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Relationship of Acculturative Stress and Health among Kashmiri Students in Bhopal

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The present study examined the relationship of acculturative stress to general health of Kashmiri students who have migrated to Bhopal (Central India) for study purpose. 219 Kashmiri students (52.10% male; 47.90% female) studying in different colleges and universities in Bhopal were given measures of acculturative stress and general health. One-way analysis of variance revealed significant differences in different domains of general health of students experiencing low, moderate and high levels of acculturative stress. Students experiencing higher acculturative stress have reported poor health. Results of simple regression analysis revealed acculturative stress as a significant predictor of different dimensions of health of students. Overall results indicated negative effects of acculturative stress on health of the Kashmiri college students. Findings have been discussed in the light of eco-cultural differences between Kashmir and Bhopal (Central India) and explained on the basis of Berry's (1987) eco-cultural model of acculturation. Relevance of present finding for student's health have been implicated.

Keywords**:** Acculturative stress, General health, Kashmiri students

Migration has become a common trend and an expected fact of life among the majority of underdeveloped and developing nations. The massive wave of migration of Kashmiri students to central India occurred predominantly after the turmoil in Kashmir from the last two decades from past 4 to 5 years a large number of students from Kashmir were migrated to Bhopal, central India for receiving higher education. There were approximately 5000 Kashmiri students studying in Bhopal, central India. So for, the culture is concern, Kashmiri students in Bhopal experience a new culture in terms of language, religion, dress material, food habits as well as attitude, beliefs and values, in addition to physical and geographical features. As a result, this wave of migration of Kashmiri students was identified to be very prone to developing psychosocial stress and psychological symptoms. These factors are assumed to have interfered with their integration into Bhopal society by alienating them from their surroundings. A common theme emerging from the existing literature on immigration and ethnic populations points to acculturation as important variable in successful adjustment in the adopted culture.

Acculturation

The geographical displacement has exposed migrating Kashmiri students to a new experience: acculturation. The process of acculturation involves cultural and psychological changes that result from the contact between peoples belonging to different cultures and exhibiting different behaviors (Berry, Poortinga, Segall, & Dasen, 1992). Kashmiri students like other immigrants experience acculturation when they enter into new culture. In order for the acculturation process to truly be experienced,

there must be continuous, first-hand contact between the cultures and some change in psychological or cultural phenomena (Berry, 1990). This is what happens when immigrants leave their homeland and enter a new society. Moreover, acculturation is not always a successful process. Berry, Poortinga, Segall, and Dasen, (1992) suggest the concept of acculturative stress. The term refers to one kind of stress in which the stressors have sources in the process of acculturation.

Acculturative stress and Health

Accumulated evidence has suggested that acculturative stress may have significant effect on health (Abraido-Lanza, Chao, & Florez, 2005; Berry & Kim, 1988; Hwang & Ting, 2008; Parka, 2009; Suarez-Morales & Lopez, 2009). Researchers have found that greater acculturative stress increases the risk of developing psychological problems, particularly in the initial months of contact with the new host society (Abraido-Lanza, Armbrister, Florez, & Aguirre, 2006).

The relationship between acculturative stresses is likely to be mediated by a variety of variables, including the level of acculturation, phases of acculturation, nature of the larger society, modes of acculturation, and the degree of similarity between the culture of origin and the new culture (Berry & Kim, 1988; Berry, Kim, Minde, & Mok, 1987). According to Tran, Fitzpatrick, and Wright (1996), less acculturated people experience higher rates of self-reported health problems than were those with higher levels of acculturation. Psychological changes, such as changes in mental health are inevitable as people try to adapt to their new environment.

There are many variations in the forms of acculturative experience; there are also wide ranges of psychological characteristics that can be used to indicate the changes in individual's health. First of all, in regard to the implications of the five phase's analysis for mental health, Berry and Kim (1988) pointed out that from the time of contact, stress and conflict may threaten the individual with psychological uncertainty and confusion. When such a conflict reaches identification crisis, overt behaviors, such as homicide, suicide, and substance abuse, are noted in the acculturation group. Thus, it is important to note that the kind of adaptation one achieves has an impact on the health of the individual. It is assumed that those stuck in the conflict and crisis in one form or another are likely to show a lower health compared to those who successfully manage the conflict and crisis with a variety of strategies. The relationship between acculturation and health is dependent on the acculturation phase one experiences, as well as on specific factors that affect each phase (Berry & Kim, 1988).

Another factor is the way in which the dominant society exerts its acculturative influences. One important distinction is the degree of pluralism present in a society. The stress of persons experiencing acculturation in plural societies will be lower than those in monistic societies that pursue assimilation. In assimilationist societies, there are a number of factors operating that will plausibly lead to greater acculturative stress than in pluralistic societies. If a person regularly receives the message that one's culture, language and identity are unacceptable, the impact on one's sense of security and self-esteem will clearly be negative resulting in greater acculturative stress. Also, acceptance or prestige of one's group in the acculturation setting is also linked to acculturative stress.

Berry and Kim (1988) assumed that the health of individuals may be associated with the four modes of acculturation. For example, those who are in a situation of marginalization may have poorer health than an individual who is integrated. In addition, a person, who seeks separation while most of his or her group members are seeking assimilation, may also have poor health. Among the four modes

of acculturation, three modes; assimilation, integration, and separations represent different forms of adaptation; while marginalization implies that the individual in the marginalized situation experiences a highly stressful crisis. Thus, those who are in marginalization mode are expected to have the poorest health. In addition, individuals in the separation mode experience conflict to some degree since they resist being involved in their own and dominant group relations both. This conflict may lead them to have relatively poor health (Berry, Kim, Minde, & Mok, 1987; Kosic, 2004).

Hurh and Kim (1984) illustrated the factors that affect the degree of acculturation of immigrants as follows: racial and cultural similarity between the host and the acculturating groups, socio-demographic characteristics of the two contact groups, the nature of immigrant's place of residence, proximity of homeland, mutual attitudes between the two contact groups, and length of time of immigrant's. These factors appear to indicate that characteristics of both the host and acculturating groups are associated with the acculturation process. From the above discussion, it was observed that people with higher level of acculturation, successful management of conflict phase of acculturation, experience acculturation in plural society, similarity between host and native culture, and adaptation of integrated strategy have been positively related with health.

There is tremendous research works on the relationship of acculturative stress to health of international student's migration. Present study examined the relationship of acculturative stress to health of the within country migrant student population. This study focused on Kashmiri students who migrated to Bhopal, central India for study purpose. Because of the lack of empirical research on the relationship between acculturation and health in the within country context, the current understanding of the role of acculturation and its effect on health remains significantly limited. To bridge the gap in the literature, the present study purports to explore the possible relationships of acculturation to health of the within country migrant student population. In view of the above the following hypothesis will be tested in the present study. Health of participants with different levels of acculturative stress will be significantly different and acculturative stress will significantly predict health of the participants.

Method

Participants:

Two hundred and nineteen Kashmiri students studying in different colleges and universities in Bhopal responded to the study. Out of 219 participants, 114 (52.10%) are males and 105 (47.90%) are females. The age of these participants ranges from 20 to 30 years (Mean age = 23.30 years, *SD* = 1.70). The length of acculturation experience of students ranged from 1 to 3 years (*M* = 1.66, *SD* = 0.73). There were 108 students (49.30%) with acculturation duration of less than one year. The number of students with 1–2 years acculturation duration was 78 (35.60%), while 33 students (15.10%) had acculturation experience of 2 to 3 years. Majority (81.30%) of these students were doing post graduate courses. Some were research students (6.40%) at different departments of the universities.

Measures:

Social, Attitudinal, Familial, and Environmental Scale – Short Form (SAFE-SF; Mena, Padilla, & Maldonado, 1987) which assesses acculturative stress in social, attitudinal, familial, and environmental contexts as well as items related to perceived discrimination or majority group stereotypes toward ethnic minority populations. The SAFE-SF scale which contained 24 items was modified according to the Indian socio-cultural

context. Thus, 15 additional items dealing with specific stressors in Indian socio-cultural context were added which was related to homesickness, perceived hate, insecurity, prejudices, acculturative strategies, cultural shock, guilt feeling and language barrier. Participants were asked to respond to each items of the modified version of the scale on a 5-point Likert scale ranging from “0” (strongly disagree) to “4” (strongly agree).The overall score of an individual on this measure may range from 0 to 120; high score indicating high acculturative stress while low scores indicating low acculturative stress. Mena, Padilla, and Maldonado (1987) have reported internal consistency reliability for sample of adolescent ethnic minority youth (á = 0.89). In the present study the internal consistency reliability (Cronbach’s alpha) was 0.85.

General Health Questionnaire (Goldberg & Hillier, 1979) is a self administered screening instrument which focuses on the psychological components of ill-health. This measure was developed to detect psychiatric disorders among people in community setting and non psychiatric clinical setting. This 28-item scale has four factors i.e., somatic symptoms, anxiety and insomnia, social dysfunction and severe depression, which provide a state measure of psychological distress. Responses are obtained on a 4-point Likert scale ranging from 0 (better than usual) to 3 (worse than usual). Total score is produced by adding each subscale scores together that ranges from 0 to 28. A high score on this measure indicates greater psychological distress. Goldberg and William (1988) have reported split-half reliability for the total scale as 0.95. Internal consistency reliability (Cronbach’s alpha) of this measure in the present study was found as 0.93.

Procedure:

Initial meeting with the participants was made at different departments of colleges and Universities. They were informed about the purpose of the study. Upon initial meeting, each participant was also explained the nature of the study. Participants were informed about the confidentiality regarding information collected from them. A time for data collection was set up that was conducive for the participants. Before administering the questionnaire, the purpose of the study was again explained to the participants. A good rapport was build with the participants for getting correct responses. Some necessary instruction and guidelines were provided to them for properly filling the questionnaire. After this, the questionnaires were provided to them and they were requested to fill-up the questionnaire as per the instructions given in the questionnaire. After completion of the questionnaire participants returned the questionnaire and they were thanked for their participation and cooperation.

Results

Results show significant differences between mean general health scores of three groups of students for somatic symptom, anxiety and insomnia, social dysfunction, severe depression as well as for overall general health. Mean scores clearly indicate that students with high acculturative stress showed poor health scores in terms of somatic symptom, anxiety and insomnia, social dysfunction, severe depression as well as overall general health in comparison to the students with moderate and low acculturative stress.

Table 1 shows result of simple linear regression analysis using acculturative stress as a predictor of general health as well as psychological well-being of participants. In regard to the dimensions of general health, acculturative stress was found significant predictor of somatic symptom (r^2 = .04, b = 1.31, t = 2.95, p < .01), anxiety and insomnia (r^2 = .12, b = 2.31, t = 5.54, p < .01), social dysfunction (r^2 = .08, b = 1.50, t = 4.39, p < .01), severe depression (r^2 = .08, b = 1.91, t

= 4.24, $p < .01$) as well as overall physical health ($r^2 = .11$, $b = 1.76$, $t = 5.25$, $p < .01$) explaining 4%, 12%, 8%, 8% and 11% variance respectively in these measures. As higher scores on this measure of general health indicates poor health, the obtained results clearly revealed that acculturative stress was positively related to somatic symptom, anxiety and insomnia, social dysfunction, severe depression as well as overall general health. This shows that with increasing acculturative stress, somatic symptom, anxiety and insomnia, social dysfunction, severe depression as well as overall general health increases significantly.

Table 1. Result of Simple Regression analysis Predicting General Health and Psychological Well-being from Acculturative stress

Criterion Variable General Health	*r*	*r²*	*F(1,217)*	*b*	*SE-b*	*t*	*95% CI*
Somatic symptom	.20	.04	8.67**	1.31	.44	2.95**	0.43 – 2.19
Anxiety and Insomnia	.35	.12	30.70**	2.31	.42	5.54**	1.49 – 3.14
Social dysfunction	.29	.08	19.29**	1.50	.34	4.39**	0.82 – 2.17
Severe depression	.28	.08	18.01**	1.91	.45	4.24**	1.02 – 2.79
Overall General Health	.34	.11	27.58**	1.76	.33	5.25**	1.10 – 2.42

*p< .05. **p< .01

Discussion

There are many reasons for recent surge of interest among Kashmiri students to join higher education institutions of Bhopal and some other cities of central India. In Kashmir, there are very few institutions of higher education with limited number of courses. Also, because of limited number of seats and strict admission criteria in most higher education institutions in Kashmir, a large number of Kashmiri students migrate to other parts of country for seeking higher education. However, most of these students have very little or no familiarity with the culture of the rest of the country. In recent years a large number of Kashmiri students have migrated to Bhopal because of its central location in the country, availability of variety of courses, and easy admission rules.

The culture of students who migrate from Kashmir valley to central India is different in terms of religion, language, food habits, geographical features, climate, values, customs, behavior and life-style etc. Since eco-cultural condition of Kashmir valley is very different from that of central India and two places manifest a contrasting difference, it becomes quite difficult for Kashmiri students to adapt themselves with the eco-cultural conditions of central India. Culture contact while living and studying in Bhopal is a new experience for most of naive Kashmiri students which creates a lot of stress among them. As a result they face a number of mental and physical health problems including problems in adapting to new socio-cultural and physical environment.

Although a number of cross-cultural studies have examined the relationship between acculturative stress and health of student population who migrate to a different country, this study aimed at examining this relationship in the context of “within country” migration as there is limited research in this area. For this, Berry’s (1987) model of acculturation was used to explain the relationship between culture change and individual behavior in the context of within country acculturation experience. More specifically, present study examined the relationship of acculturative stress to health of students.

Initial analysis in the present study examined the effect of acculturative stress on health of students. Level of the acculturative

stress of the participants was determined on the basis of their scores on Social, Attitudinal, Familial, and Environmental Scale (Mena, Padilla, & Maldonado, 1987). Using quartile statistics, participants were grouped into low, moderate and high acculturative stress. One-way ANOVA was used to examine the differences in different dimensions of health of students experiencing three levels of acculturative stress. It was assumed that students with high level of acculturative stress will report significantly greater health related problems in comparison to the students experiencing moderate and low levels of acculturative stress.

Findings of one way analysis of variance revealed significant difference between mean scores of three groups of students for overall general health and its different aspects i.e., somatic symptoms, anxiety and depression, social dysfunction, and severe depression. Students with high level of acculturative stress have reported significantly greater health problems in comparison to the students with low and moderate levels of acculturative stress. Results also revealed that with increasing acculturative stress students reported greater health problems. Results of simple regression analysis also showed acculturative stress as significant predictor of all aspects of general health of participants. These findings supported the hypothesis which stated that acculturative stress will be significantly related to health of participants.

The above findings regarding significant relationship of acculturative stress to health of Kashmiri students are consistent with the cross-cultural studies exploring relationship of acculturative stress to health of students in different socio-cultural contexts (Berry, 1988; Berry, Kim, Minde, & Mok, 1987; Hovey & Magana, 2000; Hwang, Chun, Takeuchi, Myers, & Siddarth, 2005; Parka, 2009; Suarez-Morales, & Lopez, 2009; William & Berry, 1991). In these studies researchers have found that greater acculturative stress increased the risk of developing psychological problems and reduced psychological well-being. These above studies make it clear that acculturative stress negatively affects health and psychological well-being of students. The present study also supports the previous findings regarding the relationship of acculturative stress and mental health. Part of the reason for poor health and reduced well-being of these students may be less knowledge and understanding of the mainstream culture. In addition, these students perceive cultural distance in terms of climate, food preferences, living standards and overall behavior. Furthermore, these students experience isolation and fear of being removed from the traditional social support from their family members. All these factors contributed to poor health and reduced psychological well-being of Kashmiri students.

Limitations and Suggestions

There are several important limitations of the present study that should be noted. First the data of the present study were collected from Bhopal city only. Data gathered in this cultural context may therefore be unique, and it is entirely possible that a replication of this study in a different part of the country might yield different findings. Second, the convenience sampling method of Kashmiri students is not likely to be representative of all Kashmiri students studying in other parts of the country. Therefore, further study needs representative samples in order to establish the generalizability of findings on Kashmiri students studying in other parts of the country. Third, all measures used in the present study were based on the participant's self-reports. Self-report questionnaires are always susceptible to biased responses from individuals who prefer to endorse socially desirable answers. Fourth, the cross-sectional design used in the present study

does not allow drawing conclusions regarding causality. Longitudinal research will be needed to support such conclusions. Fifth, sample size of the present study was relatively small and homogeneous which also limits generalization.

Despite the above limitations, the present investigation contributes substantially and uniquely to research on acculturation, health of students. Findings from this study have broadened our understanding of the acculturation process and its role in health and psychological well-being of migrant students in the context of within country migration and acculturation experience. The robustness of the findings indicates that students migrating to a different culture, even with the country like India, experience some acculturative stress which influences their health.

Existing literature in the field of acculturation and health shows that still there are many areas that need to be examined. Student acculturation and its effects on their health and psychological well-being is one important area. For example, there are many Kashmiri students all over the India experiencing acculturation process. Therefore, acculturation strategies need to be explored in more detail for the Kashmiri culture, and the pattern of results observed in the current study should be examined and tested with different groups in different states of the country. Thus, the factors affecting Kashmiri students' acculturation strategies, their health should be identified in detail. In terms of measurement, in-depth interviews can encourage migrant students to share more information about their experiences. Researchers may also have chance to observe individuals' non-verbal language. Adding such qualitative elements can enrich the assessment.

This study provided a comprehensive assessment of within country student acculturation, covering issues related to acculturative stress and health. The study also advanced knowledge of within country acculturation by testing numerous theoretical and empirically based hypotheses proposed by previous researchers. Thus, this study lays the groundwork for future research on within country acculturation of student population. Present findings also suggest a need for developing culturally effective outreach and intervention programs for Kashmiri students. Further research is needed to develop culture-centered and culture-specific health promotion strategies and to explore their effectiveness, as to better serve the other subgroups (i.e., traders, employees etc.) including migrant students of Kashmiri culture in order to improve their health and psychological well-being.

In addition, more culturally specific questionnaires are needed to assess the health related problems among acculturative students. Further validation of the measurements of acculturation and health is also necessary. As the measures of the present study were developed in western countries, these measures lack their validity in the Indian cultural context. Further research should include questions regarding acculturation, health incorporating elements of Indian cultural contexts in order to obtain a better assessment of variables in their area of research. Finally, longitudinal studies may be another recommended research direction to study acculturation and health of acculturating students over time.

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