



A Second Look



Depression Among Arab American and Arab Immigrant Women in the United States

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The current political period in the United States presents particular challenges for Arab and Muslim U.S. citizens and immigrants. There are approximately 3.7 million Arab Americans living in the United States who trace their ancestral, cultural, or linguistic identity or heritage back to one of 22 Arab countries (Arab

American Institute Foundation, 2014). War, sectarian conflict, and poverty have prompted Arab immigration to the European and American continents in multiple waves over the past century and a half (Abraham, 1994). Like many other groups who have immigrated to the United States throughout history, people of Arab

Abstract The difficult and tense political climate Arab populations are currently facing may be exacerbating mental health issues, reducing forms of social support in friend circles, and decreasing the desire to seek health care. There is room to better understand the mental health needs of Arab women residing in the United States and to develop policies and interventions that keep these women safe and in care. This column reviews two recent studies; the first examines barriers to reporting intimate partner violence and depression among Arab American women and the second highlights stressors and social support for Arab women immigrants throughout their immigration experience. <http://dx.doi.org/10.1016/j.nwh.2017.08.003>

Keywords Arab Americans | depression | immigrants | intimate partner violence | mental health



origin have unique cultural and social challenges that make understanding and tackling the health needs of this particular population a challenge.

People of Arab origin have experienced increasing discrimination in the past 20 years in the United States. Ensuring that Arab Americans and immigrants receive comprehensive and

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culturally appropriate health care is an understudied area of research and clinical practice. There are many challenges to understanding the needs of this population, including the inability to properly identify this population because of limited racial and ethnic identifiers (i.e., Middle Eastern populations are instructed to check White on race/ethnicity forms; Abuelezam et al., 2017). Recruiting this population outside of densely populated areas is particularly difficult given the challenges associated with identification and cultural barriers (e.g., ensuring privacy, engaging senior family members, and explaining processes on how research could benefit the Arab American community) to research (Timraz et al., 2017). In this context, understanding Arab American and Arab immigrant women's barriers to care is particularly important. The particular challenges Arab American and Arab immigrant women face in the United States have not been thoroughly characterized, and the role of nurses in the care of this population has not been emphasized.

This article highlights two recent studies that examine the barriers to care and mental health issues that Arab American and Arab immigrant women face in the United States, and it provides women's health nurses an opportunity to stay up to date on the particular health needs and challenges that Arab women are facing so that they can provide culturally competent care to diverse populations. In the first study, Kulwicki, Ballout, Kilgore, Hammad, and Dervartanian (2015) described the relationship between intimate partner violence, barriers to care, and depression among Arab American women who

have long tenure in the United States. In the second study, Aroian, Uddin, and Blbas (2017) reported on the longitudinal impact of stress and social support on depression in a group of Arab immigrant women living in the United States. Both of these studies provide Level II-3 evidence (see Box 1).

First Study

Kulwicki et al. (2015) aimed to understand barriers to reporting intimate partner violence and depression among Arab American women and to better understand the relationship between intimate partner violence and depression in this population.

Design, Sample, and Data Analysis

Researchers used a cross-sectional survey that was administered in English or Arabic to a group of conveniently sampled Arab American women in a Midwestern U.S. city in Michigan. Women were included in the study if they were 18 years or older and in an intimate relationship. Women were recruited from mosques, homes, and facilities visited by Arab American women. The survey consisted of three different measures, including the Barrier to Service Utilization, the Center for Epidemiologic Studies–Depression Scale, and the Danger Assessment Scale, in addition to the collection of basic demographic information.

The final sample consisted of 312 Arab American women with a mean age of 36 years and an average tenure in the United States of 15 years. Most women were Muslim (94%), religious (57%), unemployed (71%), and financially dependent on their partner (59%). The quantitative survey data were analyzed to produce descriptive, correlational, and inferential statistics. Pearson's correlation statistics were calculated to test the relationship between intimate partner violence, depression, number of years living in the United States, and barriers to service use. Hierarchical multiple regression was used to test the relationship between years living in the United States, barriers to service use, and depression.

Findings

A high prevalence of intimate partner violence was found among Arab American women that supports observations in other studies

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