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Religion and Mental Health among Central Asian Muslim Immigrants in Chicago Metropolitan Area

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Abstract

Migration creates opportunities but also bring challenges that cause stress and affect mental health of migrants. Stress among Muslim immigrants can be intensified by experiences of discrimination. This study addressed the meaning and role of religion as a mediator of stress and mental health among Central Asian Muslim immigrants. This paper explored whether religious coping worked for recent Muslim immigrants in the US, and how religion buffered migration and discrimination-related stress that negatively affected mental health of Central Asian immigrants. Drawing from different types of ethnographic and biological data, collected in Chicago Metropolitan Area, this study explored culturally embedded stress responses, and tested the religious coping framework upon experiences of a new minority group of Muslim immigrants in the US, expanding our knowledge on factors that inform health outcomes of immigrant population.

Keywords: international migration; religion; mental health; Central Asia; the US.

Introduction

First- and second-generation immigrants make 24.5% of the US population and Muslim immigrants constitute a growing share of this population (Brown and Stepler, 2016). Migration creates opportunities but also brings challenges that cause stress and affect mental health of migrants (Castaneda et al., 2015; Mendelhall, 2012). Migration-related stress is intensified by experiences of marginalization and discrimination (Castaneda et al., 2015; Castaneda, 2009, 2010; Shishegar et al., 2015; Grove and Zwi, 2006; Lipsicas et al., 2012; Bermejo et al., 2010; Arajo and Borell, 2006). Religion was conceptualized as a major factor that informed discrimination of Muslim migrants in the US (Zainiddinov, 2017; Delara, 2016; Amri and Bemak, 2012; Goforth et al., 2014; Wright, 2016). Cross-national evidence pointed at a Muslim disadvantage in labor markets and economic integration (Adida et al., 2010; Dancygier and Laitin, 2014), in the workplace (Ghumann et al., 2013) and within the healthcare system (Padela et al., 2012). Experiences of discrimination of Muslim immigrants produced negative mental health outcomes (Martin, 2015; Delara, 2016; Gerritsen, 2006). Cultural and religious background shaped stress responses among various

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groups of immigrants (Kuo, 2014; Cohen and Crews, 2014; McClure et al., 2010; Zlolniski, 2006). Stigmas associated with mental health disorders among Muslim populations as well as the structural and institutional barriers prevented access to health care and counselling services (Martin, 2015; Ciftci et al., 2012). Mental health of immigrants was not adequately addressed, which could influence lives of several generations (Mendelhall, 2012; Goforth et al., 2014).

Islamic religious affiliation informed negative mental health outcomes for immigrants through experiences of marginalization and discrimination. At the same time, large scholarship pointed at the positive role of religion when immigrants navigated new social environment (Foner and Alba, 2008). Religion created the sense of belonging and participation in the context of adjustment (Hirschman, 2004), an important resource through networks of mutual support and participation in groups and organizations (Foner and Alba, 2008). Religion sheltered from stresses and difficulties that immigrants experienced in a new place (Portes and Rumbaut, 2006; Ebaugh and Chafetz, 2000; Min, 2001), and created opportunities for immigrants to connect with the mainstream society (Foner and Alba, 2008).

These outcomes were conceptualized through religious coping framework. Religious coping was understood as a mediator that connected religiousness and mental health in times of stress (Pargament, 1997; Pargament et al., 2011). Religious coping worked as a moderator that altered the relationship between stressors and mental health (Fabricatore et al., 2013). Research among Latino immigrants showed that religious coping played an important role in the experiences of movers, and mitigated acculturation stress in the new social setting (Da Silva et al., 2017; Sanchez et al., 2012). Although religious coping framework was well-established for Christian populations, research on Muslim religious coping among immigrants in Western countries pointed at conflicting evidence on the role of religion as a buffer of stress (Adam, 2016; Ghaffari and Ciftci, 2010). Rippy and Newman (2006) argued that Islamic religious affiliation increased stress, anxiety and depression through immigrants' experiences of discrimination (and see Ghaffari and Ciftsi, 2010). Social and cultural stigma around mental health problems among Muslim populations continued to be a major barrier to seeking health care which could further exacerbate the mental health condition (Ciftci, 2013; Soechao et al., 2012; Martin, 2009, 2012).

Studies on migration and health investigated stress, associated with migration and accommodation to a new social setting, but little attention was paid to the cultural context in which stress and coping occured (Dressler, 2007; Heppner, 2008; Kuo, 2014). Research pointed at racial and ethnic differences in perceptions of discrimination among Muslim Americans (Zainiddinov, 2016). Few studies had addressed challenges that Central Asian immigrants encounter in the US. (Zotova and Cohen, 2016, 2015; Liebert, 2010, 2009; Sulaimanova, 2005), but no studies have yet investigated the role of religion as an important

component of cultural background in life trajectories and health outcomes of this population. Within this context, this paper explored how new immigrants from Central Asian countries managed settlement in Chicago Metropolitan Area, and addressed the meaning and role of religion as a mediator of stress and mental health. This paper aimed to explore whether religious coping worked for recent Muslim immigrants in the US, and how religion buffered migration and discrimination-related stress that could negatively affect mental health of Central Asian immigrants. This paper drew from different types of data in order to address religious practices of the studied population and culturally embedded stress responses through ethnographic interviews, completed with biological indicators of stress as well as self-reports of health and mental health. That allowed to capture lived experiences of new immigrants to understand whether practicing Central Asian migrants had better mental health in the new social environment. This paper tested religious coping framework upon experiences of a new minority group of Muslim immigrants in the US in order to expand our knowledge on factors that inform health outcomes of immigrant population.

Methods

Data collection for the study took place in Chicago Metropolitan Area, IL between September-November 2017. The study protocol number 2017B0270 was approved by the Institutional Review Board of the Ohio State University. Following research protocol, the author conducted ethnographic fieldwork in Chicago Metropolitan Area, which included participant observations at Central Asian community gatherings and other social activities, 5 informal expert interviews, 30 semi-structured in-depth interviews, completed with biological data measurements and self-administered assessment of mental health of informants. Before the start of the interviews informants provided oral consent. The interviews were conducted by the author in Russian or English, based on informants' preference. The author was proficient in both languages; so no interpreter was employed to participate in the research.

While developing and planning research in Chicago Metropolitan Area, the author built upon previous research in New York City and connections within Central Asian communities. The author used contacts with Central Asian community leaders and other Central Asian natives in New York City, and elsewhere in the US, as well as contacts with academics in Central Asian studies and religious studies to establish connections in Chicago, and reach out to key informants and recruit experts for the study. The author had built upon her knowledge and previous research among Central Asian immigrants in order to develop meaningful connections in the new research site and alleviate potential biases linked to power relationships during fieldwork. The experts interviewed for this project included Central Asian community leaders and activists, academics at different universities of Chicago, as well as members of Muslim

community centers. Established contacts among key informants and community leaders were used to spread the information about the study, and recruit initial participants for semi-structured interviews. Upon completing the interviews, participants were asked to suggest peers for participation in the study. Snowball sampling was applied to reach deeper into informal networks of Central Asian immigrants until the target number of respondents was reached.

Eligibility criteria included being at least 18 years old, and originating from one of five Central Asian countries: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan or Uzbekistan. Upon screening for eligibility participants were given information about the study, its purposes and outcomes; after that the informants gave an oral consent. One-on-one interviews were conducted at the place of informants' choice and administered in English or Russian, based on informants' preference. Biological data were collected before the interviews, and included systolic and diastolic blood pressure, weight and height, which are established secondary biomarkers of stress response (Brown and James, 2000; Dressler, 2007; Leahy and Crews, 2012; McEwen, 2012). Biological data helped to compare self-perception and cultural representation of stress among the informants with objective data, such as biological indicators of stress. Study participants were informed that biological measurements would allow to better assess their health. Upon measurements these data were shared with the informants. Biological data were completed with a self-administered mental health assessment (Hollifield, 2013). The interviews focused on complexities of respondents' experiences in Chicago, IL; religious identity, observance, and perceived discrimination, their subjective understanding of mental health and coping behaviors. At the end of the interviews socio-demographic data were collected.

Data analysis included identifying themes in respondents' narratives (Ryan and Bernard, 2003), developing a code book and coding the transcripts and field notes for emergent themes (DeCuir-Gunby et al., 2011; Saldana, 2009). Qualitative data from 30 interviews allowed exploring recurrent themes and capturing lived experiences of Central Asian immigrants in order to develop a holistic perspective on factors that affected immigrants' well-being. Ethnographic data were completed with biological measurements and assessment of mental health in order to explore biological responses to stress and its implications for well-being of Central Asian immigrants. The use of different types of data allowed for triangulation of methods, data and theory (Fusch and Ness, 2015; Cohen, 2015). This paper drew from the results of that work and explored relationship between religion and mental health among Central Asian Muslim immigrants in Chicago Metropolitan Area.

Results

All informants were interviewed in Chicago Metropolitan Area, IL. Central Asian immigrants were mainly young. The age range of respondents was 22-42 years; the mean age was 30 years. Informants' socio-economic status, education, work experience, years spent in the US and legal status varied (see Table 1). Central Asian immigrants were mainly recent newcomers; they had spent from 6 months to 14 years in the US. On the average, participants of the study had spent 4.1 years in the US at the time of research. The educational attainment was high. Most informants held a Bachelors' degree from home countries; four people completed more years of education and received Masters' degrees mainly in the US, one person had received a PhD degree. Six informants did not get Bachelors' degree and completed some years at college prior to moving to the US Occupation of Central Asian immigrants fell under four major categories: employed, self-employed, students, and unemployed. Seven informants were formally employed and held different positions in service, finance (accounting or banking) or IT. Six people were self-employed, working as Uber or Lyft taxi drivers, while one person was a business owner. Four people were pursuing their Bachelors' degrees at the time of research. Ten people were unemployed. Unemployed informants were married women only, who took care of children and family, while their husbands worked to provide for the family. These male heads of households mainly worked as truck drivers. This physically demanding job paid from $60,000 to $100,000 a year before tax.

Over a half of informants earned $25,000 a year or less at the entry level jobs. Self-employed informants and some of those occupied in the formal sectors made from $35,000 to $50,000 a year, while only three research participants earned over $60,000 a year. The occupational dynamics of the survey sample suggested that most informants were limited to low skilled positions in the job market. Central Asian immigrants mainly found jobs through ethnic or religious networks, which kept them within the boundaries of ethnic "enclave economy" (Zhou, 2004; Waldinger 1994). These trajectories fell within the framework of segmented assimilation, explored for other immigrant groups (Alba and Nee, 1997). At the same time, informants' narratives revealed the growing popularity of IT positions within Central Asian communities. Some informants already had IT jobs at the time of research. Other informants considered this possibility in the future, which might point at the future employment dynamics among Central Asian immigrants.

All research participants maintained an authorized legal status; most informants were permanent residents of the US, and three people were naturalized citizens. However, informants' narratives provided insights into difficulties that they experienced during the initial time in the US, when they had struggled to maintain an authorized immigrants' status seeking students' visas or becoming asylum seekers.

Table 1. Study sample demographics, descriptive statistics

		Frequencies	Percent
Gender	Male	12	40
	Female	18	60
Age, mean		30	
Years spent in the US, mean		4.1	
Place of birth	Kyrgyzstan	21	70
	Tajikistan	3	10
	Turkmenistan	2	6.7
	Uzbekistan	4	13.3
Education	Some college	6	20
	Bachelor	19	63.4
	Masters	4	13.3
	PhD	1	3.3
Marital status	Married	24	80
	Single	5	16.7
	Divorced/separated	1	3.3
Employment/occupation	Employed	8	26.7
	Self-employed	7	23.3
	Student	4	13.3
	Unemployed	11	36.7
Income	$0-$5,000	11	36.7
	$13,000-$25,000	6	20
	$35,000-50,000	10	33.3
	Over $60,000	3	10
Legal status	Authorized immigrant (work visa, student visa, OPT)	4	13.3
	Asylum seeker	3	10
	Permanent resident	20	66.7
	Naturalized citizen	3	10

Religion

Central Asian immigrants varied in their attitude to religion and observance. 14 informants self-identified as religious practicing Muslims, while 16 informants self-identified as non-practicing. At the same time, religious practices among Central Asian immigrants varied from being secular to having some knowledge of Islam and observing some practices, and then to practicing Muslims. Most

informants observed some, but not all required practices of Islam due to different reasons. Male informants mainly came to Friday prayers to the mosques, fasted during the month of Ramadan and observed Islamic religious festivals, but did not do a five-time daily prayer because of the work schedules. Men frequented neighborhood Sunni mosques in Far North Side of Chicago, or in the north-west suburbs. Ethnic Pamiri informants from Tajikistan attended Ismaili centers in Greater Chicago. Almost all informants paid attention to their food choices: they did not eat pork, and bought halal meat from Muslim stores in Chicago or suburbs.

Female informants who self-identified as practicing Muslims, mainly observed all required practices, except for wearing a head scarf. In my sample, one woman wore a head scarf, one woman had worn a scarf before, but did not wear the scarf in the past 12 months. Other women who self-identified as practicing Muslims, did not wear a head scarf. Social and cultural background of our Central Asian informants provided them with flexibility over attitudes toward Islamic practices, specifically, the contested notion of a head scarf. Interviews and observations among women wearing a head scarf suggested that they often perceived the scarf as manifestation of agency, personal choice, and becoming more religious in the new social environment.

Religion was valued by practicing informants as a source of meaning and hope in their lives. Religious practices intertwined with cultural traditions of Central Asian immigrants, and brought ethnic communities together. Two major Islamic festivals (Eid) were celebrated with family, friends or larger ethnic communities. During the month of Ramadan Uzbek and Kyrgyz communities organized iftar dinners. Iftar is an evening meal when Muslims break their daily Ramadan fast at sunset. Iftar meals, sponsored by individual community members or groups were of high symbolic value as both religious practice and community gathering. Informants' narratives also provided insights into instrumental role of religion, when Muslim religious affiliation allowed for networking, and provided with resources and opportunities. Interviews and observations pointed at developing connections within Muslim communities that cross-cut national and ethnic boundaries. Central Asian Muslims benefited from these connections, which helped them to access day care facilities (ran by Turkish or Ismaili communities), allowed for employment opportunities and other forms of material and non-material support.

Connections with Turkish community were of major importance. Connections of Central Asian and Turkish immigrants in Chicago Metropolitan Area were established through educational and religious networks, and were mainly linked to Turkish-affiliated Hizmet movement. Hizmet ("Service") is a transnational movement, which promotes the ideals of dialogue, social peace and civil Islam (Balci 2014). Many Central Asian informants graduated from Hizmet-affiliated boarding schools in their home countries, and then moved to Turkey to pursue

their education and obtain Bachelors' degrees. Emphasize on STEM curriculum, high quality education and competitive academic environment shaped young people's aspirations, as well as their transnational mobility. Many former Turkish universities' graduates made their way to the US, and settled in Chicago Metropolitan Area. Central Asian immigrants benefited from networking and job opportunities with the Turkish run businesses in Greater Chicago.

Overall, religion played an important role in lived experiences of Central Asian immigrants in the US. Religion provided spiritual guidance, meaning and hope for people. At the same time, while navigating new social environment in Chicago, Central Asian immigrants developed connections that spanned ethnic boundaries and brought different Muslim communities together. These Islamic-centered connections provided recent immigrants with important resources, and buffered stress that Central Asian natives encountered in their daily lives.

Marginalization and discrimination

Central Asian Muslim immigrants faced marginalization and discrimination in Chicago Metropolitan Area. Cultural background shaped the way informants talked about their experiences. Although informants were likely to develop a positive narrative on their experiences in the US, variation in their accounts created a more nuanced picture. Central Asian immigrants reported that they had encountered implicit biases at the workplace or applying for a job, at health care offices, government offices, banks or other facilities. Informants' narratives provided insights into experiences of othering, negative attitudes or low quality of service at different offices. Discrimination was linked to limited English language proficiency, accent, lack of health insurance or using Medicaid (which was considered as low class insurance and often frowned upon by doctors), as well as limited agency and knowledge of one's rights during the initial period in Chicago.

Marginalization of new immigrants was exacerbated by the phenotype of Central Asian natives. They were not perceived as whites, and had to negotiate their national origin and ethnicity while navigating the new social environment. Uzbeks, Tajiks and Turkmen were mainly perceived by outsiders as Mexicans or members of other Latino groups, while Kyrgyz immigrants were confused over Chinese or other Asian ethnic groups (Koreans or Japanese). Some Kyrgyz informants reported racial slurs that people addressed them as Chinese. This is how a 35-year-old Kyrgyz informant spoke of her experiences in racial terms:

A: We are not white, you know.

Q: How do you get to know that you are not white?

A: It is not necessarily said with words. They can show that with their actions or the way they look at you. My acquaintances had the following experience once…You might probably call that discrimination. They were blatantly told while going to a movie theater: "Get out of our neighborhood, you do not belong here".

At the same time, most Central Asian immigrants did not report religion-based discrimination. Informants were not perceived as Muslims by the broader American population, and seldom shared information on their religion unless directly asked. From their experiences in the US informants learned that the image of Muslim was being constructed on the basis of phenotype and visual markers of religion, and primarily linked to Middle Eastern phenotype. Central Asian males looked phenotypically different from Middle Eastern groups, and did not wear beards. Within this context, women's head scarf as a visual marker of religious affiliation became the only factor that informed discrimination against Central Asian women. Informants' narratives and informal interviews provided insights into experienced discrimination among Central Asian practicing women. A 30-year-old woman told:

I was looking for a job, sent my resume, and went to multiple interviews. Some companies would not invite me for interviews at all, probably because of my last name [which looked Middle Eastern]. When I came to the interviews many people saw my head scarf and rejected me straight ahead. Or they would ask a couple of formal questions and then said that I didn't fit…That happened many times.

Women who stayed at home to take care of children and family, reported negative attitudes or racial slurs while using public transportation. These women also recounted that while looking for a job or working part-time they had to respond multiple questions about the head scarf and the reasons they wore it. Some women shared that they had faced a choice to keep on wearing a head scarf or lose their jobs.

Mental health

During interviews informants were likely to create positive narratives of their health and mental health. However, culturally embedded representations of stress and mental health did not always tally with biological measurements and assessment of anxiety/depression symptoms. 18 people had normal blood pressure, while over 30% of informants (12 people) were pre-hypertonic or hypertonic. In order to assess mental health of informants, Immigrant/Refugee Health Screener 15 was used. This instrument was reported as an effective screener for common mental health disorders (generalized depression, anxiety, PTSD) (Hollifield et al., 2013). In this study, more than a third of informants (12 people) were screened positive for emotional distress and mental health disorders. Out of these 12 people, 9 people self-identified as not religious non

practicing Muslims, while 3 people self-identified as religious Muslims, who observed all or some practices. That pointed at a negative association between religion and emotional distress.

Informants' narratives provided insights into culturally embedded and gendered stress response, as well as stigma associated with distress and mental health problems. Central Asian immigrants were mainly not able to share their feelings and mental health concerns with anybody. Women commonly spoke of their distress in terms of "being worthless". A 29-year-old woman told of her initial period in the US:

It was very hard at first, because I had ambitions and high expectations. Like, I am going to America, I will get documents fast, and start working. It did not work out like that, though. I was in distress, and I had nervous breakdowns because of that. I even considered going back. I felt like I was nobody here without documents…I felt deficient, handicapped.

The theme of "being worthless" repeated across women's interviews, and became a shared experience among unemployed women who stayed at home to care for children and family. These women had to manage stress and balance needs of the family at the same time. That informed high level of distress linked to impaired self-efficacy and limited agency among many of these unemployed women. Mental health problems remained not addressed, and could inform conflicts and deteriorate relationships in families.

Gendered expectation around masculinity informed a different response to stress among male informants. While talking about their coping mechanisms, they referred to "being a man". That culturally embedded coping strategy did not allow male immigrants to release stress around mental health problems by talking to family, friends or health care professionals. A 27-year-old man explained:

Being a man, in our mentality, means not showing your problems and that you cannot solve them. This is thought to be weakness. I try to deal with problems myself all the time, and not to make a situation that bad that I could not…cope. So I try to solve my problems on time, and try not to complain.

Gendered responses to stress and stigma associated with mental health problems were embedded in cultural background of Central Asian immigrants. At the same time, structural barriers informed help seeking behavior among immigrants, and hindered access to health care providers. These barriers included financial insecurity, and the structure of health care system in the US. Having no health care insurance, or government-sponsored Medicaid, informants were likely to see health care providers for urgent problems and emergency situations. For women, pregnancy and delivery were the primary cases when they sought health care attention. Limited English language

proficiency could also make Central Asians turn to Russian speaking doctors, who sometimes did not provide quality care. Overall, Central Asian immigrants did not perceive distress and poor mental health as problems worth visiting a health care provider or counselor, and dealing with high costs of health care system.

Dicsussion

Research on immigration to the US conceptualized religiosity of immigrants as a facilitator of integration in the host community (Massey and Higgins, 2011). Religion came to be accepted as a mediator between immigrants and society (Massey and Higgins, 2011), providing immigrants with refuge, resources and respect (Hirschman, 2004). The debate on the role of religion in immigrants' experiences was conceptualized as the "bridges" and "barriers" hypotheses (Warner, 1997; Cadge and Eklund, 2006). This framework addressed tangible and intangible benefits of religion that promoted incorporation into American society ("bridges" concept) or hindered incorporation ("boundaries" concept) (Ebaugh, 2003; Massey and Higgins 2011). Portes and Rumbaut (2006) argued that religion, providing immigrants with social capital, nevertheless informed segmented assimilation (Portes and Zhou, 1993) trajectories. Cross-national research indicated that religiosity rather served as a barrier for Muslim immigrants in host countries, and informed marginalization of the new minority groups (Lewis and Kashayap, 2013a, 2013b; van Tubergen and Sindradottir, 2011). Migration-related stress was intensified by experiences of marginalization and discrimination (Castaneda et al., 2015; Castaneda, 2009, 2010; Shishegar et al., 2015; Grove and Zwi, 2006; Lipsicas et al., 2012; Bermejo et al., 2010; Arajo and Borell, 2006) and produced negative implications for mental health of immigrants.

This paper investigated the role of religion for a new minority group of Muslim immigrants in the US. The influence of Islam differed between Central Asian natives due to the history of the region, development of Islamic communities and the secular pressures exerted by the Soviet Union and post-Soviet independence (Khalid, 2007). While navigating the new social environment, many informants became more religious during their stay in the US. Religion provided meaning and spiritual guidance; and also sheltered recent immigrants from stress in the new social setting. Religion also played an instrumental role in lived experiences of immigrants. Central Asians benefited from resources of Muslim communities, and settled in Chicago neighborhoods around other established Muslim groups. Connections with Turkish communities were of major importance. Many practicing Central Asian immigrants were linked to Turkish community through educational and social networks build through Hizmet movement's activities. Emphasizing the value of education, Hizmet opened boarding schools in many place of Central Asia and worldwide (Balci, 2014). Many Central Asian informants, interviewed in Chicago Metropolitan

Area, graduated from Hizmet-affiliated schools in their home countries, and then continued education at different universities in Turkey. Balci (2014) argued that notwithstanding political pressures, Central Asian elites were likely to support Hizmet-sponsored schools, and send children there because of high quality education and associated social status. Balci concluded that these schools raised cosmopolitan elites in Central Asia (Balci, 2014). Central Asian immigrants, interviewed for this study in Chicago Metropolitan Area, were a part of these social transformations. Social capital allowed them for transnational mobility and new opportunities in the US. Many Central Asian informants continued to be practicing Muslims in Chicago, and valued religion in terms of meaning, resources and support. Muslim identity was a part of broader Central Asian cultural identity for the first generation of immigrants, who navigated a new social environment in the place of destination, and redeveloped their cultural and social selves in the US.

Religion became a factor that informed mental health outcomes of Central Asian immigrants. This study showed that major stressors that affected Central Asian natives in Chicago Metropolitan Area were not directly related to Islamic identity and practices. The main stressor were related to migration and perceived insecurity in the US, and included documentary status, work-related concerns, and concerns of the future. Recent immigrants in the US (less than 3 years) experienced the highest level of distress, which was likely to level up with the longer period of stay in the country. Central Asians were mainly not perceived as Muslims due to phenotype and lack of visual markers of religiosity (head scarf or beard). Practicing Muslims did not experience more discrimination than secular immigrants, unless they have visual markers of religious affiliation. This study pointed at a negative association between religiosity and negative mental health outcomes. Religious coping buffered migration-related and discrimination-related stress, and moderated negative health implications among Central Asian immigrants. Findings from research among recent Muslim immigrants in Chicago supported religious coping framework, which argued that religion mediated stressful experiences in the new social environment by providing meaning and hope in immigrants' lives (Pargament, 1997). That linked to cross-national research on Muslim immigrants and religious coping in other Western countries (Adam and Ward, 2016). At the same time, Islamic religious identity did not help first generation Central Asian immigrants to bridge their way to mainstream American society. Visual markers of Muslim religious identity (head scarf) informed stress around experiences of marginalization and discrimination. Cross-national evidence linked more religiosity among immigrants to less incorporation in host countries (Van Tubergen and Sindradóttir, 2011). Providing comfort as well as resources, Muslim identity informed segmented assimilation (Portes and Zhou, 1993) trajectories for Central Asian immigrants in Chicago Metropolitan Area.

Culturally embedded and gendered stress responses, stigma around mental health disorders, as well as structural barriers to accessing health care services left mental health problems among Central Asian immigrants unaddressed. Chronic stress linked to migration and marginalization in the new country might produce negative health implications among immigrants, and lead to development of chronic diseases in the future. The findings from this study on the role of religion as an important internal and external resource for recent immigrants could help to develop public health interventions and to address health needs of Muslim immigrants in the US.

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