



Immigrant South Asian Women in the United States

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Fact Sheet for Mental Health Practitioners

This fact sheet brings together a few of the sociocultural factors and issues that are relevant in the lives of first generation South Asian women in the United States. This factsheet is to be used as an introduction and generalizations should not be made to all South Asian woman.

Introduction/ Who are South Asians

4.3 million South Asians live in the U.S. The population includes people with ancestry from Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and the Maldives and members of the South Asian Diaspora across the world (Hoeffel et al., 2010; South Asians Americans Leading Together, 2015).

The Family & Traditional Partnership

Traditional South Asian families tend to follow collectivistic societal norms. Family identity is primary as compared to an individualistic identity. The family, in turn, follows the social rules and expectations of the community. This community may be their immediate community or one in their country of origin. Additionally, the household may also be multigenerational. In both traditional and modern marriages, parents and extended family influence how a marriage functions. (Dupree et.al., 2013; Medora, 2003 & Verma, 1989).

Important Factors Influencing the Power of Women in the South Asian Family

Gender Roles Following a patriarchal system, females are placed in a subordinate position (Purkayastha, 2000; Fikree & Pasha, 2004 and Nagaraj, 2016). Men typically have greater authority and influence in heteronormative marital relationships (Dupree, et al., 2013). Women are expected to hold the traditional role of caretaker of the household irrespective of their employment status outside the home (Talbani & Hasanali, 2000)

Age Older family members such as mother and father of the husband tend to hold more power and respect (Das and Kemp, 1997; Dupree et al., 2013; & Rastogi, 2007)

Arrange Marriages are common in the community (Chaudhuri, et al., 2014; Das & Kemp, 1997; Hodge, 2004). Grooms are selected or approved by the family when chosen by the bride herself (Chaudhuri et al., 2014). The patriarchal power structures are validated by these process of arranged marriage (Chaudhuri, et al., 2014)

Parental Role The women's most important role in the community is raising children (e.g., nurturing and emotional devotion (Baptiste, 2005; Chaudhuri, et al., 2014, Das & Kemp, 1997; Inman et al., 2007; Ramisetty-Mikler, 1993)

Challenges of Immigration

For women, immigration brings acculturative stress magnified by complex factors, such as:

- Language and communication barriers (Tummala-Narra, 2013)

- Painful separation from family back home (Das & Kemp, 1997; DuPree et al., 2013; Rastogi, 2007)
- Navigating the acculturation process (Das & Kemp, 1997; DuPree et al., 2013; Rastogi, 2007)
- Dependency on husbands for legal status, creating subordinate position (Kallivayalil, 2010)
- Racism, such as being stereotyped as passive, weak, submissive, exotic, subservient, asexual, hypersexual, and model minority (Patel, 2007; Tummala-Narra, 2011; 2013)
- Intergenerational gap between first generation immigrant women and second-generation children may lead to conflict and discord in household (Samuel, 2009)

Sexuality

- In traditional South Asian families, sex and sexuality are taboo subjects (Abraham, 1999)
- A woman's virginity is expected before she marries. Traditional South Asian communities are socialized to believe that sex for women before marriage is shameful leading to loss of family honor and social ostracism for the entire family including extended family and those in home country (Abraham, 1999)

Sexual abuse of immigrant South Asian women in the family Sexual assault can manifest in different ways, sometimes in silence: (Abraham, 1999; Kallivayalil, 2010; Dasgupta, 2007):

- Marital rape and coerced sex in marriage. Women may not perceive this as rape, as marital sex is also perceived as duty (Abraham, 1999)
- Control of reproductive rights. The husband or his family may dictate when to get pregnant or to abort a baby (Abraham, 1999; Schornstein, 1997)
- Sexual intimidation by controlling women's sexuality. The husband may flaunt an extramarital affair or force her to watch pornography, engage in unwanted sexual acts (Abraham, 1999)
- Sexual assault, molestation, unwanted physical touching by a male relative in the household other than a husband (Abraham, 1999)

Common Mental Health Concerns

- Social stressors, such as acculturation stress, abuse, gender discrimination and lack of emotional support may culminate into emotional distress and symptoms (Karasz et al., 2013)
- Depression, anxiety, PTSD, eating disorders, substance abuse and suicide (Bhugra, 2002 & Tummala-Narra, 2013)
- Level of depression correlates with family conflict, lack of self-esteem, and a deficit in social support (Mui & Kang, 2006; Hovey, 2000; Hovey & Magana, 2002; Samuel, 2009)
- Relationship Violence (Nagaraj, 2016; Robertson, Vyas & Nagaraj, 2015)

Considerations when working with South Asian Women

- Immigrant South Asian women:
 - may express distress through physical or somatic symptoms (Tummala-Narra, 2013)
 - may not attribute symptoms (e.g., such as anxiety, sadness, exhaustion) to mental health concerns to attend to, rather they may perceive it as a normal response to social problems (Karasz, Patel, Kabita, & Shimu, 2013)
 - find it easier to access medical treatment for their physical ailments as compared to any emotional and mental health challenges that may have appeared due to trauma, abuse or other social and familial cause (Kallivayalil, 2010)
 - may be more likely to seek help within their community (Tummala-Narra, 2013)
 - have cultural identities marked by language, friendships, social organizations, religion, cultural traditions and politics (Talbani & Hasanali, 2000)
 - may have community and language specific descriptions of symptoms. For example, Hindi: "Chinta" (worry) or "chinta rog" (worry sickness) are common terms. "Tension" or "tension rog" (tension sickness) (Karasz, Patel, Kabita, & Shimu, 2013)

Community Specific Strengths and Interventions

- Many women may hold a holistic view of health that does not separate physical and mental distress (Navsaria & Petersen, 2007), therefore holistic attention is helpful
- Acknowledgment of the individual and collective resilience of women and their family is important (Tummala-Narra, 2013)
- Consideration of circumstances of immigration, accessing support from family and community, experiences of racism and other discriminations, English language fluency, education, social class and cultural beliefs, and sexual orientation are essential (Tummala-Narra, 2013)
- Shame and taboo related to mental health issues are prevalent in the community. Destigmatization efforts that focuses on changing the perception of mental illness and treatment is recommended (Arora, Metz & Carlson, 2016)

Resources for South Asian Women

www.maitri.org
www.sakhi.org
www.narika.org
www.ashaforwomen.org
www.manavi.org

Organizations and initiatives working with South Asian Mental Health

<http://samhin.org/south-asian-culture-and-mental-health/>
<http://mysahana.org/>
www.saalt.org

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