

IMMIGRANT ADOLESCENT DEPRESSION AS A FUNCTION OF PREFERENCE FOR AMERICAN WAY OF LIFE

Araştırma Makalesi / Research Article

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Serra HATİPOĞLU

Alabama Üniversitesi Birmingham, Fen Edebiyat Fakültesi, Sosyoloji Bölümü
sserra@uab.edu

ORCID No: 0000-0002-1344-3244

Magdalena SZAFŁARSKİ

Alabama Üniversitesi Birmingham, Fen Edebiyat Fakültesi, Sosyoloji Bölümü
szaflam@uab.edu

ORCID No: 0000-0002-6228-1405

ABSTRACT

Health disparities affect immigrant adolescents, but the role of parental acculturation in immigrant adolescent mental health remains unclear. We examined associations of parental acculturation, social ties, and importance of cultural heritage with adolescent depression using data from the Children of Immigrants Longitudinal Study (n=1,765). Adolescent depression was assessed with the Center for Epidemiologic Studies-Depression scale and parental acculturation with English proficiency and preference for American way of life. Regression analysis results showed parental preference for American way of life to be associated with lower levels of adolescent depression, independently of other factors, but English proficiency had no association. Greater congruence in preference for American lifestyle between immigrant parents and their children appears protective for adolescent mental health. Understanding of different dimensions of parental acculturation and their relationships to adolescent mental health is key and warrants further research.

Keywords: Acculturation, Immigrant, Adolescent, Mental health, Children of immigrants.

TERCİH EDİLEN BİR FONKSİYON OLARAK AMERİKAN YAŞAM TARZI VE GÖÇMEN ERGEN DEPRESYONU

ÖZ

Sağlık eşitsizlikleri göçmen ergenleri etkilemesine rağmen göçmen ergen ruh sağlığında ebeveyn kültürleşmesinin rolü belirsizliğini korumaktadır. Bu çalışmada Göçmen Çocuklar Boylamsal Çalışmasından (n=1,765) (Children of Immigrant Longitudinal Study) elde edilen veriler kullanılarak ebeveyn kültürü, sosyal bağlar ve kültürel mirasın önemi ile ergen depresyonu arasındaki ilişkiler incelenmiştir. Ergen depresyonu, Epidemiyolojik Araştırmalar Merkezi-Depresyon (Center for Epidemiologic Studies-Depression) Ölçeği ile ebeveyn kültürleşmesi ise İngilizce dil yeterlilikleri ve Amerikan yaşam tarzı tercihleri ile ölçülmüştür. Uygulanan regresyon analizi sonucunda, Amerikan yaşam tarzına yönelik ebeveyn tercihinin, diğer faktörlerden bağımsız olarak, daha düşük ergen depresyon seviyeleri ile ilişkili olduğunu göstermiş, ancak ebeveyn İngilizce dil yeterliliği ile ergen depresyon seviyesi arasında bir ilişki görülmemiştir. Göçmen ebeveynler ve çocukları arasındaki Amerikan yaşam tarzı tercihindeki uyumunun, ergen ruh sağlığı için koruyucu olduğu görülmüştür. Ebeveyn kültürleşmesinin farklı boyutlarının incelenmesi ve bunların ergen ruh sağlığıyla ilişkilerinin anlaşılması önemlidir ve daha fazla araştırılmayı gerektirmektedir.

Anahtar Kelimeler: Kültürleşme, Göçmen, Ergen, Ruh sağlığı, Göçmen çocuklar.

INTRODUCTION

There is an estimated 19.6 million of immigrant children and adolescents living in the United States (US) (Child Trends, 2018). This means that 27% of American children/adolescents ages 6-17 have at least one parent who is foreign-born, twice as many as in 1990 (Migration Policy Institute (MPI), 2018). The majority of immigrant children/adolescents are second-generation, and more than half are Hispanic/Latino. The composition of this population by country of birth keeps changing. The largest proportion (38%) of first-generation immigrant children/adolescents in 2006 were born in Mexico, but this number has fallen to 18% in 2017, with children/adolescents from other Latin American and Asian countries (e.g., El Salvador, India, and the Philippines) gaining in numbers.

Researchers and clinicians are increasingly calling attention to immigrant adolescent mental health (Belhadj Kouider, Koglin, & Petermann, 2015; Fillion, Fenelon, & Boudreaux, 2018). Immigration is a traumatic life experience, and adjustment to the receiving society creates additional challenges. Immigration effects on youth mental health can be structural (related to their social position and resources) and psychological. First, socioeconomic situation of many immigrant youth is difficult. The rates of poverty have been higher for immigrant than for non-immigrant children/adolescents (23% versus 17%), with as many as a quarter of first-generation children/adolescents living in poverty (Migration Policy Institute (MPI), 2018). Second, health care access has been more limited for immigrant children/adolescents than for their US-native counterparts, and has been restricted further by poverty (Blewett, Johnson, & Mach, 2010; Magdalena Szaflarski & Ying, 2007). Rates of mental health care utilization have also been lower among foreign-born compared to US natives (Bauldry & Szaflarski, 2017; Lee & Matejkowski, 2012). In addition, racial/ethnic discrimination, structural racism, and disparities in health are pervasive and have detrimental effects on mental and physical health of immigrants (M. Szaflarski & Bauldry, 2019; Takeuchi, 2016; Williams, 2012).

For immigrant youth, immigration and post-arrival related strains are exacerbated by the critical period of adolescence (typically ages 12-18) as a time of identity formation, transition to independence, and significant physiological and lifestyle changes (Hueston, Cryan, & Nolan, 2017). During adolescence, individuals show increased risk-taking, social activity, impulsivity, and cognitive adjustments that affect executive function, cognitive control, learning, and memory. This transitional period is stressful, and a majority of adolescents report mood disturbances and anxiety (Holder & Blaustein, 2014). Stress, especially chronic exposure to stressful situations, has detrimental effects on brain development.

Acculturation is a complex and multidimensional process that occurs during immigrant adjustment to the host country (J. W. Berry, 1997) and that shapes immigrant mental and physical health (M. Szaflarski & Bauldry, 2019; M. Szaflarski et al., 2016). Stress of acculturation (acculturative stress), in particular, has important implications for immigrant youth mental health (Belhadj Kouider et al., 2015; Sirin, Sin, Clingain, & Rogers-Sirin, 2019). Research shows complex relationships between acculturation/acculturative stress and emotional and behavioral health of immigrant youth that are influenced by racial, ethnic, and religious background as well as minority status in the receiving society (Belhadj Kouider et al., 2015; Kim, Schwartz, Perreira, & Juang, 2018). Acculturation effects on health can be intertwined with discrimination (M. Szaflarski & Bauldry, 2019). Family-level acculturation factors that impact immigrant youth mental health include: acculturative stress, low English language competency, children acting as language brokers for parents, discrepancies in children's and parents' cultural orientation, and non-Western cultural orientation (e.g., collectivistic orientation, acceptance of parental feelings, or harsh parenting) (Belhadj Kouider et al., 2015). Family conflict and low familism may have additional detrimental effects while family and other social support during acculturation can mitigate mental health problems among immigrant youth (Belhadj Kouider et al., 2015).

Even though a broad array of factors shaping immigrant youth mental health have been identified, further examination of these factors in relation to specific outcomes is needed. This study aimed to flash out associations between parental acculturation, social ties, and importance of cultural heritage and depressive symptoms among US-based immigrant youth.

1. THEORETICAL FRAMEWORK

The study draws on existing acculturation frameworks (J. W. Berry, 1997; Schwartz et al., 2013), social stress and social support literatures (Turner & Turner, 2013; Wheaton, 1990), and Pierre Bourdieu's concept of habitus (Bourdieu, 1984). Acculturation has been conceptualized as a complex process consisting of the confluence of heritage-cultural and receiving-cultural practices, values, and identifications (Schwartz et al., 2013). There is an ongoing debate about this concept, as it is not fully understood (Abraido-Lanza, Armbrister, Florez, & Aguirre, 2006; Dubowitz, Bates, & Acevedo-Gracia, 2010). However, Berry's acculturation model aims considers two key dimensions of acculturation (J. W. Berry, 1997). The first dimension reflects an individual's attempt to hold on to or reject their native culture while the second dimension reflects their attempt to adopt or reject the host culture (John W Berry, 1992). Within this framework, an individual's acculturation can be defined as reflecting one of four different strategies: assimilation, separation, integration, and marginalization (J. W. Berry, 1997). In terms of acculturative stress, Berry (2003) suggests that integration results in lower while marginalization results in higher stress levels.

In this study, we focus on parental acculturation influences on children of immigrants' mental health. Language proficiency and language preference, which have been linked with mental health outcomes, provide one set of acculturation measures. However, there are other dimensions of acculturation, such as adopting new lifestyles, adjusting cultural identities, social networking patterns (within and outside one's own cultural group), and other factors. There are positive and negative aspects of acculturation that affect mental well-being. For example, successful social integration within the host country has been linked with better (Puyat, 2013) while acculturative stress has been linked with worse mental health (Hovey & Magana, 2000; Leong, Park, & Kalibatseva, 2013; Takeuchi et al., 2007). Stress/stressors in general, including major life changes, have detrimental effects on mental health (Wheaton, 1990) whereas social ties/social support are protective (Turner & Turner, 2013).

In this research, it is also useful to consider Bourdieu's concept of habitus (Bourdieu, 1984). Habitus has been interpreted as "a cognitive map or set of perceptions that routinely guides and evaluates a person's choices and options" and that is shaped by socialization and other social experiences (Cockerham, 2013a)(p. 136). Typically, habitus emerges within social class conditions (i.e., individuals of similar social standing internalize and exhibit similar lifestyles and behaviors). However, habitus can also change and adapt to new social conditions as individuals move across societies. First-generation immigrant parents provide a good empirical case for the explanation of habitus transformation (Jo, 2013). When immigrants move to the new society, they face new cultural fields that their original habitus might not match. This discrepancy in cultural orientation is one source of acculturative stress. However, in the course of successful acculturation -- balancing original and host-country social relations and culture -- habitus adapts to the new conditions reducing stress and, potentially, improving mental wellbeing at the individual and family levels.

Based on these existing theoretical perspectives and research, this study considers the associations between parental social ties, importance of cultural heritage, levels of acculturation, and immigrant youth depressive symptomology. Our research questions and specific hypotheses were as follows:

Question 1: How are parental social networking patterns and importance of cultural heritage associated with parental acculturation, as measured by parental preference for American way of life and English language proficiency?

Hypothesis 1a: Parents' stronger social networking within their own ethnic group and lower importance of cultural heritage are associated with lower parental English language proficiency.

Hypothesis 1b: Parents' stronger social networking within their own group and lower importance of cultural heritage are associated with lower parental preference for American way of life.

Question 2: How are parental social networking within their own ethnic group and importance of cultural heritage associated with youth depression?

Hypothesis 2: Parents' stronger social networking within their own group and lower importance of cultural heritage are associated with higher levels of youth depressive symptoms.

Question 3: What is the relationship between parental acculturation, as measured by parental preference for American way of life and English language proficiency, and youth depression?

Hypothesis 3: As parental preference for American way of life and English language proficiency increase, youth depressive symptoms decrease.

2. MATERIAL AND METHODS

2.1. Participants/Data Collection

This study is based on data from Wave II of the Children of Immigrant Longitudinal Study (CILS) (Portes & Rumbaut, 2001), which was designed to research adaptation processes of second-generation immigrants. The CILS was conducted in San Diego and Miami/Fort Lauderdale metropolitan areas and recruited and interviewed 5,262 immigrant adolescents. Wave I of the study was conducted in 1992 and targeted middle school (8th-9th grade) students (ages 13-14). Wave II was conducted in 1995, and students were re-interviewed along with their parents. Because of funding constraints, only a randomly selected 46.6% of the total universe of parents was offered the parental survey. Wave II included 4,281 students (81.5% of the original sample). Unlike the student survey, which was conducted mostly via self-administered questionnaires administered in schools, the parental survey was conducted mostly face-to-face at the respondents' home. Criteria for participation were American-born adolescents who had at least one foreign-born parent and foreign-born adolescents who had lived in the US for at least five years (Portes & Rumbaut, 2001; Ying & Han, 2008). Further information about the CILS and data access information can be found at <http://www.icpsr.umich.edu/icpsrweb/DSDR/studies/20520>. Even though the CILS data are older, they remain the main source of information on parental influences in adolescent mental health due to lack of more contemporary information (Bey & Norton, 2019; Shen, 2020; Thomas, Williams, Sharma, Chaudry, & Bellamy, 2014; Walters, 2019; Wheeler, Arora, & Delgado, 2020). After deleting cases without the parental survey and some missing data on child and parental variables, the analytic sample was 1,765.

2.2. Measures

Table 1 provides an overview of variable measurement and reliability statistics for composite measures. The dependent variable was adolescent depression assessed by using four items derived from the Center for Epidemiological Studies Depression (CES-D) scale (Radloff, 1977; Ying & Han, 2008). The four items are considered a representative measure of the multidimensional construct assessed by the full CES-D (Rumbaut, 2004; Ying & Han, 2008). Independent variables included parental acculturation (English language proficiency and preference for American way of life), social ties (family and friends from home country, number of friends, socializing with other people from home country, many people from my own country in my neighborhood), and importance of cultural heritage (feeling proud of one's country and importance of teaching children their heritage culture). Control variables included child's sex/gender, race/ethnicity, and US citizenship, as well as parental education, length of US stay, and region of birth.

Table 1: Overview of study variables and measurement

Variable type	Construct	Measure/s	Item/s and values
Dependent Variable	Adolescent depression	Center for Epidemiological Studies Depression (CES-D) scale based on 4 items regarding mood/feelings during the last week	4 items: "I felt sad," "I couldn't get going," "I didn't feel like eating; my appetite was poor," and "I felt depressed." Response categories coded as "1"- rarely; "2"-some of the time, "3"-occasionally, and "4" -most of the time. Cronbach's alpha = 0.7.
Independent Variables	Parental acculturation	Parent's/guardian's English language proficiency: parent-reported; sum of 4 items	4 items: "How well do you speak English?", "How well do you read English", "How well do you understand English?", and "How well do you write English?" Responses coded as "1"-not at all, "2"-a little, "3"-well, and "4"- very well. Cronbach's alpha = 0.9.
		Parent's/guardian's preference for American way of life: child-reported	"How often do your parents (or adults with whom you live) prefer American ways of doing things?" Responses coded as "0"- never, "1"- sometimes, "2"- most of time/all of time." Recoded as "0"- no preference" and "1"- US preference.
	Parental importance of cultural heritage	Proud of own country: parent-reported	"How proud are you of your country?" Responses coded as "1"-not at all, "2"-a little, "3"-somewhat, and "4"- a lot.
		Importance of teaching to children their original culture: parent-reported	"How important is it for (child's name) to know about your country?" Responses coded as "1"-not at all, "2"- a little, "3"- somewhat, and "4"- a lot.
	Parental social ties	Family and friends from home country	3 items: "How many relatives (other than spouse and children) were already living in the U.S. when you arrived?", "How many friends did you have in the U.S. when you arrived?", "Apart from those who live in this house, how many relatives of yours live now near you (In the same city or county)?" composite measure was created from these items.
		Number of friends: parent-reported	"How many friends do you have in this country?" (continuous number). Responses were recoded as "1"- ≤40, "2"- 41-60, "3"- 61-90, and "4"- >90.
		Socializing with other people from home country	"In general, do you socialize mainly with: Other persons born in my own country of birth?" Responses coded as "1" – yes and "0"- no.
		Many people from my own country in my neighborhood	"How true are the following statements? Many people from my country live in this neighborhood." Responses coded as "1" – yes and "0"- no.
Control Variables	Adolescent's sex	Self-reported sex	What is your sex?" "1"-Male, "2"-Female
	Adolescent's race/ethnicity	Self-reported race/ethnicity	"Which of the races listed do you consider yourself to be?" Responses coded as "1"-White, "2"-Black, "3"-Asian, "4" -Multiracial, "5"-Hispanic, "6"-Nationality, ^a "8" Other. Recoded as "1"- White, "2" Black, "3"-Asian, "4"-multiracial/nationality, "5"-Hispanic, and "6"-other.
	Adolescent's US citizenship	Self-reported US citizenship Status	"Are you a U.S. citizen?" "1"-Yes, "2"-No

Parental education	Parent-reported highest level of education	“What is the highest level of education that you completed?” Responses coded as “0”-no schooling, “1”-eighth grade or less, “2”- beyond eighth grade, but not a high school graduate, “3”-high school graduate, “4”-less than one year voc./trade/business school, “5”- one to two years voc./trade/business school, “6”-two years plus Voc./Trade/Business school. “7”- less than two years of college, “8”- Two or more years of college, “9”-Finished four- or five-year college program, “10”- Master’s degree or equivalent, “11”- Ph.D., M.D., or other advanced degree. Recoded as “1”-0 to 11 years education, “2”-12 years education, “3”-13 to 15 years of education, and “4”- 16+ years of education.
Parent’s region of birth	Parent-reported place of birth	“Where were you born? (Country)” 85 countries listed. Recoded as “1”- Asia, “2”-South America”, “3”- North America, “4”-Central America, “5”-Mexico, “6”-The Caribbean.
Parent’s length of US residency	Parent-reported length of US residency	“In what year did you arrive to live permanently in the U.S.?” Number of years since arrival (year of survey – year of arrival).

^a Among immigrant youth, race and ethnicity can be conflated. Some immigrant youth report their nationality as their “race” (Rumbaut, 2005).

3.3. Analysis

The statistical analysis was performed using Stata 13 (StataCorp, 2013). To test Hypothesis 1, we estimated an ordinary-least-squares (OLS) regression model predicting parental English language proficiency and a logistic regression model predicting parental preference for American way of life. To test Hypothesis 2, we estimated an OLS regression model predicting youth depression. Parental social ties rooted in heritage culture and importance of cultural heritage were the key explanatory variables in those models. To test Hypothesis 3, we estimated an OLS regression model predicting youth depression in four steps. The baseline model (Model 1) estimated the effects of parental English proficiency and parental preference for American way of life and on youth depression. The next step built on the baseline model but added parental social ties and importance of heritage culture variables (Model 2). In the following step (Model 3), we also added parental control variables: parental education, length of stay, and region of birth. The final model (Model 4) added controls for child’s demographics: sex, race, and US citizenship. Two-tailed test at $\alpha = .05$ was used to assess the significance of associations among the study variables.

This study was reviewed and approved by the University Institutional Review Board.

3. RESULTS

The descriptive statistics for all study variables are included in Appendix. The sample was 13% white, 6% black, 33% Asian, and 20% Hispanic, and it was equally split by sex. Almost thirty percent of the participants had parents who completed 0-11 years of education, and 21% had parents who completed 16+ years. Sixty-three percent of the youth participants were US citizens. Forty percent of the parents were born in Asia and 24% in the Caribbean.

Tables 2-3 show results from the regression models testing Hypotheses 1a-b. Social networks with family/friends from parents’ home country and having 41-60 and 61- 90 number of friends were positively associated with parental English proficiency while socialization with other people from own country showed a negative association (Table 2). Even though having many people from own country in neighborhood also showed a negative association with parental English language proficiency it was not significant. Both parental importance of cultural heritage variables: proud of own country and importance of teaching to their own culture were negatively associated with English language proficiency, but they were not significant. In addition, English proficiency was positively associated with US citizenship, and

length of residency among parents had a positive association with their English proficiency. While parents born in South America and Mexico had less English language proficiency, immigrant parents from North America had more language proficiency than parents born in Asia. Furthermore, compared to white, black adolescents had higher levels of English proficiency.

Table 2: Multiple regression results for parental social ties and importance of cultural heritage predicting parental acculturation (by parental English language proficiency) among immigrant adolescents (n = 1,765)

Variable	Parental English Proficiency	
	β	SE
Parental Social Ties		
Family and friends from home country	0.075***	0.001
Number of friends (≤ 40 =reference)		
41-60	0.047**	0.055
61 to 90	0.058***	0.055
>90	0.019	0.058
Socialize with other people from own country (No=reference)		
Yes	-0.097***	0.036
Many people from my own country in my neighborhood (True=reference)		
False	-0.026	0.032
Parental Importance of Cultural Heritage		
Proud of own country (Not at all=reference)		
A little	-0.011	0.146
Somewhat	-0.044	0.130
A lot	-0.046	0.125
Importance of teaching to their own culture (Not at all=reference)		
A Little	-0.026	0.180
Somewhat	-0.015	0.168
A Lot	-0.034	0.165
Parental and Adolescent Sociodemographics		
Adolescent's Sex (Male=reference)		
Female	0.033*	0.030
Adolescent's Race/ethnicity (White=reference)		
Black	0.144***	0.077
Asian	-0.025	0.080
Hispanic	-0.045	0.054
Multiracial/nationality ^a	0.018	0.061
Other	-0.018	0.102
Adolescent US Citizen (No=reference)		
Yes	0.183***	0.040
Parental education (0-11 years=reference)		
12 years	0.277***	0.048
13-15 years	0.467***	0.043
16+ years	0.554***	0.048
Parental length of residency	0.198***	0.002
Parental region of birth (Asia=reference)		
South America	-0.070**	0.088
North America	0.053**	0.099

Central America	-0.022	0.086
Mexico	-0.055*	0.068
The Caribbean	-0.033	0.073

* $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$

In the next step, we examined associations between social ties, importance of cultural heritage, and preference for American way of life (Table 3). First, parental socializing with other people from their own country was associated with lower odds of preference for American way of life, while having many people from own country in neighborhood was associated with higher odds of preference for American way of life, holding other variables constant. Second, feeling proud of one's own country was positively associated with preference of American way of life. Also, compared to parents born in Asia, parents born in South America, Mexico, and the Caribbean are less likely to prefer American way of life. Among other controls, adolescent's female sex and being black were associated with lower odds of preference for US way of life. Also, compared to parents who had 12 years of education, parents who completed 13-15 and 16+ years of education level were more likely to prefer US way of life.

Table 3: Logistic regression results for parental social ties and importance of cultural heritage predicting parental acculturation (by parental preference for American way of life) among immigrant adolescents (n = 1,765)

Variable	Parental Preference for American Way of Life		
	β	OR	SE
Parental Social Ties			
Family and friends from home country	0.005	1.005	0.004
Number of friends (≤ 40 =reference)			
41-60	-0.136	0.872	0.227
61-90	-0.129	0.878	0.241
>90	0.160	1.174	0.354
Socialize with other people from own country (No=reference)			
Yes	-0.661	0.515***	0.097
Many people from my own country in my neighborhood (True=reference)			
False	0.372	1.451*	0.227
Parental Importance of Cultural Heritage			
Proud of own country (Not at all=reference)			
A little	0.236	1.266	0.853
Somewhat	0.299	1.348	0.805
A lot	0.601	1.825	1.050
Importance of teaching to children their own culture (Not at All=reference)			
A little	-0.017	0.982	0.913
Somewhat	0.129	1.138	0.997
A lot	-0.571	0.564	0.484
Parental and Adolescent Sociodemographics			
Adolescent's sex (Male=reference)			
Female	-0.658	0.517***	0.075
Adolescent's race/ethnicity (White=reference)			
Black	-0.721	0.486*	0.164
Asian	-0.866	0.420	0.186

Multiracial/nationality	-0.175	0.839	0.253
Hispanic	-0.148	0.862	0.232
Other	1.285	3.617	2.790
Adolescent US citizen (No=reference)			
Yes	0.281	1.325	0.240
Parental education (0-11 years=reference)			
12 years	0.276	1.318	0.273
13-15 years	0.658	1.932***	0.382
16+ years	1.007	2.739***	0.673
Parental length of residency	0.001	1.001	0.011
Parental region of birth (Asia=reference)			
South America	-1.714	0.180***	0.084
North America	-0.282	0.745	0.476
Central America	-0.905	0.404	0.192
Mexico	-1.137	0.320**	0.121
The Caribbean	-0.941	0.390*	0.169

Odds ratios (95% confidence intervals)

* $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$

^a Some immigrant youth report their nationality as their “race” (Rumbaut, 2005)

In testing Hypotheses 2-3 we found that English proficiency had a positive but not statistically significant association, while parental preference for US life had a negative association, with youth depression (Table 4, Model 1). Once parental social ties and importance of cultural heritage variables were added (Model 2), preference for US life continued to be significant while parental English proficiency continued to show no association with youth depression, which remained unchanged after adding parental (Model 3) and child control variables (Model 4). There were no associations between the latter variables with youth depression except child’s sex/gender. Specifically, adolescent females showed higher depression levels than adolescent males in all models.

Table 4: Multiple regression models for parental acculturation, social ties, and importance of cultural heritage predicting depression among immigrant adolescents (n = 1,765)

Variables	Model 1		Model 2		Model 3		Model 4	
	β	SE	β	SE	β	SE	β	SE
Parental Acculturation								
Parental US preference (No preference=reference)								
US preference	-0.088***	0.170	-0.089**	0.171	-0.087***	0.17	-0.068**	0.17
Parental English proficiency	0.030	0.062	0.032	0.066	0.060	0.09	0.019	0.09
Parental Social Ties								
Family and friends from home country (Number of friends (≤ 40 =reference))								
41-60			0.002	0.221	0.004	0.222	0.008	0.221
61-90			0.027	0.216	0.023	0.223	0.028	0.220
>90			-0.037	0.223	-0.030	0.234	-0.027	0.232

Socialize with other people from own country (No=reference)						
Yes	-0.001	0.138	-0.002	0.146	0.003	0.145
Many people from my own country in my neighborhood (True=reference)						
False	0.028	0.124	0.024	0.130	0.022	0.130
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Parental Importance of Cultural Heritage						
<hr/>						
Proud of own country (Not at all=reference)						
A little	-0.003	0.582	-0.002	0.585	-0.002	0.580
Somewhat	0.027	0.516	0.030	0.519	0.040	0.514
A lot	-0.041	0.497	-0.033	0.500	-0.023	0.495
Importance of teaching to their own culture (Not at all=reference)						
A Little	0.042	0.717	0.042	0.719	0.027	0.713
Somewhat	0.037	0.663	0.033	0.670	0.014	0.665
A Lot	0.041	0.657	0.039	0.659	0.021	0.653
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Parental and Adolescent Sociodemographics						
<hr/>						
Parental education (0-11 years=reference)						
12 years			-0.037	0.203	-0.024	0.203
13-15 years			-0.057	0.194	-0.040	0.196
16+ years			-0.046	0.225	-0.021	0.226
Parental region of birth (Asia=reference)						
South America			0.006	0.272	0.046	0.352
North America			-0.014	0.344	0.004	0.393
Central America			0.001	0.247	0.059	0.343
Mexico			-0.017	0.199	0.007	0.270
The Caribbean			-0.035	0.185	0.019	0.289
Parental length of residency			0.021	0.008	0.022	0.009
Adolescent's sex (Male=reference)						
Female					0.142***	0.120
Adolescent's race/ethnicity (White=reference)						
Black					0.043	0.311
Asian					0.079	0.317

Multiracial/nationality							0.059	0.243
Hispanic							-0.031	0.216
Other							0.004	0.406
Adolescent US citizen (No=reference)								
Yes							0.044	0.166
Constant	2.873***	0.222	2.753***	0.721	2.683***	0.744	1.899**	0.802
R ²	0.0079		0.0163		0.0189		0.0447	
Change in R ²			0.0084		0.0027		0.0257	
Nested F	6.98		1.24		0.53		6.67	
F	0.001		0.246		0.855		0.000	

Standardized regression coefficients (β) with standard errors (SE)

* $P < 0.05$; ** $P < 0.01$; *** $P < .001$ (two-tailed tests)

^a Some immigrant youth report their nationality as their “race” (Rumbaut, 2005)

4. DISCUSSION

This study examined the relationship between parental acculturation (English language proficiency and preference for American way of life) and immigrant youth depression while considering the influence of parental social ties and importance of cultural heritage. The findings showed that parental English proficiency was linked positively with close family/friends-based networks but negatively with parental socializing with and residing alongside people from own country. Also, parental English proficiency was positively associated with youth US citizenship status. Even though English proficiency is crucially important, sustaining fluent bilingualism is as important as English proficiency and may be more beneficial since bilingualism can help maintain effective parent-child communication and thus effective parent control in non-English speaking immigrant families. In addition, higher parental education level was associated with higher preference for American way of life, possibly because having higher occupational status facilitates socializing with people who are more likely to be from the host culture.

This study found that parental preference for US life was less likely at higher levels of socializing with people from one’s own country. Preference for socializing with people from one’s own country slows the process of learning about the host culture and acquiring a taste for the host culture’s way of life. Even though parental English proficiency was not significantly associated with youth depression, preference for US life was associated with youth depression, after adjusting for all factors. However, neither parental social ties within their own ethnic group nor importance of cultural heritage indicators showed associations with youth depression. While strong social ties have been shown beneficial for mental health, acculturative stress has been shown to be harmful (Belhadj Kouider et al., 2015). Unfortunately, in our study we did not have measures of acculturative stress and were not able to examine this variable as a potential confounder.

In terms of parental acculturation, we found American way of life, but not English proficiency, was significantly associated with youth mental health. Although parental English proficiency was not significant, it is important to note that the acculturation variables associations were in the opposite direction: the higher English proficiency, the higher was youth depression level, whereas preference for US life was associated with less depression.

The findings about English proficiency's associations with mental health have been mixed in the literature. In some studies, English proficiency was associated with documented declines in immigrant health over time (National Academies of Sciences, 2018). English proficiency is a measure of social integration. Even though integration elevates immigrants socially, it has been found to worsen physical and mental health of immigrants. First-generation immigrants typically have better health than US-natives, but this health advantage declines over time in the US and with each next generation of immigrants. Research has shown that foreign-born adolescents’ mental health declines with a family’s duration in the US (Filion et al., 2018), in addition to youth’s own acculturation, putting them at risk for mental health problems

(Bauer, Chen, & Alegria, 2010). Conversely, some studies underscore importance of the sociodemographic variables such as age, nativity, lack of insurance, and lower level of education and suggest that these factors might play a stronger role than the English proficiency in immigrant mental health (Zhou, 2001). Also, even though English proficiency is crucially important, sustaining fluent bilingualism is as important as English proficiency and may be more beneficial since bilingualism can help maintain effective parent-child communication and thus effective parent control in non-English speaking immigrant families.

In contrast to parental English proficiency, parental preference for American way of life was associated with lower levels of depression among youth in our study. Preference for American way of life is a different measure than English proficiency (correlation between these variables in this study was modest, 0.4). English proficiency indicates linear integration while preference for American way of life probably reflects a balance in immigrants liking/adhering to their original versus American way of life. This is similar to being bilingual and bicultural, which has been shown protective for health. Acculturation is a “messy” process, encompassing both linear and non-linear aspects (J. W. Berry, 1997; Schwartz, Unger, Zamboanga, & Szapocznik, 2010; Schwartz et al., 2013). In addition, preference for American way of life is an attitude and requires less effort and time to develop than language proficiency. Immigrants may prefer American way of life early during their US stay, when their health – and their children’s health – is still protected by their original culture and immigrant selection. Our finding underscores the importance of examining indicators of parental acculturation separately in studying youth mental health, as acculturation is increasingly considered as “a set of related but somewhat independent dimensions” (Schwartz et al., 2010) (p. 246).

Neither parental social ties nor importance of cultural heritage measures showed associations with youth mental health. These measures are also, in part, reflecting biculturalism, which possibly neutralizes positive and negative effects of two cultures on child’s health. Also, research has shown that some acculturation measures, patterns of socializing, and ethnic identity actually do not have direct paths to mental health among adults, but they operate through other factors (e.g., stress and discrimination) (M. Szaflarski & Bauldry, 2019). There are complex relationships between cultural/transcultural influences, parental socialization, and mental health of children of immigrants (Belhadj Kouider et al., 2015; S. Y. Kim et al., 2018). Social ties and ethnic identity have been shown to be protective for immigrants’ health, and they can help to increase parental acculturation (Puyat, 2013; Ying & Han, 2008). Our study confirmed the latter relationship. Increased parental acculturation, in turn, can help to close the acculturation gap between parents and children and improve family relations and wellbeing. However, other literature suggests that cultural dissimilarity and cultural stressors within the receiving society (e.g., racial/ethnic discrimination) may produce some detrimental health effects of socializing within the new society (S. Y. Kim et al., 2018). Future research should aim to further disentangle these associations, especially the role of stress factors (transcultural and culture-specific stressors) (S. Y. Kim et al., 2018).

In terms of sociodemographic factors, the finding about immigrant adolescent girls having higher depressive symptoms is consistent with past reports of sex differences in depression among adolescents (Breslau et al., 2017). Furthermore, we observed no racial/ethnic differences in youth depression. Past research has reported varying findings about race/ethnicity based on a mental health outcome. One study of urban six-graders has reported higher rates of depression and disruptive behavior among children of immigrants from Asian American/Pacific Islander and Latino backgrounds relative to natives, and more disruptive behavior among native than immigrant children (J. Kim et al., 2018). Another study using nationally-representative data has shown that foreign-born adolescents of all racial/ethnic groups report similar mental health to US-born citizens (Filion et al., 2018). However, in the same past research, non-citizen adolescents of all racial/ethnic groups had mental health advantages over US-born citizens, except that emotional difficulty among immigrant adolescents increased with a family’s duration in the US. Parents’ unauthorized status is also a risk for mental health problems among immigrant youth (Siemons, Raymond-Flesh, Auerswald, & Brindis, 2016; Yoshikawa, Suarez-Orosco, & Gonzales, 2016). Further research is needed to clarify the role of race/ethnicity in different adolescent mental health outcomes while considering duration and legal status in the US.

Acculturation is multidimensional and involves simultaneous maintenance and adaptation of cultural characteristics (Avila & Bramlett, 2013). Acculturation measurements such as language proficiency, language preference, change of diet, and change of lifestyle are strongly tied to each other which happens through socialization and experience, with class circumstances providing social context (Cockerham, 2013b). Berry's acculturation theory helps to explain that different stage of the parental acculturation affects the wellbeing of the child in different direction. In this study, parents' adoption of the new way of life had a positive effect on child wellbeing.

This study had several limitations. First, the sample is not nationally representative, and caution is needed in generalizing the findings to all immigrant youth in the United States. There may be ethnic and nationality differences that are not captured in this study. Specifically, nationally representative samples show that 28% of immigrants in the United States are from Asia, 25% from Mexico, and 4-13% from other, smaller regions (Lopez, Bialik, & Radford, 2018). Also, the vast majority (79%) of immigrant children under the age of 18 has at least one immigrant parent who is a U.S. citizen (Capps, Fix, & Zong, 2016). In our study, 40% and 24% of parents were born in Asia and the Caribbean, which is higher than in nationally-representative samples, and 14% were born in Mexico, which is lower than at the national level. Further, 63% of children in our study had at least one immigrant parent who was a U.S. citizen, which is also lower than at the national level. Our numbers differ from the national estimates because the CHILS was conducted in Southern California and South Florida and did not capture Texas, which has a high number of immigrants from Mexico.

The findings are, therefore, most applicable to the groups that are well-represented in this study, such as immigrants from Asian and the Caribbean. Past studies have reported that younger immigrants from those backgrounds acculturated more rapidly than their parents (Organista, Organista, & Kurasaki, 2003). This might result in intergenerational acculturation gaps, or different pace of acculturation between parents and children (Choi & Harachi, 2008), which could influence youth well-being. In our study, we found that, compared to parents born in Asia, parents born in the Caribbean were less likely to prefer the U.S. way of life. Per other research, when parenting skills are aligned with U.S. cultural values, better outcomes are noted in the parent-child relationship among Asian immigrant parents (Ying & Han, 2008). Consistent with those previous findings, we found that increased parental preference for U.S. lifestyle as a measure of acculturation was associated with lower levels of adolescent depression.

In addition to our study not being nationally representative, longitudinal data would be needed to examine changes in immigrant youths' mental health and parental acculturation, and their association, over time. A longitudinal analysis was not possible using the CILS because only Wave II included the parental survey. It would also be more informative to use the original 20-item scale rather than the four CES-D items. Lastly, measurement of acculturation, social ties, and importance of cultural heritage was limited. More refined measures at both adolescent and parental levels should be incorporated in future research. Besides, there is still a lot to be researched about parental acculturation and adolescent mental health, therefore, this subject should continue to be examined with longitudinal and more up-to-date data.

5. CONCLUSION

Our study adds new information about parental acculturation encompassing both linear and non-linear aspects in their association with immigrant adolescent depression. Furthermore, assessment of parental acculturation with English proficiency and preference for American way of life helped to demonstrate that while English proficiency might not be associated with youth depression, parental preference for American way of life can be associated with lower levels of depression among immigrant youth. These findings confirm that different measures of acculturation can have varying associations with mental health among immigrant youth.

REFERENCES

- Abraido-Lanza, A. F., Armbrister, A. N., Florez, K. R., & Aguirre, A. N. (2006). Toward a theory-driven model of acculturation in public health research. *Am J Public Health, 96*(8), 1342-1346. doi:10.2105/AJPH.2005.064980
- Avila, R. M., & Bramlett, M. D. (2013). Language and immigrant status effects on disparities in Hispanic children's health status and access to health care. *Maternal and child health journal, 17*(3), 415-423.
- Batalova, J., Hanna, M., & Levesque, C. (2021). *Frequently Requested Statistics on Immigrants and Immigration in the United States*. Retrieved from
- Bauer, A. M., Chen, C. N., & Alegria, M. (2010). English language proficiency and mental health service use among Latino and Asian Americans with mental disorders. *Med Care, 48*(12), 1097-1104. doi:10.1097/MLR.0b013e3181f80749
- Bauldry, S., & Szaflarski, M. (2017). Immigrant-based Disparities in Mental Health Care Utilization. *Socius, 3*. doi:10.1177/2378023116685718
- Belhadj Kouider, E., Koglin, U., & Petermann, F. (2015). Emotional and Behavioral Problems in Migrant Children and Adolescents in American Countries: A Systematic Review. *J Immigr Minor Health, 17*(4), 1240-1258. doi:10.1007/s10903-014-0039-2
- Berry, J. W. (1992). Acculturation and adaptation in a new society. *International Migration, 30*(1/2).
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review, 46*(1), 5-68.
- Bey, A., & Norton, M. (2019). The role of parental citizenship status on depression of US citizen children. *Journal of prevention & intervention in the community, 1*-10.
- Blewett, L. A., Johnson, P. J., & Mach, A. L. (2010). Immigrant children's access to health care: differences by global region of birth. *J Health Care Poor Underserved, 21*(2 Suppl), 13-31. doi:10.1353/hpu.0.0315
- Bourdieu, P. (1984). *Distinction: A social critique of the judgement of taste*: Harvard University Press.
- Breslau, J., Gilman, S. E., Stein, B. D., Ruder, T., Gmelin, T., & Miller, E. (2017). Sex differences in recent first-onset depression in an epidemiological sample of adolescents. *Transl Psychiatry, 7*(5), e1139. doi:10.1038/tp.2017.105
- Capps, R., Fix, M., & Zong, J. (2016). *A profile of US children with unauthorized immigrant parents*: Migration Policy Institute Washington, DC.
- Child Trends. (2018). Immigrant children. Retrieved from <https://www.childtrends.org/?indicators=immigrant-children>
- Choi, Y., & Harachi, T. (2008). Intergenerational Cultural Dissonance, Parent-Child Conflict and Bonding, and Youth Problem Behaviors among Vietnamese and Cambodian Immigrant Families. *Journal of Youth and Adolescence, 37*, 85-96. doi:10.1007/s10964-007-9217-z
- Cockerham, W. C. (2013a). Bourdieu and an update of health lifestyle theory. In W. C. Cockerham (Ed.), *Medical sociology on the move* (pp. 127-154). New York, NY: Springer.
- Cockerham, W. C. (2013b). Bourdieu and an Update of Health Lifestyle Theory. In W. C. Cockerham (Ed.), *Medical Sociology on the Move: New Directions in Theory* (pp. 127-154). Dordrecht: Springer Netherlands.
- Dubowitz, T., Bates, L. M., & Acevedo-Gracia, D. (2010). The Latino health paradox: looking at the intersectionality of sociology and health. In C. E. Bird, P. Conrad, A. M. Fremont, & S. Timmermans (Eds.), *Handbook of Medical Sociology* (pp. 106-123). Nashville, TN: Vanderbilt University Press.
- Filion, N., Fenelon, A., & Boudreaux, M. (2018). Immigration, citizenship, and the mental health of adolescents. *PLoS One, 13*(5), e0196859. doi:10.1371/journal.pone.0196859
- Holder, M. K., & Blaustein, J. D. (2014). Puberty and adolescence as a time of vulnerability to stressors that alter neurobehavioral processes. *Front Neuroendocrinol, 35*(1), 89-110. doi:10.1016/j.yfrne.2013.10.004
- Hovey, J. D., & Magana, C. (2000). Acculturative stress, anxiety, and depression among Mexican immigrant farmworkers in the midwest United States. *J Immigr Health, 2*(3), 119-131. doi:10.1023/A:1009556802759

- Hueston, C. M., Cryan, J. F., & Nolan, Y. M. (2017). Stress and adolescent hippocampal neurogenesis: diet and exercise as cognitive modulators. *Transl Psychiatry*, 7(4), e1081. doi:10.1038/tp.2017.48
- Jo, H. (2013). Habitus Transformation: Immigrant Mother's Cultural Translation of Educational Strategies in Korea. *Asia-Pacific Education, Language Minorities and Migration (ELMM) Network Working Paper Series*. 7. <http://repository.upenn.edu/elmm/7>. Retrieved from
- Kim, J., Nicodimos, S., Kushner, S. E., Rhew, I. C., McCauley, E., & Vander Stoep, A. (2018). Comparing Mental Health of US Children of Immigrants and Non-Immigrants in 4 Racial/Ethnic Groups. *J Sch Health*, 88(2), 167-175. doi:10.1111/josh.12586
- Kim, S. Y., Schwartz, S. J., Perreira, K. M., & Juang, L. P. (2018). Culture's Influence on Stressors, Parental Socialization, and Developmental Processes in the Mental Health of Children of Immigrants. *Annu Rev Clin Psychol*, 14, 343-370. doi:10.1146/annurev-clinpsy-050817-084925
- Lee, S., & Matejkowski, J. (2012). Mental health service utilization among noncitizens in the United States: findings from the National Latino and Asian American Study. *Adm Policy Ment Health*, 39(5), 406-418. doi:10.1007/s10488-011-0366-8
- Leong, F., Park, Y. S., & Kalibatseva, Z. (2013). Disentangling immigrant status in mental health: psychological protective and risk factors among Latino and Asian American immigrants. *Am J Orthopsychiatry*, 83(2 Pt 3), 361-371. doi:10.1111/ajop.12020
- Lopez, G., Bialik, K., & Radford, J. (2018). Key Findings About U.S. Immigrants. Retrieved from <https://www.pewresearch.org/fact-tank/2018/11/30/key-findings-about-u-s-immigrants/>
- Migration Policy Institute (MPI). (2018). Children of U.S. immigrant families (by age group and state, 1990 versus 2018). <https://www.migrationpolicy.org/programs/data-hub/charts/children-immigrant-families>. Accessed 2 April 2020.
- National Academies of Sciences, E., and Medicine. (2018). Immigration as a social determinant of health: proceedings of a workshop. <https://doi.org/10.17226/25204>. Washington, DC: The National Academies Press.
- Organista, P. B., Organista, K. C., & Kurasaki, K. (2003). The relationship between acculturation and ethnic minority health. In K. M. Chun, P. B. Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 139-161). Washington, DC, US: American Psychological Association.
- Portes, A., & Rumbaut, R. G. (2001). *Legacies: The Story of the Immigrant Second Generation*. Berkeley, CA: University of California Press.
- Puyat, J. H. (2013). Is the influence of social support on mental health the same for immigrants and non-immigrants? *J Immigr Minor Health*, 15(3), 598-605. doi:10.1007/s10903-012-9658-7
- Radloff, L. S. (1977). The CES-D scale: a self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1(3), 385-401.
- Rumbaut, R. G. (2004). Ages, Life Stages, and Generational Cohorts: Decomposing the Immigrant First and Second Generations in the United States. *International Migration Review*, 38(3), 1160-1205.
- Rumbaut, R. G. (2005). Assimilation, dissimilation, and ethnic identities: the experience of children of immigrants in the United States. In M. Rutter & M. Tienda (Eds.), *Ethnicity and Causal Mechanisms* (pp. 301-334). Cambridge, MA: Cambridge University Press.
- Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: implications for theory and research. *Am Psychol*, 65(4), 237-251. doi:10.1037/a0019330
- Schwartz, S. J., Waterman, A. S., Umana-Taylor, A. J., Lee, R. M., Kim, S. Y., Vazsonyi, A. T., . . . Williams, M. K. (2013). Acculturation and well-being among college students from immigrant families. *J Clin Psychol*, 69(4), 298-318. doi:10.1002/jclp.21847
- Shen, Y. (2020). Immigrant parent's religiosity and the second-generation children's adaptation. *International Journal of Adolescence and Youth*, 25(1), 824-835.
- Siemons, R., Raymond-Flesh, M., Auerswald, C., & Brindis, C. (2016). Coming of age on the margins: mental health and wellbeing among Latino young adults eligible for deferred action for childhood arrivals (DACA). *J Immigr Health*, 2017(19), 543-551.

- Sirin, S. R., Sin, E., Clingain, C., & Rogers-Sirin, L. (2019). Acculturative Stress and Mental Health: Implications for Immigrant-Origin Youth. *Pediatr Clin North Am*, 66(3), 641-653. doi:10.1016/j.pcl.2019.02.010
- StataCorp. (2013). Stata Statistical Software: Release 13. College Station, TX: StataCorp, LP.
- Szaflarski, M., & Bauldry, S. (2019). The Effects of Perceived Discrimination on Immigrant and Refugee Physical and Mental Health. *Adv Med Sociol*, 19, 173-204. doi:10.1108/S1057-629020190000019009
- Szaflarski, M., Cubbins, L. A., Bauldry, S., Meganathan, K., Klepinger, D. H., & Somoza, E. (2016). Major Depressive Disorder and Dysthymia at the Intersection of Nativity and Racial-Ethnic Origins. *J Immigr Minor Health*, 18(4), 749-763. doi:10.1007/s10903-015-0293-y
- Szaflarski, M., & Ying, J. (2007). Immigrant status, poverty, and health. In B. A. Arrighi & D. J. Maume (Eds.), *Child Poverty in America Today* (Vol. 2, pp. 106-129). Westport, CT: Praeger.
- Takeuchi, D. T. (2016). Vintage Wine in New Bottles: Infusing Select Ideas into the Study of Immigration, Immigrants, and Mental Health. *J Health Soc Behav*, 57(4), 423-435. doi:10.1177/0022146516672050
- Takeuchi, D. T., Zane, N., Hong, S., Chae, D. H., Gong, F., Gee, G. C., . . . Alegria, M. (2007). Immigration-related factors and mental disorders among Asian Americans. *Am J Public Health*, 97(1), 84-90. doi:10.2105/AJPH.2006.088401
- Thomas, R., Williams, M., Sharma, H., Chaudry, A., & Bellamy, P. (2014). A double-blind, placebo-controlled randomised trial evaluating the effect of a polyphenol-rich whole food supplement on PSA progression in men with prostate cancer--the U.K. NCRN Pomi-T study. *Prostate Cancer Prostatic Dis*, 17(2), 180-186. doi:10.1038/pcan.2014.6
- Turner, J. B., & Turner, R. J. (2013). Social relations, social integration, and social support. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *Handbook of the sociology of mental health* (pp. 341-356). New York, NY: Springer.
- Walters, G. D. (2019). Acculturation and crime: Protecting the male and female offspring of US immigrants against future arrest and incarceration. *Journal of Human Behavior in the Social Environment*, 29(4), 455-466.
- Wheaton, B. (1990). Life transitions, role histories, and mental health. *American Sociological Review*, 55(2), 209-223.
- Wheeler, L. A., Arora, P. G., & Delgado, M. Y. (2020). The Distal Role of Adolescents' Awareness of and Perceived Discrimination on Young Adults' Socioeconomic Attainment among Mexican-Origin Immigrant Families. *Journal of Youth and Adolescence*, 49(12), 2441-2458.
- Williams, D. R. (2012). Miles to go before we sleep: racial inequities in health. *J Health Soc Behav*, 53(3), 279-295. doi:10.1177/0022146512455804
- Ying, Y.-W., & Han, M. (2008). Parental Acculturation, Parental Involvement, Intergenerational Relationship and Adolescent Outcomes in Immigrant Filipino American Families. *Journal of Immigrant & Refugee Studies*, 6(1), 112-131. doi:10.1080/15362940802119351
- Yoshikawa, H., Suarez-Orosco, C., & Gonzales, R. G. (2016). Unauthorized status and youth development in the United States: Consensus Statement of the Society for Research on Adolescence. *Journal of Research on Adolescence*, 27, 4-16.
- Zhou, M. (2001). The acculturation of Vietnamese refugee children. In R. G. Rumbaut & A. Portes (Eds.), *Ethnicities: Children of immigrants in America* (pp. 187-228): University of California Press.

GENİŞLETİLMİŞ ÖZET

Amaç

Bu araştırmanın amacı, Amerika Birleşik Devletleri'nde yaşayan göçmen gençler arasında ebeveyn kültürleşmesi, sosyal bağ ve kültürel mirasın önemi ile depresif belirtiler arasındaki ilişkileri ortaya çıkartmaktır. Amerika Birleşik Devletleri'nde yaşayan tahmini 19,6 milyon göçmen çocuk ve ergen bulunmaktadır (Batalova, Hanna, & Levesque, 2021). Göç, travmatik bir yaşam deneyimidir ve ev sahibi topluma uyum sağlamakta ek zorluklar yaratmaktadır. Göçün gençlerin ruh sağlığı üzerindeki etkileri yapısal (sosyal konumları ve kaynaklarıyla ilgili) ve psikolojik olabilir. Bu sebeple hızla artan genç göçmen nüfusunun etkisiyle son yıllarda araştırmacılar ve klinisyenler, göçmen ergen ruh sağlığına giderek daha fazla dikkat çekmeye başlamıştır (Belhadj Kouider, Koglin & Petermann, 2015; Fillion, Fenelon & Boudreaux, 2018). Ergenlik, kimlik oluşumu, bağımsızlığa geçiş ve önemli fizyolojik ve yaşam tarzı değişikliklerinin olduğu kritik bir dönemi kapsamaktadır (tipik olarak 12-18 yaş) (Hueston, Cryan, & Nolan, 2017) ve göçmen gençler için, göçmenlik ve ev sahibi ülkeye varış sonrası ile ilgili baskılar, bu sürecin daha da sancılı geçmesine sebep olmaktadır (Hueston, Cryan & Nolan, 2017). Öte yandan kültürleşme, göçmenlerin ev sahibi ülkeye uyumu sırasında ortaya çıkan (J. W. Berry, 1997) ve göçmenlerin zihinsel ve fiziksel sağlığını şekillendiren (M. Szaflarski & Bauldry, 2019; M. Szaflarski et al., 2016) karmaşık ve çok boyutlu bir süreçtir. Özellikle kültürleşme stresi, göçmen gençlerin ruh sağlığı üzerinde önemli etkilere sahiptir (Belhadj Kouider et al., 2015; Sirin, Sin, Clingain & Rogers-Sirin, 2019). Göçmen gençlerin ruh sağlığını etkileyen aile düzeyinde kültürleşme şu faktörleri içerir: Kültürleşme stresi, İngilizce dil yetersizliği, göçmen çocukların ebeveynleri için tercüman olarak hareket etmesi, çocukların ve ebeveynlerin kültürel yönelimindeki farklılıklar ve batılı olmayan kültürel yönelimlerdir (Belhadj Kouider et al., 2015). Aile içi çatışma ergen ruh sağlığı üzerinde olumsuz etkilere sahip olabilirken, kültürleşme sırasında aile desteği ve diğer sosyal destekler göçmen gençler arasındaki ruh sağlığı sorunlarını azaltabilir (Belhadj Kouider ve diğerleri, 2015). Bu çalışmada, göçmen gençlerin ruh sağlığı üzerindeki ebeveyn kültürleşmesinin etkileri incelenmiştir. Bu bağlamda Bourdieu'nun "habitus" kavramından yararlanılmıştır (Bourdieu, 1984). Habitus, "kişinin seçimlerini ve seçeneklerini rutin olarak yönlendiren ve değerlendiren ve sosyalleşme ve diğer sosyal deneyimlerle şekillenen bilişsel bir harita veya algılar dizisi" olarak tanımlanmıştır (Cockerham, 2013a, s.136). Bununla birlikte, habitus, bireyler toplumlar arasında hareket etikçe değişebilir ve yeni sosyal koşullara uyum sağlayabilir. Birinci nesil göçmen ebeveynler, habitus dönüşümünün açıklanması için iyi bir örnek teşkil etmektedir (Jo, 2013). Bu çalışmada Bourdieu'nun "habitus" dönüşümü teorik çerçevesi kullanılarak, göçmen ailelerin sosyal bağları, kültürel mirasa verdikleri önem, ve kültürleşme düzeyleri ile göçmen gençlerin depresif semptomolojisi arasındaki ilişkiler ele alınmıştır.

Metodoloji

Bu çalışmada, ikinci nesil göçmenlerin uyum süreçlerini araştırmak için tasarlanan Göçmen Çocuklar Boylamsal Çalışması (Children of Immigrant Longitudinal Study (CILS)) (Portes & Rumbaut, 2001) II. Dalga verileri kullanılmıştır. CILS, San Diego ve Miami/Fort Lauderdale metropol bölgelerinde yürütülmüş ve 5.262 göçmen ergenle röportaj yapılarak toplanmıştır. Ebeveyn anketi olmayan vakaları ve çocuk ve ebeveyn değişkenlerine ilişkin bazı eksik verileri sildikten sonra, geriye kalan 1.765 analitik örneklem kullanılmıştır. İstatistiksel analiz, Stata 13 (StataCorp, 2013) kullanılarak yapılmış ve sıradan en küçük kareler (OLS) regresyon modeli kullanılmıştır.

Bulgular

Katılımcıların %13'ü beyaz, %6'sı siyah, %33'ü Asyalı ve %20'si Hispanik ve cinsiyete göre eşit olarak bölünmüştür. Katılımcıların yaklaşık %30'u ebeveynleri 0-11 yıl arasında eğitim almışken, %21'i 16+ yıl eğitim almış ebeveynlere sahiptir. Genç katılımcıların yüzde altmış üçü ABD vatandaşıdır. Ebeveynlerin yüzde 40'ı Asya'da ve yüzde 24'ü ise Karayipler'de doğmuştur. Bulgular, ebeveyn İngilizce dil yeterliliğinin yakın aile/arkadaş temelli ağlarla pozitif, ebeveynin kendi ülkesinden insanlarla sosyalleşme ve onlarla birlikte yaşama ile negatif bağlantılı olduğunu göstermiştir. Ayrıca, ebeveyn İngilizce dil yeterliliği ile gençlerin ABD vatandaşlık statüsü arasında pozitif bir ilişki görülmüştür. İngilizce dil yeterliliği son derece önemli olsa da, akıcı iki dilliliği sürdürmek İngilizce dil yeterliliği kadar önemlidir. İki dillilik, etkili ebeveyn-çocuk iletişimini ve

dolayısıyla İngilizce konuşamayan göçmen ailelerde etkili ebeveyn kontrolünü sürdürmeye yardımcı olabileceğinden daha faydalı olabilir.

Bu çalışma, kendi ülkesinden insanlarla daha çok sosyalleşen ebeveynlerin, ABD yaşam tarzını tercih etme olasılığını düşürdüğünü ve kişinin kendi ülkesinden insanlarla sosyalleşmeyi tercih etmesi, ev sahibi kültürü öğrenme ve ev sahibi kültürün yaşam tarzını deneyimleme sürecini yavaşlattığını göstermiştir. Ebeveynlerin İngilizce dil yeterliliği, genç depresyonu ile anlamlı bir şekilde ilişkili olmasa da, tüm faktörler için ayarlandıktan sonra, ABD yaşam tarzını tercih etme, gençlik depresyonu ile ilişkili olduğu görülmüştür. Bununla birlikte, ne kendi etnik grupları içindeki ebeveyn sosyal bağları ne de kültürel miras göstergelerinin önemi, genç depresyonu ile ilişki göstermemiştir. Ebeveynlerin kültürleşmesi açısından, Amerikan yaşam tarzının gençlerin ruh sağlığı ile önemli ölçüde ilişkili olduğu bulunmuşken, İngilizce dil yeterliliğinin etkili olmadığı görülmüştür.

Sonuç ve Tartışma

Bu çalışma, göçmen ergen depresyonu ile ilişkilerinde hem doğrusal hem de doğrusal olmayan yönleri kapsayan ebeveyn kültürleşmesi hakkında yeni bilgiler eklemektedir. Ebeveyn kültürleşmesinin İngilizce dil yeterliliği ve Amerikan yaşam tarzı tercihi ile değerlendirilmesi, İngilizce dil yeterliliğinin gençlik depresyonu ile ilişkili olmasa da Amerikan yaşam tarzı için ebeveyn tercihinin göçmen gençler arasında daha düşük depresyon seviyeleri ile ilişkili olabileceğini göstermeye yardımcı olmuştur. Bu bulgular, farklı kültürleşme türlerinin göçmen gençler arasında ruh sağlığı ile farklı ilişkilere sahip olabileceğini doğrulamaktadır.