

Title:

Bicultural Conflicts and Mental Health Among Asian Indian Immigrant Women

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Session Title:

Asian Indian Culturally Diverse Health Practices

Slot:

H 19: Monday, 30 October 2017: 2:45 PM-3:30 PM

Scheduled Time:

2:45 PM

Keywords:

Asian-Indian immigrants, Mental health and Women

References:

Inman, A. G., Tummala-Narra, P., Kaduvettoor-Davidson, A., Alvarez, A. N., & Yeh, C. J. (2015). Perceptions of Race-Based Discrimination Among First-Generation Asian Indians in the United States. *The Counseling Psychologist, 43*(2), 217-247.

Leung, P., Cheung, M., & Tsui, V. (2012). Asian Indians and depressive symptoms: Reframing mental health help-seeking behavior. *International Social Work, 55*(1), 53-70.

Singh, G. K., Rodriguez-Lainz, A., & Kogan, M. D. (2013). Immigrant health inequalities in the United States: use of eight major national data systems. *The Scientific World Journal, 2013*. doi:10.1155/2013/512313

Singh, M. D., & Bhayana, R. M. (2015). Straddling three worlds: Stress, culture and adaptation in South Asian couples. *Contemporary Family Therapy, 37*(1), 45-57.

Wong, E. C., & Miles, J. N. (2014). Prevalence and correlates of depression among new US immigrants. *Journal of Immigrant and Minority Health, 16*(3), 422-428.

Abstract Summary:

Bicultural conflicts affect Asian Indian (AI) immigrants' mental health, particularly among women. Model minority status may compound the stigma of mental health issues adding another barrier to seeking help. Nurses aware of the tensions AI immigrant women face will be better able to communicate and appropriately address mental health needs.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
<ul style="list-style-type: none"> The learner will be able to explain the role bicultural tensions linked to mental health issues among AI immigrant women. 	AI immigrant women face a complex confluence of competing factors including gender, race, culture, and immigrant status,

	with resulting tensions putting them at risk for mental health issues.
<ul style="list-style-type: none"> • The learner will be able to identify patterns of mental health issues among AI immigrant women. 	English survey participants were more likely to suffer anxiety symptoms. Punjabi survey participants were more likely to suffer anxiety and depressive symptoms. Mental health symptoms were associated with distinct patterns of demographics and other variables.

Abstract Text:

Purpose:

Our aim was to explore how bicultural conflicts affect Asian Indian immigrants in California.

In the US, Asian Indian (AI) immigrants are a fast growing minority group, with many residing in California. AI immigrants are often referred to as model minorities due to their high education, professional, and income achievements. Indeed, while many US AI immigrant women are leaders in their respective fields and operate seemingly with ease in the majority culture, they also have to meet their culture of origin expectations which continue to be strongly grounded in traditional sociocultural patterns of patriarchal dominance and family structures. AI immigrant women face a complex confluence of competing factors including gender, race, culture, and immigrant status, with resulting tensions putting them at risk for mental health issues. Mental health issues are associated with poor health, yet AI immigrant women are discouraged from seeking care due to the strong stigma attached to mental health needs.

Methods:

We conducted a mixed-methods study; 11 key informant interviews and four focus groups ($n = 47$) informed the development of a survey ($n = 350$) that included validated screening scales (depression and anxiety) to explore salient themes identified in the qualitative data. All study instruments were translated into Punjabi using standard forward and back translation methods for cultural and functional equivalence. While nearly all participants spoke Punjabi they were given a choice to complete the survey in English or Punjabi.

Results:

Overall, depression was significantly associated with language preference, female gender, negative religious coping, attitudes towards women, general satisfaction with life, and anxiety. Men ($n = 133$), regardless of language preference had normal anxiety and depression levels (<5.00). However, women ($n = 217$), had elevated anxiety and depression levels which differed in pattern by language preference. Women who chose to complete the survey in English ($n = 165$) had a mean depression level of 4.89, falling just below the cut-off score of 5.00, but elevated anxiety ($M = 6.00$), which was associated with a desire for larger family size and negative religious coping. Women who participated in Punjabi had higher levels of anxiety ($M = 7.19$) and depression ($M = 7.73$), which were associated with older age at marriage and first pregnancy, and greater acceptance of domestic violence myths. Significantly more women who participated in English had a Bachelor's degree or higher education and were less likely to be living in an extended family structure than women who participated in Punjabi.

Conclusion:

AI immigrant women, who are seen as a model minority group, have sequestered mental health needs that go unaddressed given the strongly associated stigma. Analyses which include race, gender, culture,

and immigrant status are helpful to aid in identification of sub-groups with elevated needs. This study adds to the emerging literature on model minority immigrants, while pointing to the need for further research to better understand the complexity of AI immigrant women's need around issues of bicultural tensions and mental health. Nurses aware of the tensions AI immigrant women face will be better able to communicate and appropriately address mental health needs.