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Self-rated health, gender, and acculturative stress among immigrants in the U.S.: New roles for social support

Sarita Panchang[a,*], Hilary Dowdy[b], Rachel Kimbro[b], Bridget Gorman[b]

[a] University of South Florida, College of Public Health, 4202 E. Fowler Ave., Tampa, FL 33620, USA
[b] Rice University, Department of Sociology, 6100 Main Street, Houston, TX 77005, USA

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ABSTRACT

Background: Based on different outcomes, immigrants to the U.S. may experience a decline in health with length of time or acculturation. Acculturative stress is often applied as an explanation for these changes and may be impacted by social supports and social networks, but more information is needed on the specific role of each. Thus far little research has examined acculturative stress and health by both ethnicity and gender.
Methods: Drawing on the 2002–2003 National Latino and Asian American Study (NLAAS), we examine data on a nationally-representative sample of foreign-born Latino (N = 1,627) and Asian (N = 1,638) adults living in the United States. We examine relationships between acculturative stress and self-rated physical and mental health, as well as the potential role of social support factors, with a primary focus on gender.
Results: As a group Latinos report more acculturative stress than Asians. However, among Latino immigrants acculturative stress has no association with health, and for Asian immigrants there is an association with physical health among women and mental health among men – but only the latter persisted after adjusting for controls. We do find that among Latino men and women, acculturative stress is health damaging when specific types of social support are low but can even be health promoting at higher support levels.
Discussion: While self-rated health differs among immigrant groups, we find that acculturative stress may not be the primary driving force behind these differences, but interacts with specific elements of social support to produce unique impacts on health by gender and ethnicity.

1. Introduction

Immigrants are the fastest growing segment of the U.S. population, increasing from 4.7% of the total population in 1970 to about 13% in 2014 (American Community Survey). Increased immigration continues to drive scholarly and political debates centering on processes such as the "healthy immigrant effect," whereby immigrants initially appear healthier than the native-born on a number of indicators (Hummer et al., 1999), but over time their health deteriorates to the level of the native-born (Markides & Eschbach, 2005). Acculturation and acculturative stress, theoretical concepts that highlight changes that arise following contact between individuals and groups of different cultural backgrounds (Sam & Berry, 2006)

* Corresponding author.
E-mail addresses: panchang@mail.usf.edu (S. Panchang), hilary.dowdy@gmail.com (H. Dowdy), rtkimbro@rice.edu (R. Kimbro), bkgorman@rice.edu (B. Gorman).

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constitute one explanatory pathway for the healthy immigrant effect. Scholarship suggests that immigrants who retain the traditions, languages, and practices of their origin country may be at lower risk for health problems than immigrants who are more highly acculturated (Hwang, Chun, Takeuchi, Myers, & Siddarth, 2005). Yet the simplicity of this pathway is being increasingly challenged (John, de Castro, Martin, & Duran, 2012) and more insight is needed on mechanisms through which acculturation shapes health outcomes. Social stress theories suggest that stressful life events are structural in nature and occur systematically along certain boundaries of disadvantage; they also suggest that social support, along with coping, can play a key role in buffering the effects of these life events on negative self-concepts which can impact well-being (Pearlin, Menaghan, Lieberman, & Mullan, 1981). A number of studies indicate the influence of social support and social networks on immigrant well-being, but findings vary based on the way these factors are operationalized. Similarly, the impact of social stress on health is a gendered process (Read & Gorman, 2010), and though some research has pointed to the way gender shapes acculturation (Parrado & Flippen, 2005), few studies have investigated the links between gender, acculturative stress, and health.

2. Background

2.1. The healthy immigrant effect

Employing a variety of indicators such as mortality, self-rated health, BMI, health behaviors, and psychological disorders, research on immigrant health suggests that the health advantages experienced by immigrants decline throughout the life-course to levels at – or worse than – the native-born population (Menjívar, 2006), possibly because many immigrants lack access to insurance and healthcare (Ku & Matani, 2001). While international studies are not extensively discussed here due to the diversity in context, there is evidence of similar trends in Canada (Newbold, 2005) and Sweden (Wiking, Johansson, & Sundquist, 2004).

Evidence suggests that the healthy immigrant effect occurs among both Asian and Latino immigrants. Among Latinos, one of the most extensively researched immigrant groups in the US, this has been most strongly documented through mortality (Hummer, Powers, Pullum, Gossman, & Frisbie, 2007). Other outcomes such as BMI or cardiovascular disorders deteriorate to levels at or worse than the native born with time spent in the U.S. especially among Latinos (Antecol & Bedard, 2006; Markides & Eschbach, 2005). For mental health, lower rates of psychiatric disorders relative to the U.S. born have been reported (Vega et al., 1998). The immigrant advantage in physical health is also generally supported through studies among Asians (Singh & Siahpush, 2001; Zhang & Ta, 2009), and mental health research assessing both self-rated health as well as psychological conditions suggests that Asian immigrants are healthier than the native born (Zhang & Ta, 2009). First-generation Asians, especially women, are at lower risk for lifetime substance use disorder than later generations (Takeuchi et al., 2007), and immigrants who arrived within the last four years are less likely to report poor or fair physical health than the US-born (Zhang & Ta, 2009). This may be because those who arrive during early youth may be more educated (Leu et al., 2008). On the other hand, migrating during adolescence without clear goals may be a predictor for depressive disorders (Gong, Xu, Fujishiro, & Takeuchi, 2011), while Asian immigrants who arrive late in the life-course show a lower prevalence of mood dysfunction, possibly pointing to the relevance of life stage and the decision to migrate (Leu et al., 2008).

Indeed, findings have uncovered the importance of acculturative factors besides age at migration or time spent in the US; (Kimbro, Gorman, & Schachter, 2012), for example, found that among Asian and Latino groups, bilingualism tended to be associated with better self-rated health but that other acculturative predictors varied strongly by ethnic group. Thus, the traditional concept of acculturation whereby all immigrant health declines in a time-linear fashion, is being increasingly challenged. Authors suggest several sources of variation in trends: structural reasons such as laws on immigration and healthcare access, as well as the possibility that acculturation may generally increase awareness of one's health over time, causing an overall decline in self-assessed health (Newbold, 2005). These factors may account for findings that conflict based on the specific indicator (Frisbie, Cho, & Hummer, 2001; Salant & Lauderdale, 2003; Zhang & Ta, 2009), as well as ethnic variation in how quickly immigrant health declines (Antecol & Bedard, 2006).

2.2. Acculturative stress and social support

Acculturative stress is one concept put forth by scholars that sheds more light on immigrant health trends (Berry, 1998, 2003). This stress is derived specifically from migration processes and encompasses five domains: physical difficulties inherent to migrating, biological changes such as shifts in diet and exposure to new diseases, social uncertainty, cultural isolation, and psychological struggle (Berry, Kim, Minde, & Mok, 1987; Weaver, 1993). At the same time, there is debate about the underpinnings of acculturation and acculturative stress. As mentioned previously, the generally linear nature of early conceptions of acculturation has been critiqued on theoretical and methodological grounds. Some have suggested that rather than considering groups as "more" or "less" acculturated, acculturation could be considered as occurring across specific dimensions, such as behaviors, values, and identity (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). Amidst these debates, various researchers have investigated acculturative stress as a key underlying factor in immigrant well-being, finding associations with risk of depression (Weaver, 1993), anxiety (Miranda & Umhoefer, 1998), interpersonal problems (Nicholson, 1997), and lower self-reported mental health (Firestone, Harris, & Vega, 2003). Many of these findings focus on Latino