. The questionnaire was collected at the second visit. The participants provided written informed consent to participate in the survey. The overall response rate was 59%, which resulted in a participation of 291 single families. Among all participants, 58 were single fathers. Therefore, all 58 single fathers were analyzed in this study.

The married fathers were selected from a community mental health survey conducted by the Yangcheon-gu Mental Health Center from the 14th of October to the 6th of November 2009. The survey was conducted to investigate the mental health statuses and identify the needs of the general population in Yangcheon-gu. The samples were randomly selected from all households in Yangcheon-gu, which were classified into strata according to type of residence (apartment and non-apartment) and into nineteen dongs from three districts according to local characteristics. Thirty investigators visited the households. If the investigators were unable to meet with the resident of the house within two visits, the household was replaced by another household next to it. Among the total of 969 respondents, 256 were married men aged between 30 and 55. We analyzed the data

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