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Silent Struggles: Unveiling The Mental Health of South Asian American Emigrant Women

Anya Sen[1], Lauren Meyer[#] and Kristen Yael Flatto[#]

[1]Horace Mann, USA
[#]Advisor

ABSTRACT

South Asian women emigrants in the United States face noticeably distinct problems related to mental health. Not only are they impacted at higher rates as compared to other populations in the country, but their living circumstances lead them to experience mental health issues differently. Their South Asian heritage and differing cultural norms from native-born Americans contribute to acculturation stress, familial pressure, and personal stigma. Meanwhile, due to sex-related biological brain anatomy differences as well as lived experiences in a historically patriarchal world, their gender identity makes them more prone to mental health disorders. Finally, their status as emigrants contributes to further instability in their lives and vulnerability to discrimination, two other factors that often negatively influence mental health. Statistics and studies show their high susceptibility to mental illness likely stems from the intersectionality—the overlapping and interdependent impacts—of their identity traits. As a result, this research emphasizes the importance of individually focusing on minority and marginalized populations when considering mental health and respective treatments.

Introduction

Nearly 5.4 million South Asians live in the US (South Asian Americans Leading Together, n.d.). Simultaneously, America's foreign-born residents, including immigrants and refugees account for approximately 14 percent of its overall population (Budiman, 2020).

South Asia is a region in the continent of Asia, including the countries India, Pakistan, Bhutan, Bangladesh, Afghanistan, Maldives, Nepal, and Sri Lanka (Alexeeva et al., 2024). The first dominant wave of South Asian immigrants arrived in the US between 1897 and 1924 and consisted primarily of farmers from Punjab (a state in India) and Bengali Muslims (Bhandari, 2022). This group, however, was heavily made up of men. The second wave of major South Asian migration was in 1965, after the National Origins Act of 1965, which eliminated quotas that limited the number of immigrants allowed from each nationality, race, or ancestry (Kennedy, 2019). This act allowed many South Asians to immigrate to the US as working professionals, in fields including doctors, engineers, and scientists (Swarthmore, n.d.).

As shown in Figure 1, the number of South Asian immigrants has grown rapidly since 1960, and by 2019, South Eastern Asia accounted for the largest portion of the total Asian immigrant population in the US (Hanna and Batalova, 2021).

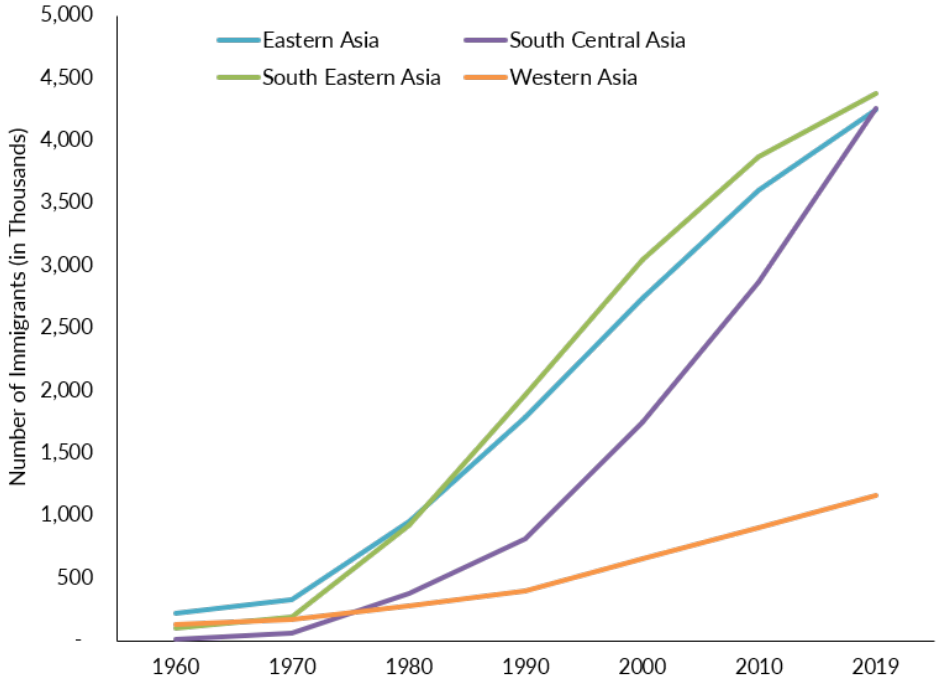

Figure 1.

Immigrant Population from Asia in the United States, by Region of Birth, 1960-2019

Note. This figure shows the number of immigrants to the United States from various parts of Asia. From the data, it is clear that immigration from Asia has drastically grown since 1960. Reprinted from *Migration Policy Institute*, by M. Hanna & J. Batalova, 2021, https://www.migrationpolicy.org/article/immigrants-asia-united-states-2020. Copyright 2021 by MPI.

Meanwhile, Southeast Asian refugees, inclusive of those from the South Asian region, represent the largest refugee group in history to resettle in the US (Southeast Asia Resource Action Center, n.d). Historically, refugees have sought escape due to economic, climatic, and political concerns, especially following South Asian conflicts such as the partition of British India in 1947, and the resulting tensions between India and Pakistan over control of the territory of Kashmir.

While an immigrant is someone who chooses to leave their country of origin, the distinct group named 'refugees' describes people who flee to escape danger or persecution. For the purposes of this study, the paper refers to immigrants and refugees under the term "emigrants."

Female emigrants from South Asia continue to be socially marginalized due to the intersectionality of their race, status as foreign-born, and gender. As a result of these correlations, a large number of South Asian American women face mental health issues. While research on well-being in the United States has grown in recent years, typical literature on mental health tends to group all emigrants from Asia under one group (Hsu, 2004). Even more, there is not a significant number of studies focused on the subcategory of women within this group. Thus, this paper aims to explore the reasons for the distinct mental health issues faced by South Asian women emigrants. The study will accomplish this by providing an in-depth analysis of the factors contributing to poor South Asian mental health for women, stemming from their three constituent identity components.

The paper is split up as follows. The first section details the South Asian cultural norms and pressures that contribute to poor mental health. The next section describes the disparity between mental health issues between South Asian men and women. The subsequent section compares the mental health of South Asian

American emigrants and South Asian American-born people. The final section reflects on the findings, provides suggestions to combat these issues, and lays out future avenues for research and steps to take.

Considering Race: A South Asian Identity

Insufficient mental health care is especially prevalent amongst South Asians, largely due to cultural conceptions about mental health. Studies show that 1 in 5 South Asians in the US report experiencing a mood or anxiety disorder in their lifetime (South Asian Public Health Association, n.d.). Though this percentage is comparable to the overall average percentage of Americans with mental health disorders of twenty percent, a higher number of white people receive mental health treatment than most other groups of people of color. For instance, the University of California Los Angeles found that Asian Americans are 50 percent less likely to seek mental health services as compared to other racial groups (Channa, 2023). As seen in Table 1, Table 2, and Table 3, Asian adults over the age of 18 are also less likely to receive mental health services, prescription medications, and treatment for depressive episodes as compared to non-Hispanic white people (Substance Abuse and Mental Health Administration, 2020).

Table 1. Percentage of adults age 18 and over who received mental health services in the past year, 2019

Asian	Non-Hispanic White	Asian/Non-Hispanic White Ratio
7.0	19.8	0.3

Table 8.17B

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Table 2. Percentage of adults age 18 and over who received prescription medications for mental health services, 2019

Asian	Non-Hispanic White	Asian/Non-Hispanic White Ratio
4.8	16.6	0.2

Table 8.21B

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Table 3. Percentage of adults age 18 and over with past year major depressive episode who received treatment for the depression, 2019

Asian	Non-Hispanic White	Asian/Non-Hispanic White Ratio
51.7	70.2	0.6

Table 8.39B

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This disparity may result from cultural South Asian stigma about mental health. Studies show that self-imposed or personal stigmas affect South Asians more than public stigma. According to the American Psychiatric Association, public stigma involves the "negative or discriminatory attitudes that others have about mental illness" whereas self-stigma alludes to negative attitudes that people with mental illness have about their own condition, such as internalized shame (American Psychiatric Association, n.d.). In Asian cultures, families tend to place honor, pride, and collectivism in high regard, and thus "anomalies" like mental illness are often conventionally viewed as a sign of weakness or a source of shame for the family (Cigna Healthcare, 2020). Thus, these cultural norms and values often mean that South Asians are hesitant to even raise their mental health concerns, resulting in an internal sense of guilt, thus explaining the self-stigma. Likewise, some South Asians believe that seeking help for mental distress is a form of "Western medicine," and therefore unnecessary (Sutter Health, 2012). In reality, however, caring for mental health is not solely a Western medicine concept. There are many traditional South Asian forms of medicine, like homeopathy and Ayurveda, that promote mental serenity.

Moreover, psychological distress is especially dangerous as it often manifests itself in physical forms in South Asians, since people's state of mind is connected to their general wellbeing (South Asian Public Health Association, n.d.). These include sleep troubles, bodily pains, and stomach problems. Since common models of mental health in the US focus primarily on psychological symptoms, the likeliness of having undiagnosed mental health issues increases (Sutter Health, 2012). Furthermore, aligned with the aforementioned stigmas, many South Asians underestimate the impact of mental health on their physical well-being. As a result, mental health statistically remains one of the most neglected facets of health care within the South Asian community.

Studies show that pre-emigration beliefs and hopes influence cultural adaptation, meaning that pre-existing beliefs maintained by South Asians before migrating likely impact their social adaptation to American culture, something called acculturation. In other words, acculturative stress can result from a desire to integrate one's own culture with the traits of the country they move to. According to studies, some of these cultural beliefs include South Asian immigrant parents desiring to fulfill their own dreams by ensuring their child's school success, resulting in the parents maintaining extremely high standards (Bhattacharya and Schoppelrey, 2004). The "model minority" myth, which characterizes the Asian population as more high-achieving economically and educationally than other racial groups, furthers the pressure on South Asians to "excel in school" and succeed. Thus, these unrealistic parental and societal expectations for South Asian students can contribute to poor mental health.

The Influence of Gender

Similarly, South Asian American emigrant women's gender plays a critical and proven role in making them experience mental illness more often and severely.

More broadly, women in the US are more likely to experience mental health issues than men. In 2021, 27% of American women reported some type of mental illness, compared to 18% of males (Vankar, 2023). Just last year, in 2023, the World Health Organization reported that depression is currently 50 percent more common in women than in men.

Why is this the case? From a biological standpoint, recent research suggests that the expression (activity) of genes on the sex chromosomes plays a role in shaping anatomical differences between women and men, such as women being more likely to develop depression (National Institutes of Health, 2020). Furthermore, females have been found to have greater volume in the prefrontal cortex, orbitofrontal cortex, superior temporal cortex, lateral parietal cortex, and insula, whereas on average, men have greater volume in the ventral

temporal and occipital regions. Altogether, these regions are responsible for processing varying types of information and comprise the outer brain layer that controls thinking and voluntary movements. Although there is still a lot of scientific research needing to be done on the brain anatomy's role in shaping people's susceptibility to mental health illnesses, piecing together this information can help explain the gender mental health disparity.

Even more, women's brain wirings result in higher levels of empathy and emotional understanding as compared to men; however, these qualities can also worsen depression, anxiety, and trauma (Turnbridge, n.d.). In other words, not only do women's brain compositions make them more susceptible to mental health disorders, but also they experience mental health illnesses differently, and to a greater extent than men do.

Aside from scientific explanations, women's lived experiences and societal expectations can negatively influence their mental health. Traumatic experiences including assault, rape, and domestic abuse can lead to PTSD, depression, anxiety, poor sleep, and other health issues (Turnbridge, n.d.). Similarly, the gender pay gap, rising cost of childcare, minimal or non-existent paid maternity leave, and expectation of women to be nurturing, warm, attractive, and friendly can all contribute to poor self-esteem and chronic stress for women.

Zooming into the disparity in mental health between emigrant men and women, studies show that female migrants are especially vulnerable to migration-related stressors and mental health distress due to traumatic experiences (Turcios, 2023). In conjunction with any trauma they may carry or Post-traumatic stress Disorder symptoms they may experience as a result of migrating, emigrant women are still prone to the aforementioned sexual violence and societal expectations that cause inferior mental health. Also, studies found stress from familial separation to be associated with elevated anxiety and depression symptoms among immigrant women, whereas this association was not as apparent for immigrant men (Hiott et al., 2006).

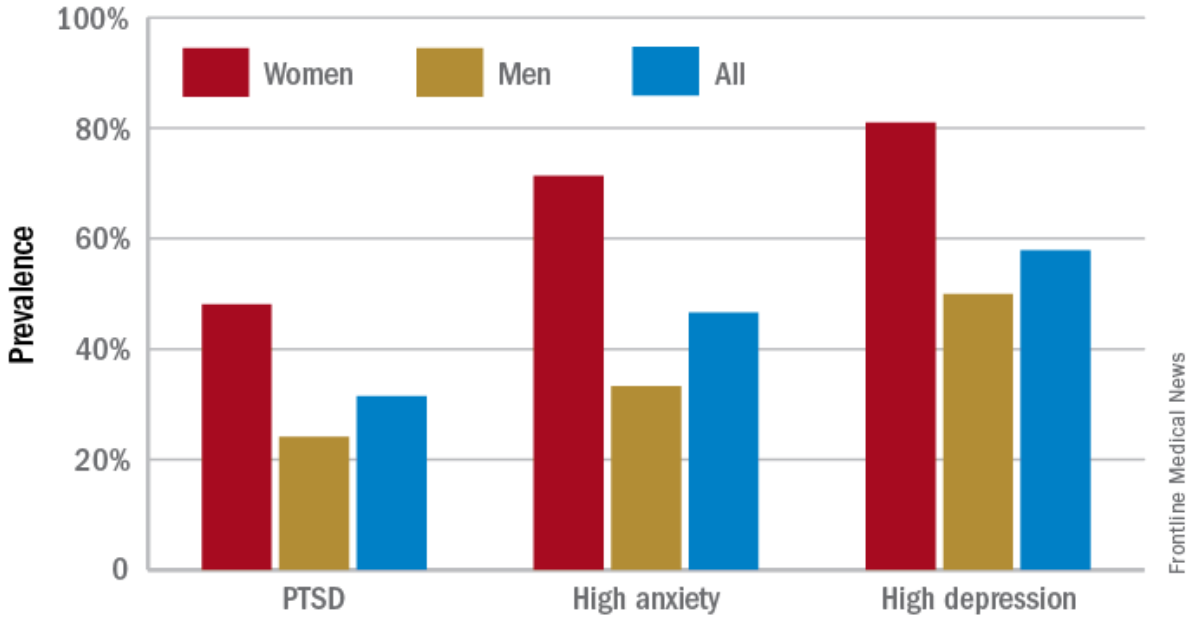

Figure 2.

Mental Health Screening Results in Resettles Syrian Refugees

Note. This figure demonstrates the mental health screening results for men vs. women for a population of Syrian refugees who resettled to the US when considering PTSD, High anxiety, and High depression. Reprinted from MDedge, by B. Jancin, 2017, https://www.mdedge.com/psychiatry/article/140148/ptsd/almost-one-third-syrian-refugees-us-met-ptsd-criteria. Copyright 2024 by the Frontline Medical Communications Inc.

Figure 2 is specific to a specific sub-group of Asian-American (Syrian) refugees, given that research on mental health specific to South Asian refugees is limited (Jancin, 2017). Nevertheless, this graph helps represent the disparity in mental health conditions/illnesses (such as PTSD, high anxiety, and high depression) between men and women, as the prevalence for women is higher in all three categories.

Gender plays a unique role when considering acculturation and its effects on mental health since cultural conflict, such as inter-generational conflict at home, is a major source of stress. A study in the UK (whose results may correlate with the US population as well) found a higher prevalence of eating disorders among South Asian women coming from "the most traditional homes," and thus maintaining the lowest levels of acculturation (Karasz et al., 2019). These "traditional" homes typically uphold conventional gender roles and norms, which may include patriarchal values and suppress women, thus explaining the association.

More generally, South Asian women have been found to have a unique susceptibility to self-harm and other destructive tendencies—likely due to their demographic characteristics—making them more prone to mental illnesses, like depression, anxiety, insomnia, and eating-related psychopathology (Karasz et al., 2019). Once again, these disproportionately high rates of mental illness may carry physical implications, such as the increase in the risk for the onset of cardiovascular disease and cancer. This justifies the need for more attention on the mental health illnesses of those who identify as part of this population.

Their Status as Emigrants

Finally, given the nature of their life instability, emigrants are more likely to go through traumatic experiences that can negatively impact their mental health. While both immigrants and refugees may experience familial separation, acculturation stress, social isolation, and more, this is especially evident for refugees, given that they are forced to flee their home country due to war, violence, or persecution.

In fact, around one out of three asylum seekers and refugees experience high rates of depression, anxiety, and post-traumatic stress disorders (American Psychiatric Association, n.d.). While pre-migration influences, namely the home country violence, contribute to their high rate of mental illness, post-migration stressors can also play a large role when prevalent. Prolonged detention, insecure immigration status, limitations on work and education, poverty, and unstable housing can worsen the mental health of refugees.

Besides refugees' increased vulnerability to mental health problems, they do not receive an adequate amount of mental healthcare service as compared to the native-born population. Some of the barriers to receiving adequate health care include insufficient education about the opportunities from the mental health care system, a lack of financial resources, language or communication difficulties, or even discrimination such as provider refusal to care for refugees. As a result, only about 3 percent of refugees are referred to mental health services following screening (American Psychiatric Association, n.d.).

On the other hand, studies show that the mental health of immigrants initially tends to be better than that of the native-born population. Nevertheless, the mental health of immigrants commonly gradually deteriorates to match that of the general population. One study proved this, by showing that the rates of depression and other disorders were lower for new immigrants to the US, with an initial odds ratio of 0.7 and a 95 percent confidence interval of 0.5-0.9, but rose over time to local levels (Kirmayer et al., 2011).

In some extreme cases, immigrants can develop what is called "Ulysses Syndrome." Ulysses Syndrome, also called "Immigrant Syndrome," is not a mental disorder, but rather a set of modern migrant reactions involving chronic and multiple stress. Even though this syndrome is not a mental health illness, many of the symptoms are similar (ex: depression, anxiety, dissociation, etc), thus making the syndrome important in understanding the mental health of immigrants.

More specifically, a study showed that over 45 percent of a study population composed of Asian American immigrants (intended to be representative of the entire national Asian American adult population) reported experiences of discrimination stress and discrimination acculturative stress (related to discrimination against

ethnicity/race, language, or national origin). Likewise, almost 20 percent reported experiences of legal stress (related to concerns about legal status). In 2021, one in two Indian Americans reported being discriminated against, with the basis of skin color being named as the most common form of prejudice (Badrinathan et al., 2021). Given that all South Asian American immigrants, not just Indian Americans, experience frequent discrimination in the US, increasing discrimination, and thus increasing mental health problems, are very likely.

Conclusion

This paper discusses the individual components that comprise South Asian American women emigrants' identities. Each facet of their identity and their experiences brings a unique set of pressures that negatively impact their mental health. Besides being individually detrimental, their identifying traits are intersectional, and this study aims to show how they function together to influence this population's mental health.

Researching these connections is important to combat this population's mental health issues. As a pluralistic society, we must first educate ourselves on the struggles faced by minorities and marginalized groups, such as South Asian American women emigrants. If we do not understand the group-specific needs and barriers they face, we cannot attempt to invoke change effectively.

Besides learning about the distinct contributing factors that negatively influence South Asian American emigrant women's mental health, it is of equal importance to consider how to improve the situation. Thus, future avenues of research and action may include brainstorming potential solutions to the discussed mental health issues, such as building affinity groups for this sub-population, increasing awareness of statistics regarding their mental health status, creating specific South Asian female emigrant targeted mental health programs, and researching other minority groups to further understand the intersectionality of race, gender, and status. While the path to providing adequate healthcare to all marginalized and minority groups like South Asian American women emigrants' is long, understanding their intersections and respective influences is a great first step to take.

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