

# Depression and Depressive Symptoms in Korean Women

Nam-Soon Kim  
Research Fellow, KIHASA

## Introduction

Depression refers to a psychiatric condition exemplified by diminution of interest, changes in appetite and in sleep patterns, tiredness, decreased activity levels, apathy, reduced mental abilities, and repetitive suicidal thoughts. Prolonged depression is known to cause impairment in social functioning—including marital, parenting and work functioning. The most serious complications associated with depression include suicide and violent behavior.

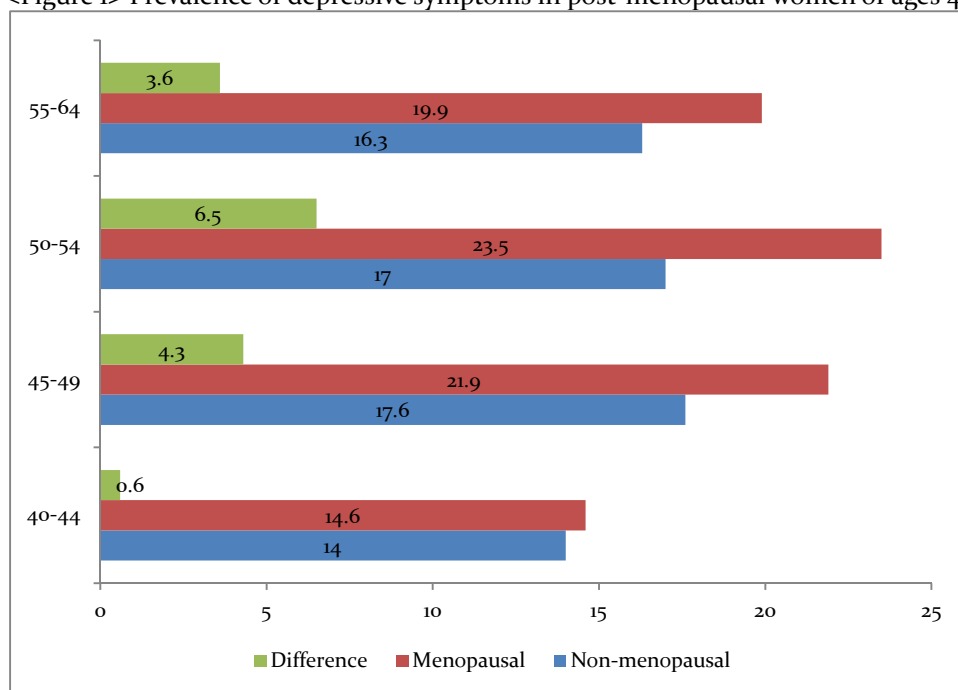
A 2011 epidemiological survey conducted by the Ministry of Health and Welfare suggests that the lifetime prevalence of depression has been on the rise in both men and women over the years, with women's (9.1 percent) being substantially higher than men's (4.3 percent). In the National Health and Nutrition Survey (2010~2012), 16.3 percent of women reported having experienced "depressive symptoms lasting more than 2 weeks in the past year," compared to 9.0 percent of men. This suggests further need for investigation into depression and depressive symptoms in women. Also important is to provide focused interventions to prevent and manage depression in women.

## Depression and depressive symptoms in men and women

Although the proportion of those who reported experiencing depressive symptoms increased with age in both men and women, the prevalence of self-reported depressive symptoms was 20.1 percent for the 19~29 group in women, while it was only 9.5 percent for the same age group in men.

This study identified trajectories of depressive symptoms in men and women, using data from Waves 1~8 of the Korea Welfare Panel Survey. The trajectories identified were of four types: "low and stable levels of depressive symptoms"; "reducing levels of depressive symptoms"; "increasing levels of depressive symptoms" and; "high and stable levels of depressive symptoms." In women, the proportion of those with "increasing levels of depressive symptoms" grew with age, with 21.3 percent in the 65-plus group. In men, too, the prevalence of "increasing levels of depressive symptoms" increased with age, but by substantially less than in women, with, for example, 14.6 percent of the 65-plus group. Also, the observation in this study of the relationship between women's depressive symptoms and menopause, which is widely considered to be associated with depression in women, found that the prevalence of depressive symptoms was higher in post-menopausal women than in pre-menopausal women, although the difference varied across age groups.

<Figure 1> Prevalence of depressive symptoms in post-menopausal women of ages 40~64



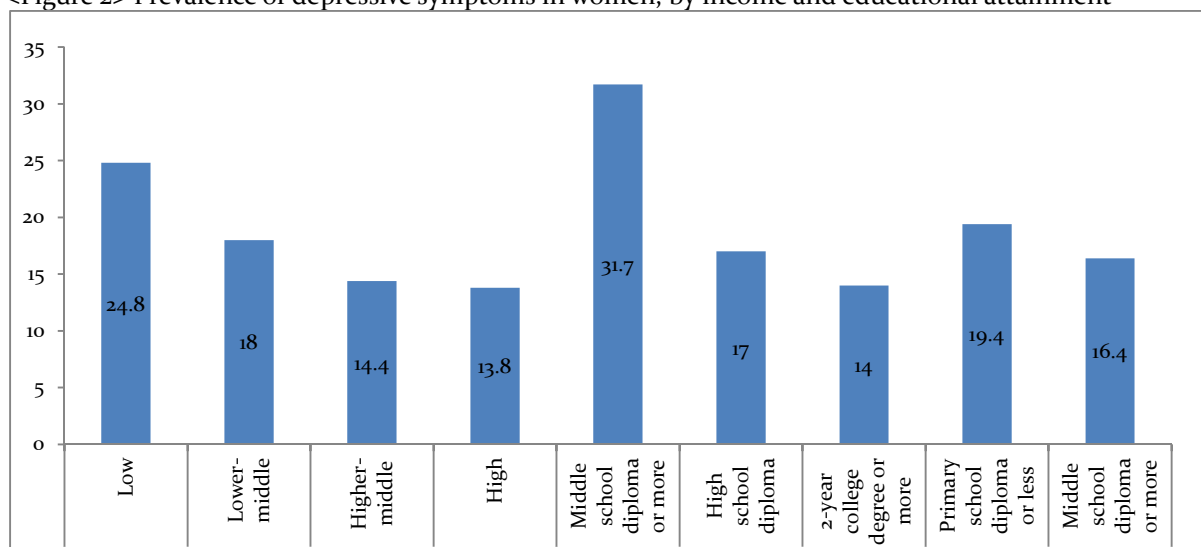
Source: National Health and Nutrition Survey (2010~2012)

Note: The figures are weighted estimates

### Women's socioeconomic status and depressive symptoms

Depressive symptoms were considerably more common in low-income women (24.8 percent) than in high-income women (13.8 percent). For women aged 19~64, the prevalence of depressive symptoms was twice as high in those with a middle school diploma or less as those with 2-year college degree or more. The difference was much smaller for women aged 65 and older.

<Figure 2> Prevalence of depressive symptoms in women, by income and educational attainment



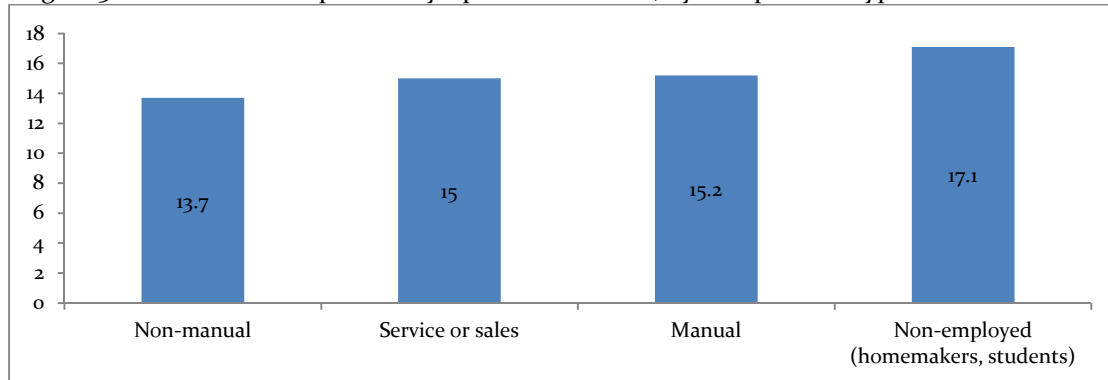
Source: National Health and Nutrition Survey (2010~2012) Income level

Education level (ages 19~64) Education level (65+)

The prevalence of depressive symptoms in women varied also according to occupational type, with those with non-manual jobs being least likely to have depressive symptoms. Those not working (including homemakers and students) were with the highest prevalence of depressive

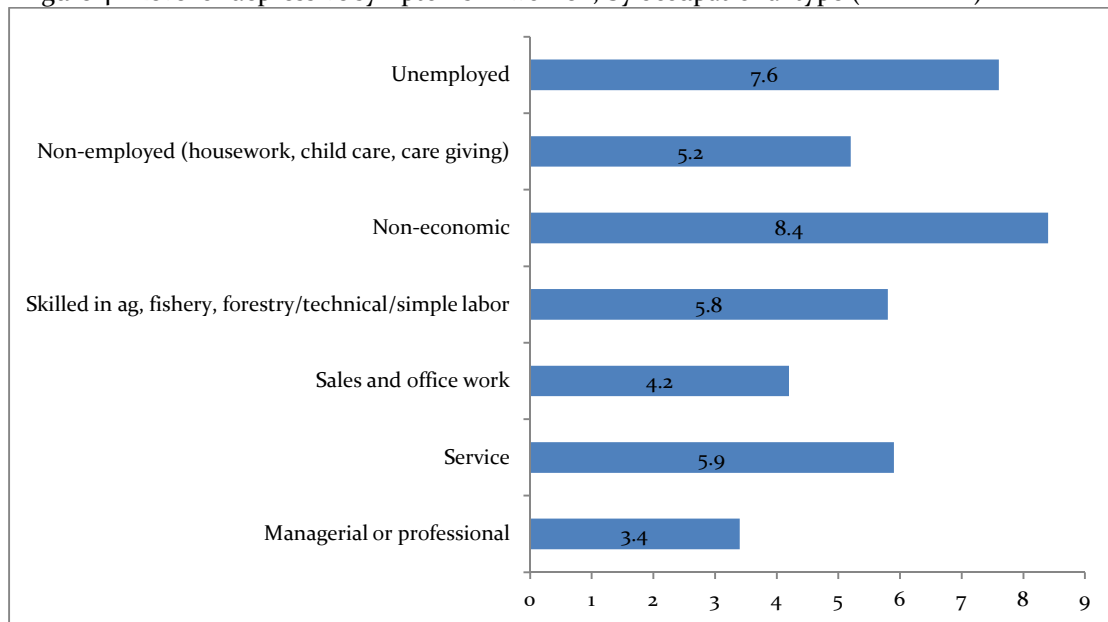
symptoms. In terms of the type of work, women in managerial/professional or sales/clerical positions were associated with higher levels of depressive symptoms than women unemployed or not in employment.

<Figure 3> Prevalence of depressive symptoms in women, by occupational type



Source: National Health and Nutrition Survey (2010~2012)

<Figure 4> Level of depressive symptoms in women, by occupational type (2010~2012)



Source: Korea Welfare Panel Survey (Wave 1)

### Marital status and depressive symptoms in women

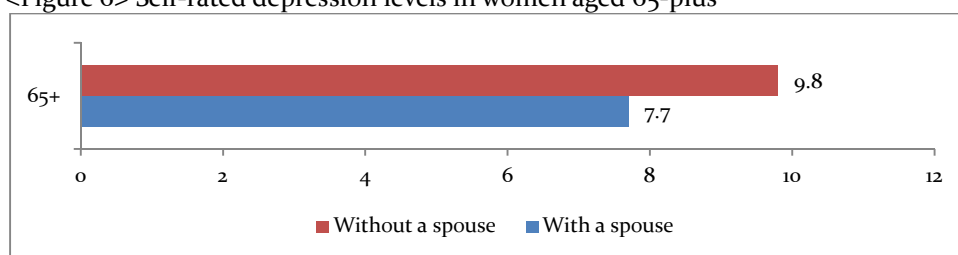
Those divorced, separated, or widowed reported higher levels of depression than those married or unmarried. As for the 40~64 group, unmarried women rated their depression levels as higher than did married women theirs; in women aged 65 and over, higher levels of depressive symptoms were more associated with "living without a spouse" than "living with a spouse."

<Figure 5> Self-rated depression levels in women aged 19~64



Source: Korea Welfare Panel Survey (Wave 1)

<Figure 6> Self-rated depression levels in women aged 65-plus



Source: Korea Welfare Panel Survey (Wave 1)

### Women's health behavior and depressive symptoms

Those who reported to have experienced depressive symptoms were more prone to smoking and high-risk drinking. There was little association, however, between depressive symptoms and "doing little physical activity" or "being obese."

<Table 1> Health behavior and depressive symptoms in adult women

Health behavior	With depressive symptoms in % (standard error)	Without depressive symptoms in % (standard error)
Current smoker	9.7 (0.93)	4.8 (0.34)
High-risk drinking	7.9 (0.86)	4.4 (0.33)
Mid- or higher level physical activity	17.9 (1.18)	16.0 (0.55)
Muscle workout	13.4 (0.95)	12.3 (0.49)
Little physical activity	56.5 (1.48)	55.3 (0.73)
Obese	29.6 (1.41)	28.2 (0.65)

Source: National Health and Nutrition Survey (2010~2012)

Note: The figures are weighted estimates

For women aged 25 and over, the prevalence of smoking was higher in those with depressive symptoms than those without. The prevalence of depressive symptoms in women aged 19~64 was associated with a higher prevalence of high-risk drinking, while, except for the case of women of ages 19~24, the effect of physical activity was negligible.

<Table 2> Health behavior and depressive symptoms in women, by age group

Health behavior	Ages 19~24 in % (standard error)	Ages 25~44 in % (standard error)	Ages 45~64 in % (standard error)	Ages 65+ in % (standard error)
Current smoker				
With depressive symptoms	6.7 (2.24)	15.2 (2.11)	7.7 (1.33)	5.8 (1.31)
Without depressive symptoms	7.2 (1.47)	5.8 (0.61)	3.7 (0.46)	3.0 (0.51)
High-risk drinking				
With depressive symptoms	11.6 (2.37)	13.8 (1.90)	5.6 (1.14)	0.7 (0.44)
Without depressive symptoms	8.2 (1.61)	6.7 (0.61)	2.3 (0.35)	0.6 (0.20)
Little physical activity				
With depressive symptoms	44.8 (5.51)	56.5 (2.73)	55.8 (2.25)	63.0 (2.71)
Without depressive symptoms	40.7 (2.58)	55.1 (1.16)	55.2 (1.18)	65.5 (1.51)

Source: National Health and Nutrition Survey (2010~2012)

Note: The figures are weighted estimates

### Differences in the use of health care between men and women with depressive symptoms

The inpatient and outpatient samples—which include around 700 thousand inpatients (13 percent of the estimated annual number of inpatient cases) and 400 thousand outpatients (1 percent of the annual total of outpatient cases)—of the Health Insurance Review and Assessment Service (HIRA) revealed that in 2011 there were 2.4 times as many women as men who received outpatient treatment for depression. Also, an estimated 1.6 times as many women as men were found to have received inpatient care for depression. The age bracket in women with the most number of inpatient depression cases was the 70-plus group.

<Table 3> Number of women who used care services for depression in 2011

Ages	Outpatient		Inpatient	
	Number of patients	%*	Number of patients	%*
19~29	462	6.4	127	7.4
30~39	748	10.5	179	10.4
40~49	1,221	17.1	273	15.8
50~59	1,627	22.9	362	20.9
60~69	1,394	19.5	314	18.2
70+	1,659	23.6	470	27.4
All	7,111	100	1,725	100

Source: HIRA-NIS, HIRA-NPS

Note: Figures under %\* are weighted estimates

<Table 4> Number of men who used care service for depression in 2011

Ages	Outpatient		Inpatient	
	Number of patients	%*	Number of patients	%*
19~29	277	9.3	125	11.6
30~39	297	9.9	129	11.9
40~49	573	19.2	232	21.5
50~59	665	22.4	257	23.8
60~69	544	18.3	166	15.4
70+	611	20.9	171	15.8
All	2,967	100	1,080	100

Source: HIRA-NIS, HIRA-NPS

Women diagnosed with depression were found to have made on an annual average of 11.8 outpatient visits. Little difference was found in this respect between women and men. However, there was between men and women a considerable difference in the number of days in inpatient care for depression. The gap may be attributable in part to differences in the severity of depression and its comorbidities between men and women. The prevalence of depression comorbid with chronic physical conditions was higher in women, while men had a higher comorbidity of depression and other psychiatric conditions.

### **Conclusion**

Women in general are more likely than men to experience depressive symptoms, which with age tend to increase in severity and prevalence. Menopause and marital status are found to be associated with the prevalence of depressive symptoms in women. Socioeconomic factors such as income, educational attainment, and occupational type were associated with both the prevalence and the self-rated intensity of depressive symptoms. Women with experience of depressive symptoms are more likely to smoke and drink to excess. Depression for women is a serious health issue that calls for interventions focused on high-risk groups. Policy and research considerations will have to focus on developing curative and preventive programs and delivering them in ways that best meet the specific needs of these high-risk groups.