QUALITY OF LIFE OF ASIAN INDIAN OLDER ADULTS WHO IMMIGRATED TO THE UNITED STATES TO REUNITE WITH THEIR ADULT CHILDREN

ABSTRACT

Studies to understand the Quality of Life (QoL) and mental health of Asian Indian (AI) older adults, especially those living in the San Francisco Bay Area, are limited in number. This study attempted to bridge the gap by exploring the QoL of AI seniors, who immigrated to the United States to reunite with their adult children. Focusing on late-life immigration sequelae, the study utilized both quantitative and qualitative methods to study this academically neglected population. A questionnaire designed for this study examined the psychosocial variables in addition to established instruments, including WHOQOL-BREF, Mastery scale, PHQ-9, and GAD-7. With convenience sampling, 109 seniors (60 years or older) participated. To allow individuals with a language barrier to participate, both self-administered ($n = 38$) and interviewer-assisted ($n = 71$) formats were used. The interviews were conducted in Hindi, English, and Bengali languages. Reflecting the diversity of India, the participants represented four religions, more than 10 Indian states, and 12 native languages. Hindi, the national language of India, emerged as the most common language. The study hypothesis that AI seniors will experience a loss of autonomy or independence after immigration was supported. Specifically, their self-reported mastery is low; they are financially dependent on their children or the government; they perceive a language barrier that limits their access to services; their access to transportation is lower, and their finances in the U.S. are worse than in India, both before relocation and now. Further, they were less isolated, and their social support in India was better than that in the U.S. The hypothesis that AI seniors who are U.S. citizens ($n = 53$) will have higher QoL in comparison to those who are permanent residents ($n = 56$), was also supported: Citizens had a higher QoL score for psychological and environmental domains, better finances, better self-reported English proficiency, and lesser feelings of isolation. The findings did not support the hypothesis that the prevalence of depression and anxiety among AI seniors will be higher than that of the general U.S. population: The prevalence among participants was similar but not higher. The qualitative themes that emerged for improving QoL included higher spirituality; better physical health; better infrastructure, such as transportation, housing, health facilities, and medical insurance; better relations with family members; and regular activities. Extending Brockmann's 2002 model, this study proposes that political and legal context, autonomy or independence, social support network, sense of identity or belonging, meaningful role, and health are the six key domains that impact the QoL of AI seniors. Further, mastery or self-efficacy in the new culture, access to transportation, financial dependence, and dependence due to language barrier are the four subdomains within autonomy.

About the Presenter

With a doctorate in Counseling Psychology, Anita Jhunjhunwala Mukherjee strives to bring the focus from physical health to mental health and from mere living to the quality of life. She is currently working with Santa Clara County's mental health department on their suicide prevention program, and has volunteered with the Suicide and Crisis hotline since 2006. Previously, she has counseled veterans as a clinical volunteer with the San Jose Veterans Center. Prior to embracing psychology, Anita has worked in the software industry in different countries for many years, as a computer engineer, a project manager, and an entrepreneur. She can be reached at anitaj@gmail.com.