



Perceived discrimination, socioeconomic status, and mental health among Latino adolescents in US immigrant families



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ABSTRACT

The association between interpersonal discrimination and mental health among Latino adolescents has been relatively well studied. Less is known about perceived societal discrimination or how discrimination may differentially impact Latino adolescents with recent immigration histories. Further, while personal and family characteristics have often been posited to influence the association between discrimination and health outcomes, little attention has been paid to potentially moderating influences of social status. Using data from the first two rounds of the Children of Immigrants Longitudinal Study (CILS) study, we estimate a series of logit regression models to investigate the association between discrimination (societal and interpersonal) and mental health (depressive symptoms and self-esteem) among Latino adolescents with recent immigration histories, and test how this association differs by parental socioeconomic status (SES). Results show a negative association between perceived societal and interpersonal discrimination and mental health, inconsistent associations between SES and mental health, and some evidence of a moderating role of parental SES. Specifically, higher SES appears to attenuate the detrimental effect of discrimination on depressive symptoms, particularly in contexts of interpersonal discrimination. Our findings support increased attention to measuring the impact of perceived societal discrimination on mental health outcomes as well as further examination of the intervening role of social status.

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1. Introduction

Latinos are currently the largest ethnic minority group in the United States, comprising over 16% of the population (U.S. Census Bureau, 2014). Children defined as ethnically Latino are the largest and fastest growing segment of the population, currently accounting for approximately a quarter of all children (Federal Interagency Forum on Child & Family Statistics, FIFCFS [FIFCFS], 2014; Fry & Passel, 2009). Additionally, a majority of the children born to at least one immigrant parent are ethnically Latino (Passel & Cohn, 2011).

Latino immigrant families face a number of stressors associated with the immigration process, including exposure to high rates of discrimination. Though the association between interpersonal discrimination and mental health in Latino adolescents has been relatively well studied (Berkel et al., 2010; Fisher, Wallace, & Fenton, 2000; Greene, Way, & Pahl, 2006; Portes & Rumbaut, 2001; Rumbaut, 1994; Smokowski & Bacallao, 2007; Zeiders, Umaña-Taylor, & Derlan, 2012), much less is known about the effects of perceived group-level discrimination. Further, although personal characteristics such as acculturation and ethnic identity have been hypothesized to explain how Latino mental health

can be protected even in situations of high discrimination (Delgado, Updegraff, Roosa, & Umaña-Taylor, 2009; Phinney, Cantu, & Kurtz, 1997; Romero & Roberts, 2003), less attention has been paid to structural indicators, such as social status, and how they may moderate the impact of discrimination.

This study addresses these gaps by examining the role of parental socioeconomic status on the association between various measures of perceived discrimination and two indicators of mental health, depressive symptoms and self-esteem,¹ among Latino adolescents with recent immigration histories.

2. Literature review

2.1. Perceived discrimination and mental health

Latino immigrant families face a number of stressors associated with the processes of immigration and integration into a new host culture. One of the most commonly cited and studied stressors is the experience of discrimination (Alegria & Woo, 2009; Lee & Ahn, 2012), which can be defined as “a behavioral manifestation of a negative attitude, judgment,

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¹ By “mental health” we do not imply the presence or absence of illness. Instead, we intend the term “mental health” to be considered synonymously with concepts such as “mental wellbeing” or “psychological health”.

or unfair treatment toward members of a group” (as cited in Pascoe & Richman, 2009, p. 533). Research has long documented the deleterious effects of discrimination on measures of the target’s mental health (Berkel et al., 2010; Gee, 2002; Karlsen & Nazroo, 2002), with results indicating, on the whole, a negative association between perceived discrimination and mental health that persists across indicators (Pascoe & Richman, 2009).

Discrimination most often emerges in one of two forms: (1) that which is targeted at an individual, and (2) that which is targeted at the group to which an individual belongs. Both forms of discrimination are hypothesized to meaningfully affect the developmental trajectory of Latino adolescents, affecting immediate and long-term psychological functioning (García Coll et al., 1996). The impact of individually-targeted discrimination, often labeled *interpersonal discrimination* (Link & Phelan, 2001), among Latino adolescents is relatively well understood. Evidence suggests that a majority of Latino adolescents report experiencing interpersonal discrimination for reasons such as perceived ethnic identity, perceived English-language ability, or perceived immigration status (Dovidio, Gluszek, John, Dittmann, & Lagunes, 2010; Rumbaut, 1994). Perception of interpersonal discrimination is associated with lower levels of self-esteem, higher levels of depressive symptoms, and diminished academic performance among Latino adolescents (Berkel et al., 2010; Edwards & Romero, 2008; Fisher et al., 2000; Greene et al., 2006; Portes & Rumbaut, 2001; Rumbaut, 1994; Smokowski & Bacallao, 2007; Umaña-Taylor & Updegraff, 2007). While perceived discrimination is cross-sectionally predictive of lower self-esteem and higher levels of depressive symptoms, it also has also been found to be predictive of attenuated growth rates of self-esteem (Zeiders et al., 2012) and more pronounced increases in depressive symptoms during adolescence (Greene et al., 2006).

Much less is known about the impact of discrimination targeted at the group to which one belongs, particularly among Latino adolescents. Part of the lack of clarity regarding group-level discrimination may be explained by the fact that the concept is referenced by different labels, including *societal discrimination*, *institutional discrimination* (Link & Phelan, 2001), *racial awareness* (Benner & Graham, 2013) and, more loosely, *public regard* (Sellers, Smith, Shelton, Rowley, & Chavous, 1998). However, some researchers have considered how different types of discrimination may be differentially associated with health outcomes. For example, recent research considering group-level discrimination separately from interpersonal discrimination in a sample of Latino adolescents reported that while certain types of interpersonal discrimination were predictive of psychological distress, no impact of group-level discrimination on mental health was found (Benner & Graham, 2013). Conversely, other research reported that Latino adolescents rated perceived group-level discrimination as more stressful than perceived interpersonal discrimination (Edwards & Romero, 2008).

Further investigation into the differential effects of various types of discrimination is warranted as research documents lower rates of reported interpersonal discrimination than group-level discrimination, a phenomenon labeled the *personal/group discrimination discrepancy* (Taylor, Wright, Maghaddam, & Lalonde, 1990). This discrepancy is hypothesized to be explained by cognitive processes that allow interpersonal discriminatory experiences to be perceived as non-discriminatory by those in relatively disadvantaged social positions, despite concurrent acknowledgement that the socially disadvantaged *group* to which the individual belongs is a target of discrimination (Major et al., 2002; Ruggiero & Taylor, 1995).

2.2. The role of socioeconomic status

2.2.1. Socioeconomic status and mental health among Latino adolescents

Mental health problems concentrate at the lower levels of social position, increasing the risk for psychiatric disorders according to relative disadvantage (Dohrenwend & Dohrenwend, 1974). This appears

to be particularly true in relation to socioeconomic position, with those with fewest socioeconomic resources evidencing the worst mental health outcomes (Adler et al., 1994). A socioeconomic gradient in adult health outcomes has been documented for over a century (Marmot, Ryff, Bumpass, Shipley, & Marks, 1997) and evidence from child samples suggests a similar pattern (Brooks-Gunn & Duncan, 1997; Costello, Keeler, & Angold, 2001; Dearing, McCartney, & Taylor, 2006; Xue, Leventhal, Brooks-Gunn, & Earls, 2005).

However, this pattern does not appear to hold for the immigrant population in the United States. Foreign-born Latino adults evidence better mental health outcomes than their second- and third-generation peers (Alegria, Mulvaney-Day, Torres, & Guarnaccia, 2007), and this finding has been replicated among youth: first- and second-generation immigrant children and adolescents evidence better mental health than their U.S.-born peers from comparable ethnic and socioeconomic backgrounds (Crosnoe, 2006; Harker, 2001). The absence of graded degradation in mental health functioning, based in relative socioeconomic disadvantage, has been labeled the *epidemiologic paradox* (Karno & Edgerton, 1969).

Despite this documentation, it is not clear exactly why this paradox occurs (Kyriakos & Coreil, 1986) or how well this paradox holds across mental health indicators among second- and later-generation children of immigrants. For example, research suggests that health advantages evident among Mexican-American children of immigrants at birth disappear by early childhood (Padilla, Hamilton, & Hummer, 2009). Whether or not that pattern is true in terms of mental health outcomes, and whether it is consistent across Latino subgroups, is less clear. While children of immigrant mothers have been found to evidence lower levels of teacher-reported mental health problems, research also suggests that children of immigrants may evidence higher levels of parent-reported internalizing problems than children of native-born parents (Crosnoe, 2006; Jackson, Kiernan, & McLanahan, 2012). Further, research has documented higher rates of depressive symptoms among general samples of Latino youth when compared to other ethnic majority and minority groups (for a review, see Anderson & Mayes, 2010), implying that any benefit of recent immigration on mental health may dissipate across subsequent generations.

2.2.2. Socioeconomic status as a moderator of the association between discrimination and mental health

Interested scholars have recently called for investigations to consider how structural, rather than interpersonal, factors may support the mental health of the Latino immigrant population (Alegria & Woo, 2009; Gonzales, Fabrett, & Knight, 2009). These calls align with previous demands for investigations that examine the development of minority youth to carefully consider social stratification systems, including socioeconomic status (García Coll et al., 1996). Despite some acknowledgement of a potential moderating effect of socioeconomic status on the association between discrimination and mental health in the wider discrimination literature (e.g., Kessler, Mickelson, & Williams, 1999; Williams, Yu, & Jackson, 1997), these links have rarely been explicitly examined in the Latino population, or among Latino children of immigrants (Lee & Ahn, 2012).

Although previous research has persistently reported main effects of socioeconomic status and discrimination on mental health, findings are mixed regarding a role of perceived discrimination in the association between socioeconomic status and mental health or, alternatively, the role of socioeconomic status in the association between discrimination and mental health (Hudson et al., 2012). Instead, variability in the effect of perceived discrimination on mental health among Latinos has largely been attributed to interpersonal factors such as differential vulnerability, personality factors, coping resources, and access to social support (Alegria & Woo, 2009; Noh, Beiser, Kaspar, Hou, & Bummens, 1999; Pascoe & Richman, 2009; Umaña-Taylor, 2004; Umaña-Taylor & Updegraff, 2007) while largely ignoring the potential impacts of structural factors.

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