Bicultural Conflicts and Mental Health among Asian Indian Immigrant Women
Acknowledgements

Understanding Health, Emotional Responses, and Perceptions of Asian-Indian Needs (HER PAIN)

Researchers:
- Lisa R. Roberts Dr.PH, FNP-BC, Research Director, Assoc. Professor, School of Nursing,
- Semran K. Mann, PhD(c), MPH,
- Susanne B. Montgomery, PhD, MPH, MS, Assoc. Dean of Research, School of Behavioral Health

- This study was primarily supported by seed grant funding from the LLU School of Nursing and in-kind support from the Fresno Sikh community.
- Additionally, research was in part supported by the National Institute of Health Disparities and Minority Health of the National Institutes of Health under award number P20MD006988.
- No conflict of interest to declare.
Objectives

- Note gender differences in Asian Indian (AI) immigrants’ mental health
- Discuss bicultural tensions linked to mental health among AI immigrant women
- Identify patterns of mental health issues among AI immigrant women
Background

- Asian Indian (AI) immigrants are a fast growing minority group
- AI immigrants: model minority
  - Highly educated
  - Professional
  - High income
AI immigrant women at risk?

- Hidden tensions
  - Success in the majority culture
  - Meeting traditional expectations at home and in the community

- Other factors
  - Gender, race, culture, immigration status
  - Stigmatization of mental health
Our aim was to explore how bicultural conflicts affect Asian Indian immigrants in California.
Methods

- Mixed-methods
- Participants
- Data collection process
- Measures
- Analysis
Qualitative Phase

- 11 key informant interviews
- 4 focus groups (n = 47)
  - Men
  - Women of reproductive age
  - Older women
  - Punjabi social advocates
Qualitative Results

Challenges

- Resiliency
- Determination
- Devoted families
  - Especially to children
- Adaptation to U.S. without losing cultural identity
- Community support

Strengths
Survey Participant Demographics

- N = 350
- Mean age: 42
- Mean years in US: 18.5
Quantitative Results

- Significant associations with depression
  - Language preference
  - Education level
  - Female gender
  - Negative religious coping
  - Attitudes towards women
  - Satisfaction with life
  - Anxiety
Differences by Gender

Men (n = 133)
- Regardless of language
  - Normal anxiety
  - Low depression levels M < 5.0

Women (n = 217)
- English survey (n = 165)
  - Depression M = 4.89
  - Anxiety M = 6.00
- Punjabi survey (n = 52)
  - Depression M = 7.73
  - Anxiety M = 7.19
Differences among Women

English survey
- Anxiety associated with
  - Desire for larger family
  - Negative religious coping
- Higher education

Punjabi survey
- Anxiety and depression associated with
  - Older age at marriage and 1st pregnancy
  - Greater acceptance of DV myths
- Living in a joint family
Conclusion

- AI mental health needs go unaddressed
- Subgroups of AI immigrants with elevated needs
- AI women have complex needs
  - Bicultural tensions and mental health
- Nurses’ awareness