

Significance of Nationality and Duration on Mental Health of Immigrants

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Abstract:

Mental health is increasingly seen as fundamental to human functioning, comprising psychological, emotional, personal and social well-being. The world is continuously becoming more globalized, which has made cross-national migration, both attractive as well as attainable. This trend has probably contributed to the increased attention given to immigrants' mental health as it has made their often-difficult situations more visible.

Objectives: To assess the effect of nationality and duration of immigration in relation to both positive and negative measures of mental health.

Method: The data was collected on 280 immigrants (140 Indian and 140 Nepali) aged 20-60 years. To measure positive dimensions of mental health Psychological Immunogens Questionnaire (PIQ) and Life Satisfaction scale was used. DASS-42 (Depression, Anxiety and Stress Scale) was utilized to assess the negative dimensions of mental health. Analysis of Variance (ANOVA) was computed.

Results: The findings of the ANOVA have suggested that there are differences in perceived distress between Indian and Nepali immigrants which are mostly affected by duration of migration. Further, there were also differences in their level of psychological immunogens and life satisfaction based on their nationality and duration of migration.

Conclusion: Perceived distress varied with nationality and duration. Subsist with changing environment in host society depends on personal psychological resources of immigrants'.

Keywords: culture, migration, inter-culture relation

Introduction

Mental health is the foremost magnetism of human functioning, substantial at every single stage of life, exemplifies the emotional, psychological and social well-being of an individual. As mentioned by World Health Organization (WHO) mental health is one of the needed facades of general health for an individual. The term mental health has been cast-off since the 11th century, which encompasses of two constituents: state of mind and competence (Stones et al., 2011). It is such a state of well-being where each and every individual become fully acquainted of his/her potential and dormant qualities or abilities which may lead them to cope with the usual and day to day stresses of life as well as work efficaciously and turn out to be productive member of his/her community. Henceforth, it also primes a person to have noble choices in life and knob the natural ups and downs of life effectively.

Culture influences our goals and values, contributes to how we think about desirable and undesirable individual characteristics and behaviors, and sets normative expectations concerning the meaning and achievement of a successful life. Culture comprises of conjoint denotation structures that deliver the

principles for observing, believing, appraising, interactive and acting amid those individuals who share a dialectal, a notable period and a geographical locality (Triandis, 1996). Culture also influences the sources of distress, the form of illness experience, the interpretation of symptoms, help-seeking and it sets the limit of tolerance for specific emotions.

Cross-cultural evidences specify that different psychological, social and behavioral aspects protect physical health and support positive mental health as well. Such protections facilitate resistance (resilience) to disease, minimize and delay the emergence of disabilities and promote more rapid recovery from illness (WHO, 2002). Mental health is affected by a wide range of factors like biological, psychological and social. Sometimes, these factors may develop and precipitate symptoms and behaviors that negatively affect mental health, interpersonal relationships and also the potentials to cope with daily life stressors.

Earlier the DSM-IV (Diagnostic and Statistical Manual of Mental Disorder- IV) and in recent development of DSM-5 have placed ample emphasis on culture and gender as a notable constituent towards mental health. Hence, it was thought pertinent to systematically study the behavior and experiences of migrants i.e., Indian and Nepali in this case as it occurs in both countries, is influenced by the culture and results in influencing psychological functioning of them. The present piece of investigation has taken into account the cross-cultural perspective to understand the distress and well-being of Indian and Nepali citizens migrated to one another countries and decide to reside and earn livelihood there.

Although immigration and migration are a phenomenon throughout history but from the last two decade of 20th century it has reached to a prodigious amount. As per the projection by United Nations (2002, 2006), there would be 350 million immigrants by 2025 as compared to 191 million in the year 2005.

The cross-cultural researches with immigrants typically focused on two types of factors (i.e., push factors and pull factors) for taking the decision to migrate or actually do the same. Fleeing from the country of origin or home country to procure ease and comfort from the critical and hostile conditions like poverty, human rights violations, famine, natural disasters or wars are push factors. However, the pull factors may be the favorable conditions that assure a preferable financial and commercial future as well as promise personal and civic freedom in the host country (Richmond, 1993).

The disillusionment model has suggested that the psychological adaptation to immigration take place in predictable manner (Rambaut, 1985). This model of disillusionment has clearly suggested that when an individual migrates from one culture to another, learning about the host culture usually takes time. It is likely that after a preliminary introduction to the new culture, the perceived and felt confusion arises regarding norms and aspects of both cultures. It can be that the new culture feels too different to immigrant because he/she didn't understand the culture and customs. It is often the daily stuffs, or an accretion of little things that creates a sense of not being able to be effective in the new environment. Perceived distress and the ability to cope and recover from problems and challenges may vary with cultures. This may influence mental health and well-being of them. Hence, it was thought pertinent to understand mental health and well-being of Indian and Nepali migrants arriving in each other countries since ages. Although a number of cultural similarities exist between these two countries and various social, political and cultural ties exist between two but it is an area of exploration whether people of these two countries who migrate to each other face similar kind of mental health issues and well-being as researched with other immigrants around the globe.

The researches have showcased the diverse effects of culture and society on mental health, mental illness and also mental health services. As stated earlier during the first phase of the arrival to host culture, the

mental health of immigrants is equal or even better than host country people. The second phase i.e., disillusionment and nostalgia for the past begins after sometime and then mental health deteriorates and finally the adaptive phase starts when people regain mental health (Davis, Basten & Frattini, 2006). An individual experiencing cultural transition is likely to experience significant changes in language, behaviors, cognitions, personality, identity, attitudes, psychological well-being; he or she is confronted with stress that demands coping to respond to the instability of changes in daily life (Redfield et al., 1936; Zheng & Berry, 1991; Berry, 1997).

The reflections of cultural adaptation introduced by Berry (1997) represent the groundbreaking and the momentous opus on acculturation. As a corollary of acculturation, immigrants are anticipated to adapt the values, traditions, practices and beliefs of the host culture and to leave the culture of origin (Schildkraut, 2007). According to Ward (2001) there are two different dimensions of adapting to the host society- psychological adaptation and socio-cultural adaptation. Psychological adaptation refers to personal well-being and good mental health. Socio-cultural adaptation refers to the individuals' social competence in managing their daily life in the intercultural setting.

The occurrence of a specific psychological symptom may depend on how salient it is to members of that particular culture. For example, Pang (1995) used semi-structured interviews to study the experience of depression in elderly Korean immigrants. It was established that numerous depressed immigrants did not account of feeling depressed; instead, they elucidated and conversed their distress in other forms such as loneliness, family dynamic or somatic grievances.

Variations in prevalence rates of depression are typically attributed to cultural factors. Several studies have found that rates of depression are generally lower in Asian cultures than in Western cultures, which may be due to different perceptions of mental illness in these cultures (Sato & Takeichi, 1993; Hwu et.al, 1996; Bland, 1997; Simon et.al, 1999).

In a study Pernice et al., (2009) found that post-migration factors are more likely to be interrelated to depression and anxiety than demographic distinctiveness. Such factors include host country discrimination, isolation and loneliness, unemployment and the detachment of ethnic community exaggerated by anxiety and depression. Those immigrants who had arrived within six months beforehand expressed symptoms of anxiety or depression, sometimes both. While those immigrants who are inhabitant of the host country for longer than six years emerged to experience lower levels of depression, suggesting that mental health may improve over time.

Similarly, in one of the studies on interstate migration of students in India showed that in Kashmiri students who migrated to Bhopal (the capital of Madhya Pradesh) for their higher education, the length of stay was predicted for acculturative stress (Ayoob, Singh & Jan, 2011).

The cultural contact with India and Nepal is since ages and the political ties and seamless boundary create conducive environment for its citizens to migrate to each other countries for more than one reason. However, none of the studies within the limits of cross- cultural psychology tried to examine the experiences of people migrating to each of these nation cultures. Hence, this attempt has been made to see what acculturation strategies these people opt and what and how migration affects them.

Objectives

1. To examine the effect of nationality and duration of immigration in relation to positive mental health.
2. To examine the effect of nationality and duration of immigration in relation to negative mental health.

Hypotheses

1. There will be differences in perceived distress with different duration of immigration and in two different nationality groups i.e., Indian and Nepali.
2. There will be differences in psychological immunogens and level of life satisfaction with different duration of immigration in two different nationality groups i.e., Indian and Nepali.

Method

Two-way ANOVA (2x3) between group factorial design with two levels of nation culture or nationality (Indian and Nepali) and three levels of duration of immigration (less than 1 year, 1 to 5 years and more than 5 years) has been taken into consideration. Thus, there were six treatment conditions.

Sample

The sample comprised of 280 adults (140 Indian migrants and 140 Nepali migrants) aged 20-60 years (Mean Age= 37.32 years). The study sample was recruited from the Nepali immigrants residing in India and Indian immigrants residing in Nepal from the Indo-Nepal border areas alongside the eastern Uttar Pradesh border areas habitat. For the data collection the researcher went to the places of Gorakhpur where the Nepali immigrants were living in masses, similarly in Nepal where Indian immigrants were living in Nepal alongside border particularly Bhairahawa and Butwal located in Rupandehi district of Nepal. In Indian sample participants recruited were mostly from the Gorkha Recruitment Depot situated in Gorakhpur, one of the selection centers of Gorkha Soldiers for Indian Army, and those who were working in defense services. The data was also collected from Farendra and Nautanwa region of Uttar Pradesh, India where the Nepali immigrants are living in large numbers. While the sample of Indian immigrants recruited from Bhairahawa and Butwal area of Nepal were mostly of Nepal.

As one of the independent variables is the duration of immigration, hence, the immigrants who fit on these criteria and were ready to participate in the study had become the sample. The detailed description of entire sample is given below:

Table 1: Description of sample

Nationality	Duration of Immigration		
	Less than 1 year	1 to 5 years	more than 5 years
Indian origin living in Nepal (N=140)	male N= 22	male N= 18	male N= 30
	female N=21	female N= 24	female N= 25
	Total N= 43	Total N= 42	Total N= 55
Nepali origin living in India (N=140)	male N= 17	male N=16	male N=37
	female N =15	female N=14	female N=41
	Total N =32	Total N= 30	Total N=78

Informed consent- The researcher explained the purpose of the study to the participants and asked them to partake in the study. The participants who wish to participate were asked to sign an informed consent form. After getting signed the informed consent form they were interviewed first and then given the questionnaire to complete. And once they were done it was taken back from them.

To measure positive dimensions of mental health Psychological Immunogens Questionnaire and Life Satisfaction scale was selected. DASS-42 (Depression, Anxiety and Stress Scale) was utilized to assess the negative dimensions of mental health.

Psychological Immunogens Questionnaire (PIQ): Psychological immunogens questionnaire was developed by present researcher align with the research supervisor to assess the psychological immunogens of personality. Initially the questionnaire consisted of 80 items. After analysis 33 items were retained in the final questionnaire. A total of 10 factors emerged. Factor I had 14 items associated with self-efficacy factor II had 3 items associated with task accomplishment, factor III had 2 items linked with seeking social support, factor IV allied with positive belief in herself/himself, factor V connected with mastery, factor VI related with sense of meaninglessness, factor VII leadership quality, factor VIII tied with insightfulness, factor IX associated with self-confidence and factor X linked with ingenuity.

To establish the psychometric properties, inter-item correlation and Cronbach's alpha was computed. The alpha was found to be 0.84 and Equal length Spearman Brown reliability was found to be fairly high 0.91.

Life Satisfaction Scale: It was developed by Diener, Emmons, Larsen, and Griffen (1985), contains five global items that were developed to assess an individual's satisfaction with life as a whole. The scale uses a 7-point Likert type format that is as follows: strongly disagree (1), disagree (2), slightly disagree (3), neither agree nor disagree (4), slightly agree (5), agree (6) and strongly agree (7). The scores range from 5 to 35, the higher scores indicating more satisfaction with life. Hence, in terms of total scores 5 to 9 indicates extremely dissatisfied with life, 10 to 14 indicates dissatisfied with life, 15 to 19 indicates slightly dissatisfied with life, 20 represents equally satisfied and dissatisfied with life, 21 to 25 indicates slightly satisfied, and 26 to 30 indicates satisfied with life, and 31 to 35 indicates extremely satisfied with life. Test-retest reliability and Cronbach Alpha was reported 0.82 and 0.87, respectively. The Hindi translation and adoption were done by Mishra (1999) and Dubey (2003) and found comparable with that of English version.

Depression Anxiety and Stress Scale (DASS-42)

The DASS is a 42-item questionnaire which includes three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. It was developed by Lovibond and Lovibond (1995). Each of the three scales contains 14 items, divided into subscales of 2-5 items with similar content. Respondents are asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week. For the present study Hindi version of DASS-42 adapted by Singh, Prabhuappa, Eqbal & Singh (2013) was used. The internal consistencies of the DASS-42 were determined using Cronbach alpha coefficient for the entire scale was found to be 0.83, and 0.83, 0.85 and 0.80 for depression, anxiety and stress respectively. Inter-item correlations ranged from 0.51 to 0.75. Factor loading ranged from 0.20 to 0.88 of Hindi adaptation which was found comparable with the original scale.

Procedure

After explaining the purpose of the study to the prospective participants, informed consent form was given to them and gets it signed by them. In the next phase, the self-reported measuring tools had been given to fill. The Nepali immigrants living in India were also well versed in this language; hence language has not created any barrier in both written and verbal communication in both groups of nation culture participants. It took around 30 minutes to each participant to complete the entire protocol. After collecting the entire data, it was scored with the help of respective manual of each measuring tool. The obtained data was analyzed using SPSS software version 21.0.

Results

The results are presented on the basis of research questions made for the present study. To answer the research questions and examine the objectives Analysis of Variance (ANOVA) was computed. ANOVA was computed to know the effect of nationality with two levels- Indian and Nepali and duration of migration with three levels namely, less than 1 year, 1 to 5 years and more than 5 years on negative and positive mental health measures. Dependent variables were the measures of positive mental health i.e., psychological immunogens and life satisfaction and measures of negative mental health depression, anxiety, stress and overall distress.

Effect of nationality and duration of migration on overall distress

Table 2 Summary of overall distress as a function of nationality and duration of immigration

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Nationality	1377.493	1	1377.493	10.375	.001
Duration	21507.009	2	10753.505	80.995	.000
Nationality*Duration	3729.693	2	1864.847	14.046	.000
Error	36378.104	274	132.767		

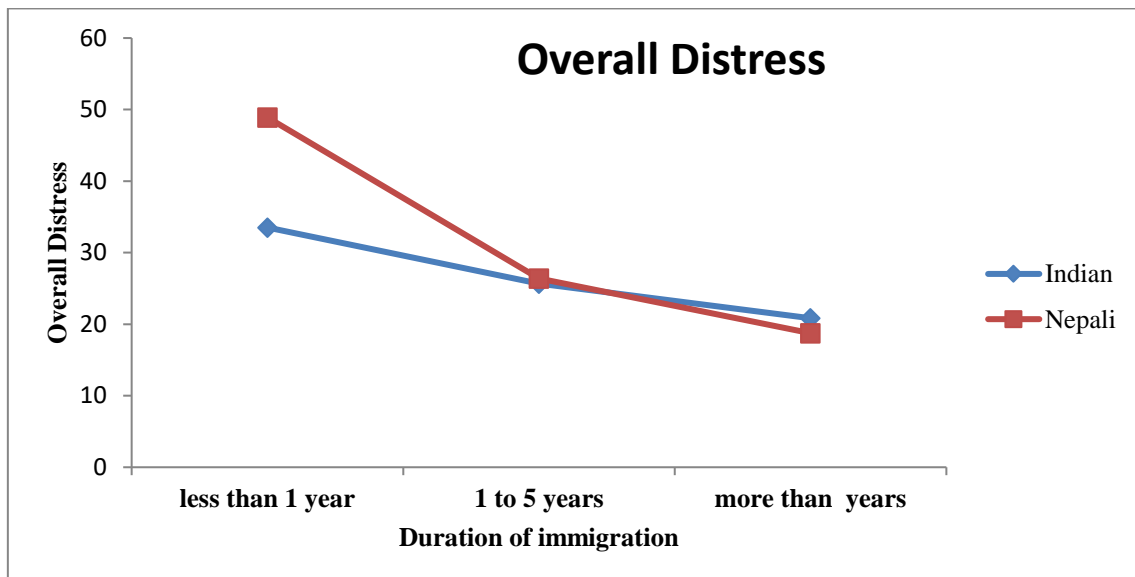


Figure 1. Interaction effect of nationality and duration of immigration on overall distress

Table 2 showed that the main effect of both nationality ($F=10.37, P<.001$) and duration of immigration ($F=80.99, P<.001$) had reached to the level of significance. The interaction effect of nationality and duration of immigration on overall distress also reached to level of significance. Figure 1 showed that the Nepali immigrants were more distressed than Indians at the beginning but after more than one year of the stay in another country their level of distress was almost same, as Indian immigrants. Moreover, the overall distress decreased as the duration of immigration increased.

Effect of nationality and duration of migration on depression:

Table 3: Summary of depression as a function of nationality and duration of immigrants

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Nationality	73.231	1	73.231	2.669	.103
Duration	1663.231	2	831.616	30.304	.000
Nationality*Duration	400.405	2	200.202	7.295	.001
Error	7519.120	274	27.442		

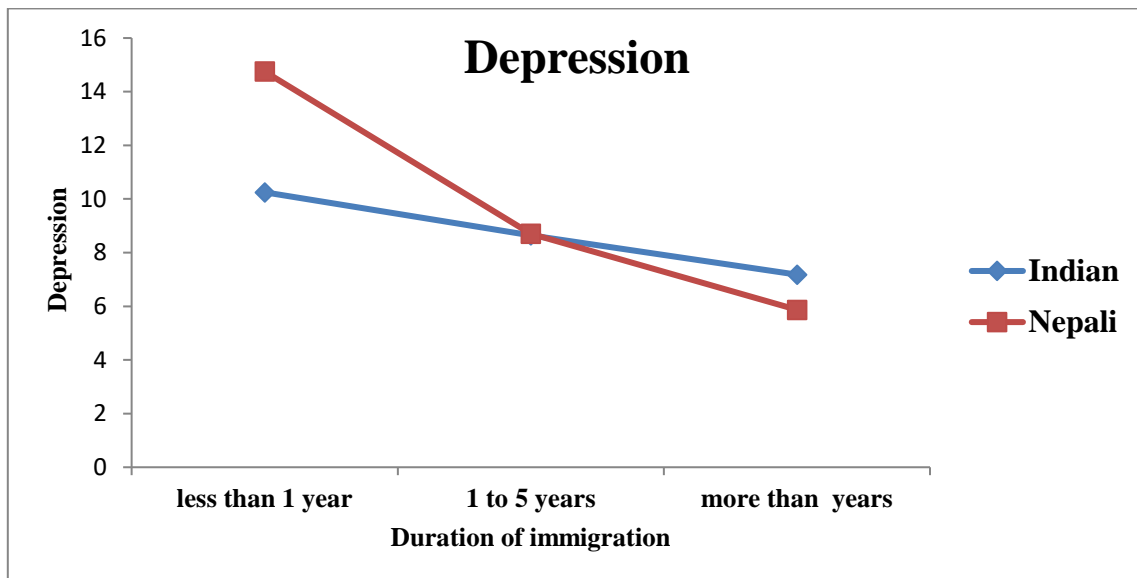


Figure 2: Interaction effect of nationality and duration of immigration on depression

Table 3 showed that only the main effect of duration of immigration ($F=30.30, P<.000$) had reached to the level of significance for depression. However, there was no significant main effect of nationality was found on depression. However, as their duration of immigration increased from 1 year to 5 years to more than 5 years their level of depression gradually decreased and reached to almost similar level. The interaction effect of nationality and duration of immigration on depression ($F=7.295, P<.001$) had also reached to the level of significance. Based on these findings Figure 2 had been made, which clearly depicted that Indian immigrants were overall less depressed than Nepali immigrants at two levels of duration of immigration being studied, i.e., less than a year and 1 to 5 years but after years of stay of

Nepali immigrants to India, their level of depression declined and even found less than the Indian immigrants.

Table 4: Summary of anxiety as a function of nationality and duration of immigrants

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Nationality	383.250	1	383.250	25.463	.000
Duration	2917.931	2	1458.966	96.933	.000
Nationality*Duration	452.648	2	266.324	15.037	.000
Error	4124.042	274	15.051		

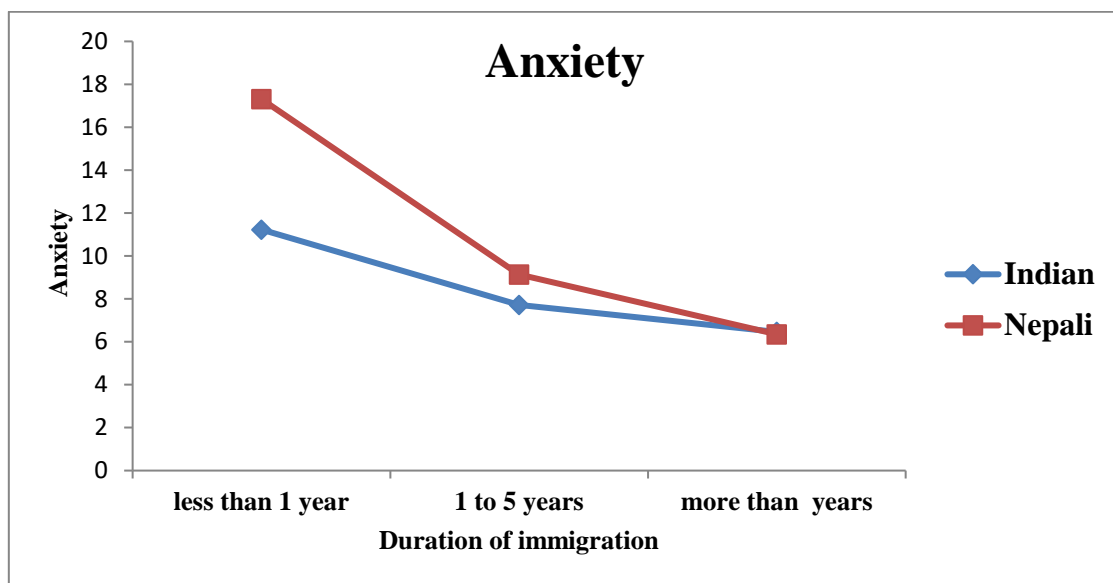


Figure 3: Interaction effect of nationality and duration of immigration on anxiety

Table 4 showed that the main effect of both nationality ($F=25.463, P<.000$) and duration of immigration ($F=96.93, P<.000$) had reached to the level of significance. In addition, the interaction effect of nationality and duration of immigration on anxiety also reached to the level of significance. Both Indian and Nepali immigrants were more anxious at the beginning but as the duration of stay in another country increased, their level of anxiety decreased and after living in another country for more than 5 years their level of anxiety was almost same, for both nationality participants.

Table 5: Summary of stress as a function of nationality and duration of immigration

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Nationality	80.646	1	80.646	4.284	.039
Duration	2703.997	2	1351.999	71.825	.000
Nationality*Duration	408.673	2	204.336	10.855	.000
Error	5157.639	274	18.824		

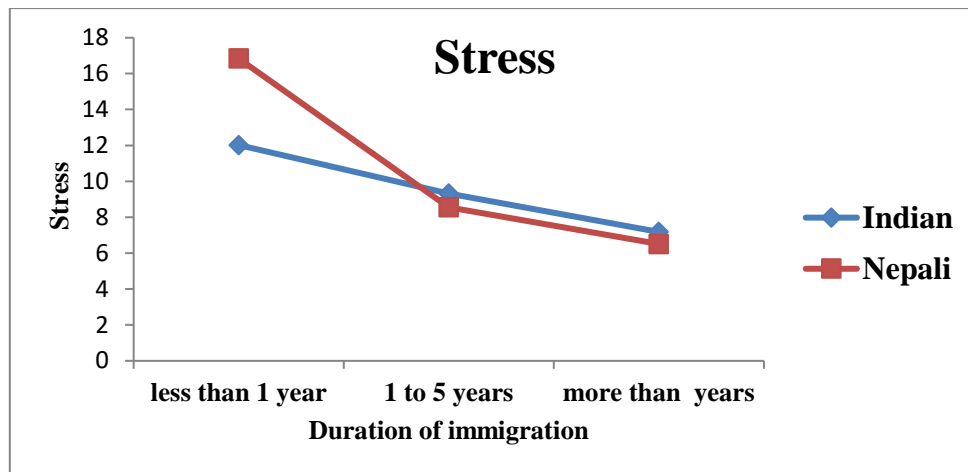


Figure 4: Interaction effect of nationality and duration of immigration on stress

Table 5 showed that the main effects of both nationality ($F=4.28, P<.039$) and duration of immigration ($F=71.82, P<.000$) have reached to the level of significance. The mean values of stress in relation to nationality suggested that Indian immigrants perceived significantly less stress than Nepali immigrants. The interaction effect of nationality and duration of migration on stress also reached to the level of significance. Figure (4) showed that both Indian and Nepali immigrants were more stressed at the beginning but after one year of stay in another country the level of stress, of Nepali immigrants is less than their Indian counterparts and it showed a decreasing pattern as the duration of stay was increasing. The findings had suggested so far that there were differences in Indian and Nepali immigrants in their perceived distress which was affected mainly by duration of migration. The second objective of the present investigation was to see the effect of these two independent variables namely, nationality and duration of immigration on psychological immunogens. Hence, further analysis of variance was computed with psychological immunogens as dependent variable.

Effect of nationality and duration of migration on psychological immunogens

Table 6: Summary of psychological immunogens as a function of nationality and duration of immigration

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Nationality	388.959	1	388.959	2.185	.140
Duration	52733.855	2	26366.927	148.150	.000
Nationality*Duration	921.300	2	460.650	2.588	.077
Error	48764.955	274	177.974		

Table 6 showed that the only the main effect of ANOVA for duration of immigration ($F=148.15, P<.000$) had reached to the level of significance for psychological immunogens. As far as the duration of migration was concerned the recently migrated people (i.e., less than 1 year) whether Indian ($M=99.00$) or Nepali ($M=100.93$) had significantly less psychological immunogens than those Indian immigrants ($M=129.72$) and Nepali immigrants ($M=136.83$) who left their country of origin more than 5 years ago. In addition, the interaction effect of nationality and duration of migration on psychological immunogens was not found significant.

Effect of Nationality and Duration of Immigration on Life Satisfaction

Table 7: Summary of life satisfaction as a function of nationality and duration of immigration

Source	Type III Sum of Squares	df	Mean Squares	F	Sig.
Nationality	5.745	1	5.745	.175	.676
Duration	4007.768	2	2003.884	61.026	.000
Nationality*Duration	424.427	2	212.213	6.463	.002
Error	8997.286	274	32.837		

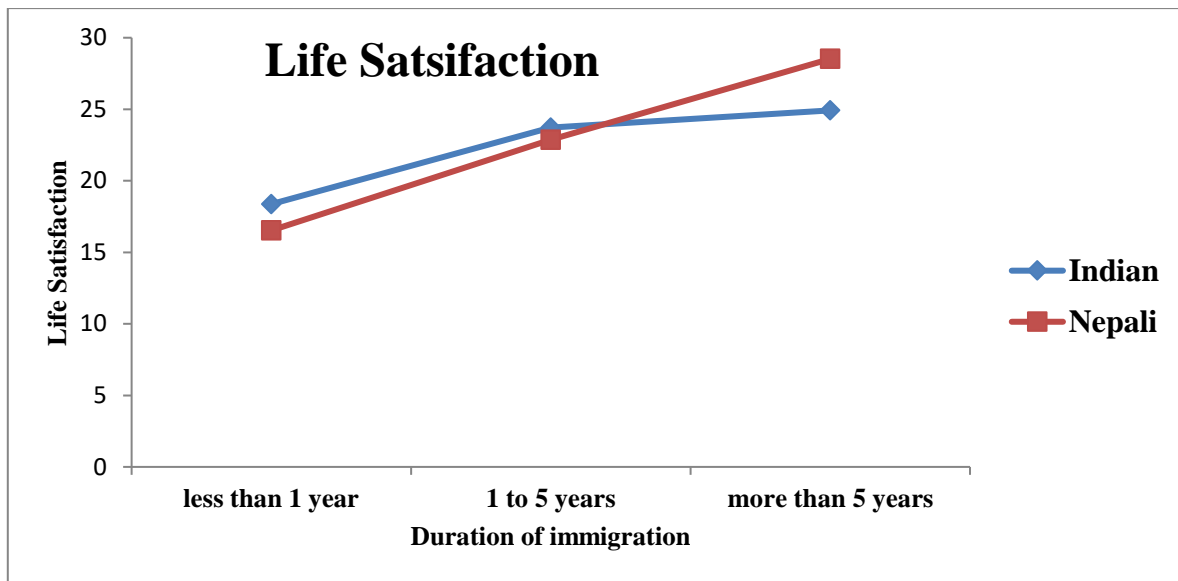


Figure 5: Interaction effect of nationality and duration of immigration on life satisfaction

Table 7 showed that only the main effect of duration of immigration ($F=61.026, P<.000$) had reached to the level of significance. However, the main effect of nationality on life satisfaction was not found significant. In addition, the interaction effect of nationality and duration of migration on life satisfaction also reached to the level of significance. Figure 5 showed that both Indian and Nepali immigrants had low level of life satisfaction at the beginning but their level of life satisfaction increased as the duration of stay in the host country increased, particularly for Nepali immigrants an incremental level of life satisfaction was seen and after staying for more than five years in the host country it was more than that the Indian group.

In nutshell, the findings of the ANOVA so far have suggested that there are differences in perceived distress between Indian and Nepali immigrants which are mostly affected by duration of migration. Further, there were also differences in their level of psychological immunogens and life satisfaction based on their nationality and duration of migration.

Discussion

The pattern of results shows that in comparison to Indian immigrants living in Nepal, Nepali immigrant living in India perceived more overall distress. The findings also revealed that the recently migrated people i.e., less than 1 year whether Indian or Nepali are more distressed than those immigrant group who left their country of origin 5 years ago. Results also revealed that Nepali immigrants perceived more distress

at the beginning of migration to another India but after one year of stay in the host country their level of distress is almost the same as that of Indian immigrants. Moreover, as the duration of immigration increases the overall distress declines.

Results from numerous studies have showed that perceived discrimination is significantly connected with forms of psychological distress such as depression and anxiety (Araujo & Borrell, 2006; Gee, Spencer, Chen, Yip, & Takeuchi, 2007; Tummala-Narra, Alegria, & Chen, 2011) and is one of the main predictors of acculturative stress (Berry, 1997; Abouguendia & Noels, 2001).

The results revealed that Indian immigrants are less depressed than their Nepali counterparts in all the three levels of duration of immigration. The findings also indicated that Nepali participants who are staying in host country for less than one year felt more depression than Indian immigrants. But, as the duration of immigration increased from 1 to 5 years and reached to more than 5 years, their level of depression gradually decreased and reached to the same level of perceived depression as that of Indian immigrants.

Cumming, Lee and Oreopoulos (1989) stated that one's "*departure status*" (such as educational and work experience) is higher while leaving the heritage country than one's "*entry status*" in host culture may result in depression. Sometimes this may be due to real differences in capabilities, or due to ignorance and/or prejudice experienced in host society, leading to status loss, and the risk of stress in immigrants. For such reasons, the aim of migration (i.e., upward status movement) is thwarted resulting in risk for various psychological symptoms, such as depression (Beiser, Johnson & Turner, 1993).

The findings unveiled that over all the Nepali immigrants living in India perceived more anxiety than Indian immigrants living in Nepal. Furthermore, participants of both nation culture groups who migrated only a year before perceived more anxiety than those participants who left their native country for more than 5 years ago.

The individual's ability to cope changes in the cultural milieu, because of the magnitude, speed, or some other changes, leading to serious psychological turmoil, such as depression, and devastating anxiety (Berry & Kim, 1988; Jayasuriya et al., 1992).

The results demonstrated that Indian immigrants had perceived less stress than their Nepali counterparts. Moreover, participants of both nation cultures who left their country of origin less than 1 year ago in both groups were more stressed than those immigrants who left their country of origin before 5 years. As the duration of immigration increased, the level of stress decreased.

Researches indicate that migration to host culture is accompanied by unfamiliar culture, unversed language, and a different social system resulting in the deterioration of the health of immigrants attributable to "*acculturative stress*" (Park & Rubin, 2012; Torres et al. 2012). With more time spent in the host country immigrants gradually become more similar to the people of host country (Alba & Nee, 2009).

Ho (1995) mentioned that while problems encountered by immigrants may be an alternative to a fixed one, like the relationship between duration of acculturation and problems experienced as they change over time (e.g., initially learning a language, obtaining employment and housing, followed by establishing social relationships and recreational opportunities) and the relationship of such problems relates to the personal resources of the immigrant and to the opportunities from the host culture. This approach accentuates a high degree of inconsistency to be expected in the immigration process from initial contact to long-term adjustment and adaptation.

Theories pointing to a bad start envisage positive acclimatization of immigrants. Stress related to the migration experience is liable to decrease over time, such as the problems related to acculturation and deprivation, because as the time spent in host country increase most immigrants become more economically and culturally integrated into host societies (Alba & Nee, 2003). Hence, the present finding is also in the line of the previous findings with other nation cultures.

Few cross-cultural studies have also shown that duration of stay in a host country to be significantly correlated to acculturative stress (Oberg, 1960; Jingyun, 1999; Wilton & Constantine, 2003; Amer, 2005). Studies have shown that as the duration of stay increases in host country less acculturative stress is experienced (Zhang & Rentz, 1996; Guan & Dodder, 2001).

The findings revealed that Indian immigrant had less psychological immunogens than their Nepali counterparts. Immigrants of both nations whether Indian or Nepali who got migrated 1 year ago had less psychological immunogens and as the time spent in host country increased a gradual enhance in their level of psychological immunogens was depicted. The reason may be that in early years of migration, immigrants perceived more psychological distress and as the time increased it lessen.

Present findings support that people have positive beliefs in her/him and insightfulness (two factors of psychological immunogens) which acts as a buffer against stressful situations. As stated by Berry (2006) people are viewed to have the potential to cope with stressors to achieve 'a variety of outcomes (adaptation) was ranging from very negative through very positive. Olah (2000) in his model portrayed that individuals' have an integrated structure of protective personal resources acting in response to environmental stress. Effective adaptation and coping with changing environment depend on personal competencies of individuals.

Seeking social support and leadership quality are considered to be important factors of psychological immunogens.

In a study Baillie, Norbeck, & Barnes (1988) found that when faced by stressors, people act in response by mobilizing social resources, such as, assistance from friends, family and extended community networks. Social support has been identified to be related to mental health of individuals. It also stipulates an influential means for individuals undergoing stressful life variations, predominantly the stress of altering and amending in a novel and fresh culture (Mirsky, 2009; Mallinckrodt & Leong, 1992). Immigrant social networking plays an ambivalent role in the route of the immigrants' entry into the host nation culture. It eases the process of finding one's way around in a new culture environment, making it easier to survive in the difficult initial period of immigration, thereby crafting a kind of shock absorber that defend against excessive stressors.

In a study of Asian migration to the U.S., Kou and Tsai (1986) found that psychological "hardiness" (a desire to take risks and the ability to confer difficult circumstances) is an important aspect in the immigration process. The authors observe that having a robust personality helps to hold back depression among immigrants because it bestows these individuals with the ability to effectively cope with various types of social stressors such as problem in adaptation, and it also entails them with a sense of personal security that decreases the harmful effects of stressful events and situations.

Self-efficacy is one of the dimensions of psychological immunogens that helps an individual to come buffer against stress. Results indicate that participants having strong psychological immunogens had less perceived depression, stress and anxiety. Self-efficacious individuals manage time better and use the learning environment more effectively. When encountering difficulties, they do not experience rising anxiety or depression, because they rely on themselves and evaluate their ability optimistically to resolve

difficulties (Bandura, 1994; Panori & Wong, 1995; Kling, Ryff & Essex, 1997; Boulter, 2000; Chemers, Litze Hu & Garcia, 2001; Hall, 2003).

Another explanation for perceiving less distress in host culture and enhanced psychological immunogens by the passage of time might be social comparison: migrants may feel better in the host culture because they evaluate their situation in relation to their previous conditions, assuming they have improved than before; or to those (apparently worse off) who did not migrate, rather than to the majority population, partially because people under stressful condition may favor downward social comparisons (Wills, 1981). The findings of the study revealed that Indian immigrants living in Nepal had less life satisfaction than Nepali immigrants living in India and those participants who were living in the host country since last 1 year had low level of life satisfaction than those participants who were living in the host country from last more than 5 years. There has been a gradual rise in level of life satisfaction as the year spent in host country increases.

Low life satisfaction is related with frustration in meeting personal life goals and standards and is allied with increased anxiety and depression as well as with some stress-related psycho-physiological and somatoform disorders. Dissatisfaction with life in early years of living in another nation culture causes depression. Not having a satisfied life can contribute to early signs of depression. It is associated with pessimism, poor problem-solving skills, and different psychological symptoms (Olason & Roger, 2001). When life satisfaction is not achieved probability of developing depression is increased (Diener & Larsen, 1993; Baruffol et al., 1995).

Few researches indicate that mental health effects life satisfaction, those individuals who has better mental health are more satisfied with their life (Swami et al. 2007; Dessie, Ebrahim & Awoke, 2013;). According to Kibria (2002), the “*immigrant ethos*,” common among immigrant families, is high among Asian immigrant families and they are strongly motivated toward and driven by achievement. Thus, families are permissible to attain educational and occupational achievement and parents are ready to make sacrifices to assist their children in academic and overall development.

In nutshell, it has been emerged that when an individual immigrates to another nation, he/she may experience social stress in the beginning years while adopting to the host culture, and the literature indicates that ethnic discrimination, low-income status, and social alienation are common problems for recent immigrants (Berry, Kim, Minde & Mok, 1987; Rogler, Cortes & Malgady, 1991; Noh & Avison 1996; Finch, Kolody & Vega, 2000).

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