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Worry, work, discrimination: Socioecological model of psychological distress among Central Asian immigrant women in Russia

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Abstract

The Russian Federation is a major immigrant-receiving nation and hosts large immigrant populations from post-Soviet countries including Central Asia. However, there is yet little research on their health needs, and especially on mental health of immigrant women. This study uses qualitative data from 72 interviews with women from Kyrgyzstan, Tajikistan, and Uzbekistan conducted in two large cities in Central Russia, Kazan and Nizhny Novgorod, from April 2014 to February 2017. This study examines psychological distress among immigrant women and applies a gendered socioecological lens to understand its causes. We have identified intersecting factors that operate at different levels and cause distress in Central Asian immigrant women in Russia. Gendered vulnerabilities, persistent worry about their families' well-being, separation from loved ones, and limited sources of social support are key individual and interpersonal level of distress factors. Poor working and housing conditions along with economic hardships and concerns over their ability to reach the goals that guided their decisions to move to Russia reinforce experienced distress among immigrant women. Discrimination against Central Asian nationals and structural racism amplify challenges for immigrants' psychological well-being and mental health in Russia. By investigating underlying factors of psychological distress among an understudied immigrant population, this study defines configurations of Russia's risk environment and contributes to an understanding of migration as an important determinant of mental health.

Keywords

Migration & immigrants; Women; Psychological distress; Mental health; Socioecological model; Russia; Central Asia

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Declaration of competing interest

We have no conflicts of interest to disclose.

1. Introduction

International migration brings multiple benefits to individuals involved in cross-border movements and immigrant families by allowing them to better their socioeconomic standing and achieve various short- and long-term goals. Sending and receiving communities and nations benefit from macro-economic, developmental, and demographic outcomes of migration. However, migration and settlement in another country is a disruptive event that entails numerous challenges which in turn affect the well-being and health. Intersecting structural and social factors that may impact health of immigrants in destination countries include negative attitudes and discrimination, migration policies, socioeconomic disadvantages, poor working and living conditions, perceived insecurity, the lack of social support and isolation, among others (Bermejo, Mayninger, Kriston, & Härter, 2010; Bursztein Lipsicas et al., 2012; Castañeda et al., 2015; Castañeda, 2009; Shishehgar, Gholizadeh, DiGiacomo, & Davidson, 2015). Exposure to socio-economic and psychological stressors in destination countries can lead to mental health problems among immigrant populations including higher rates of psychosis and common mental disorders such as depression, anxiety, and post-traumatic stress disorder (Harper, 2016; Mendenhall, 2012; Rousseau and Rochelle Frounfelker, 2019).

The Russian Federation (Russia) is a major destination for immigrants who mostly hail from post-Soviet countries including Central Asia (Hoffman, 2017). Russia has a population of 144 million and ranks fourth among immigrant-receiving nations (McAuliffe & Khadria, 2020). By Russia's official statistics, 19.5 million immigrants obtained residential registration in the country in 2019. Almost half of them, 8.6 million, came from three Central Asian nations: Kyrgyzstan, Tajikistan, and Uzbekistan (MIARF, 2020). The number of immigrants has almost halved due to the impact of COVID-19 pandemic. In 2020, 10 million immigrants were registered in Russia, 6 million of them originating from Kyrgyzstan, Tajikistan, and Uzbekistan (MIARF, 2021). Women account for about one-fifth of this flow from Central Asian nations (Agadjanian & Yoo, 2018; Hoffman, 2017). Despite a sizeable immigrant population in Russia, there is yet little research on their health needs, particularly mental health. A recent scoping review has not identified studies on mental health of Central Asian women in Russia (King & Dudina, 2019). Our study helps to fill this gap by examining psychological distress among immigrant women and applying a socioecological model for an understanding of its underlying factors. To the best of our knowledge, this is the first study to use qualitative data to examine psychological distress among immigrants in Russia.

2. Background and conceptualization

Cross-national research on immigrants' health has documented their general health advantages known as the Healthy Immigrant Effect (HIE). Compared to native-born populations, immigrants tend to live longer, have fewer chronic conditions, and lower cardiovascular disease and cancer morbidity and mortality (Frank, Axte, Balasca, & Rodriguez, 2019). Several factors have been proposed as explanations for better health among first-generation immigrants including health selection (i.e. healthier individuals are more likely to migrate), more physical activity, and different diets in countries of origin.

However, these general health advantages were shown to erode over time and across generations due to multiple stressors and adverse conditions in destination countries (Frank et al., 2019).

Cross-sectional data that document the HIE also indicate that general health advantages differ across aspects of health and immigrant groups. In particular, there are mixed findings on mental health suggesting that many immigrant populations have poorer mental health compared to native-born. There is a growing evidence capturing the role of intersecting social, cultural, and structural factors that make immigrants prone to psychological distress and common mental disorders (Bhugra & Gupta, 2010). Navigating a new socio-cultural environment, immigrants are detached from their families, friends, and familiar culture and have limited support system. Although grieving associated with cultural bereavement is an adaptive reaction to immigration stress, if symptoms last long enough or cause significant impairment, immigrants may need psychiatric interventions (Bhugra & Gupta, 2010, p. 3). Low socio-economic status (SES), legal precarity, marginalization and microaggressions, and cultural bereavement intertwine and their combined effect endanger mental health of immigrants (Rivera, Forquer, & Rangel, 2010; Sue, 2010).

Growing nationalist sentiments in many destination countries impact popular and media discourses representing immigrants as a threat to economic and cultural integrity and even as criminals. Members of local communities often think about unauthorized immigrants, in particular, as disconnected and separate from native-born residents (Grove & Zwi, 2006). Legal insecurity has shown to impact immigrants' physical and mental health and well-being (Agadjanian & Yoo, 2018; Agadjanian, Oh, & Menjívar, 2021; Castañeda, 2009; Cervantes & Menjívar, 2020). Structural and institutionalized racism shapes racialization practices and microaggressions toward non-white immigrants in destination countries that in turn affect their mental health. Distinct phenotype, limited host language proficiency along with ethnic and religious identity enhance immigrants' psychological distress through experiences of ethnoracial harassment (Agadjanian, Menjívar, & Zotova, 2017; Martin, 2015). Depressive symptoms have shown an association with belonging to visible minorities through social isolation and perceived discrimination (George, Thomson, Chaze, & Guruge, 2015; Mechakra-Tahiri, Zunzunegui, & Seguin, 2007; Rousseau and Rochelle Frounfelker, 2019; Whitley & Kirmayer, 2008).

A socioecological framework, widely applied in social medicine, public health research, and practice, provides a useful lens for an understanding of intersecting factors that cause psychological distress and affect mental health of immigrants. Socioecological models conceptualize health outcomes as embedded within larger social systems through interactions of individuals and environments (Golden & Earp, 2012). The socioecological approach helps to recognize and contextualize multiple factors affecting health at different levels within the dynamic system of individual-environment interactions. Intersecting physical, social, and cultural characteristics of environments influence individuals at micro-, meso-, and macro-levels and shape their health outcomes.

The first level includes individual-level factors such as age, gender, education, personal history, and others that increase the risk of psychological distress. Close relationships

with peers, friends, partners, and family form the second level of factors affecting one's psychological wellbeing. In the context of immigration, individual and interpersonal factors are closely connected. Physical distance from significant others back home leads to perceived separation from them, while individual factors, along with larger structural conditions of life in a destination country, impact one's ability to create meaningful connections there.

The meso-level factors are the settings and conditions in which interactions of different types occur exposing individuals to psychological distress. These are workplace environments, housing conditions, and neighborhoods. Work settings include a range of physical and material characteristics consequential for one's well-being or perceived distress: work hours and pay, relationships with colleagues and supervisors, and interactions with customers, among others. Finally, the macro-level factors define the socio-structural context that impacts health risks. These broader structural factors intertwine to create an environment that causes psychological distress. These macro-level influences on one's wellbeing and mental health include immigration and socio-economic policies, social and cultural norms that perpetuate inequalities and negative attitudes towards certain population groups. Legal uncertainty created by immigration policies, systemic discrimination, and racism produce and reinforce vulnerabilities that affect immigrants' health. Structural and institutional racism experienced by foreign-born in many destination countries including Russia is part of broader societal environment that perpetuates and amplifies immigrants' risks.

A multitude of factors that cause psychological distress are interconnected. Structural oppression and racism, for example, permeate interpersonal relations of immigrants and also define poor work condition and low pay. Limited access to health care and other services in destination countries are inseparable from immigration policies and representations of new residents in popular and media discourses. Finally, gender is critical for an understanding and contextualization of health risks. There are well-documented sex and gender differences in mental disorders. Women have a higher prevalence of depression, anxiety, trauma-related and stress-related disorders (Riecher-Rössler, 2016). Beyond biological factors, one needs to consider intersectional vulnerabilities of immigrant women. Rooted in gender inequalities, social and cultural norms, they manifest themselves across a wide span of circumstances. Compared to male immigrants, women may have fewer resources to resist oppression, advocate for better work conditions and pay, or to protect themselves against gender-based violence.

We use the gendered socioecological lens to examine the interpersonal, social, and structural-level factors that may lead to psychological distress in immigrant women coming to Russia from Central Asia. By investigating underlying factors that may cause poor mental health among this understudied immigrant population, we elucidate Russia's immigration risk environments and further our understanding of migration as an important determinant of health.

3. Context

Immigrants coming from Central Asia, mainly from Kyrgyzstan, Tajikistan, and Uzbekistan, mostly settle in Russia's urban and semiurban settings. While Moscow, the capital city, and Saint-Petersburg, the second largest city, attract the largest share of Central Asian natives, other Russian cities also host growing immigrant communities including Nizhny Novgorod and Kazan, where data used in this study were collected. Russia's immigration policies are complex and contradictory (Schenk, 2018; Urinboev, 2020). Although citizens of Kyrgyzstan, Tajikistan, and Uzbekistan do not need a visa to enter Russia and can obtain work permit upon a medical exam and submitting required paperwork and fees, a pathway to regularized legal status is fraught with bureaucratic hurdles and high costs (Reeves, 2013, 2015; Schenk, 2018). Time, costs, and effort needed to maintain an authorized status produce legal precarity which affects immigrants' daily lives and defines their access to jobs and resources including health care. Large numbers of labor immigrants have irregular legal status (e.g., lacking residential registration or work permit) (Davé, 2014; Reeves, 2015) and therefore are often exploited by employers and discriminated against by law enforcing officials and Russian natives (Agadjanian et al., 2017; Gorina et al., 2018).

The phenotype of Central Asian immigrants - a darker complexion of Kyrgyz, Tajiks, and Uzbeks, and more pronounced Asiatic traits in Kyrgyz - distinguishes them from ethnic Russians and other Slavs and turn them into visible minorities, perceived as different and often subjected to ethnoracial harassment (Agadjanian et al., 2017; Twine and Gandener, 2013). Limited Russian language proficiency add to economic and legal marginalization of immigrants (Agadjanian & Yoo, 2018; Reeves, 2015). Legal status and exclusion of Central Asian immigrant women constrain their employment opportunities as they mainly settle for low-skilled service positions (Agadjanian & Zotova, 2014; Gorina et al., 2018; King & Dudina, 2019). Legal insecurity has also shown negative consequences for immigrants' psychosocial well-being (Agadjanian et al., 2021).

Female immigrants from Kyrgyzstan, Tajikistan, and Uzbekistan are not a homogenous group, but they share many commonalities. Although the influence of Islam varies across these Muslim-majority countries due to history, secular pressures exerted by the Soviet Union and diverging post-Soviet trajectories (Khalid, 2007), all three countries have strong gender, family, and social norms. In particular, traditional gender roles assign women the role of caregivers that may limit women's social mobility including educational and employment opportunities as well as decisions to migrate. Compared with ethnic Tajiks, Uzbeks, and Pamiris (ethnic groups of the Pamir mountains located in Tajikistan), women enjoy relatively more freedom in Kyrgyzstan whose population are recent nomads. Greater percentage of women in immigration flows from Kyrgyzstan (up to 30–40 %) compared with respective flows from Tajikistan and Uzbekistan may be reflective of said differences in attitudes to women's mobility and paid employment rooted in culture (Hoffman, 2017; Rocheva & Varshaver, 2018).

4. Methods

4.1. Population and setting

This study used qualitative data from 72 in-depth interviews with immigrant women from Kyrgyzstan, Tajikistan, and Uzbekistan conducted between April 2014 and February 2017 in two cities - Kazan and Nizhny Novgorod, each with a population of about 1.3 million. These two large urban centers are similar in many social aspects and host a growing number of immigrants from Central Asia. Kazan is the capital of the Republic of Tatarstan, an autonomous entity within Russia. Unlike Nizhny Novgorod, Kazan has a longstanding Muslim presence because predominantly Muslim ethnic Tatars constitute about one-half of the city's population.

This study was part of mixed-method research focusing on sexual and reproductive health and barriers to HIV prevention among Central Asian immigrant women to Russia. Study team approached women aged 18–40 coming from Kyrgyzstan, Tajikistan, and Uzbekistan, the three major countries of origin for Central Asian labor migrants to Russia. Eligible participants provided written consent before the start of one-on-one interviews conducted by trained female interviewers in the language of respondent choice: Kyrgyz, Pamiri, Russian, Tajik, or Uzbek. Audiorecorded interviews lasted 30–45 min and were transcribed in Russian by the same interviewers proficient in both Russian and Central Asian languages. The study protocol was approved by the Institutional Review Board of Arizona State University. All names are pseudonyms to protect confidentiality.

4.2. Study instruments

Semi-structured in-depth interviews focused on the complexities of immigrant women's daily lives; perceived challenges and psychological well-being; relationships with intimate partners, family, and friends; the utilization of health care services; assessment and navigation of HIV risks, and the information and support that they may receive from their personal networks; and participants' experiences with the ob/gyns and HIV service providers that shape their HIV prevention choices and behaviors.

4.3. Analyses

Data analyses included identifying emergent themes in women's narratives (Ryan & Bernard, 2003), developing a codebook and coding the transcripts (DeCuir-Gunby, Marshall, & Mcculloch, 2011) in MaxQDA software package. We have used a combination of inductive and deductive approaches to develop data-driven codes through the identification of recurrent themes and comparing them across transcripts (Saldana, 2009). That allowed to explore interconnected themes in women's reported experiences regarding their psychological distress and to conceptualize them through the socioecological framework. Excerpts from the interviews used in this study were translated into English by Author 1 who is proficient in Russian and English.

5. Results

Table 1 presents the distribution of participants' socio-demographic characteristics. On average, women were 30 years old (interquartile range (IQR) 24–36) and most (68 %, n = 49) were married or cohabiting. Immigrant women were well-educated: almost half of them (49 %, n = 5) had attended vocational schools or completed at least some college. On average, they had spent 2.5 years in Russia. Although over two-thirds of participants (68 %, n = 49) were employed at the time of research, they mostly held low-paying jobs in retail and service. Median monthly income was RUB17,000 (\$530 at the time of interview).

Most women had at least one child (63 %, n = 45) but children's living arrangements varied. On average, less than half of participants' children were living with them in Nizhny Novgorod or Kazan; the rest stayed in women's home countries or lived in other houses/ apartments in the same cities and other Russian urban centers. Women commonly shared the room where they slept with someone else including their family members, co-workers, and fellow immigrants.

5.1. Separation from family, loneliness, and spousal conflict: the individual and interpersonal factors

Large population movements from Central Asian countries to Russia is primarily labor migration. Reflecting these dominant motivations, almost 70 percent of interviewed women (n = 50) explicitly stated that they arrived in Russia to work. Other motifs for moving to Russia included: personal reasons (12 women) such as joining a husband already living in Russia, moving with parents at a younger age; conflicts with in-laws; divorce and subsequent move overseas; obtaining higher education (8 women), and visiting family (2 women). Although these 22 women did not identify getting a job as their primary reason to come to Russia, most of them started working soon after arriving.

Among the reasons to move, women listed poor economic situation, scarce employment opportunities, and low salaries in their home countries as well as longer-term goals that their work overseas will allow to accomplish. The latter most commonly included purchasing property, educating children, and saving for their weddings, an important, and expensive, ritual in Central Asia. Having moved to Russia, many participants left their children, elderly parents, and friends behind. Women left children in care of their husbands, parents, in-laws, or extended family in their countries of origin. Tough living situation in Russia (high rent, low-quality housing, crowded apartments) and the need to work long hours in order to earn enough money to achieve their goals forced women to make those difficult decisions. Education and/or marriage of children were an essential part of women's concerns as they sought paid employment in Russia. Worries about children and significant others were important drivers of psychological distress in immigrant women. Participants missed their family but were unable to visit or frequently call. Faroza, aged 40, had traveled from Tajikistan to Russia and back for 11 years and her transnational lifestyle took a toll on the woman's emotional well-being. Faroza elaborated on her distress, common among immigrant women, caused by separation from family and perceived loneliness:

I often call my husband, children, and relatives [in Tajikistan]; I miss them dearly. I do not call them every day: it is expensive and I do not have much time due to work. I do not know how to make calls over the Internet. My mom has recently passed away; I rushed to Tajikistan but was late for the funeral. I had to come to Nizhny Novgorod due to difficult financial situation but I hope to leave and never return. I am not complaining; I was able to earn, remit, and better my family's economic standing. But I want to be with my children; I miss them so much! I am very tired: I am in Russia; my family are back at home. Here, I only know work and home; I do not have other interests.

Low proficiency in technology or limited Internet access prevented women from making online calls to stay in touch with the left-behind family and friends. Similar to Farzoda, other immigrant women emphasized that they “only knew work and home” as they focused on their ability to earn a living and achieve long-term goals. Participants frequently talked about the need to save for future weddings of adolescent children and the purchase of a house/apartment in their countries of origin as the primary causes that influenced their decision to move to Russia. Busy work schedules did not leave participants time and opportunity to meet other people beyond the workplaces and to make close friends in Russian cities. A few participants were stay-at-home moms whose caregiving and household responsibilities, often coupled with limited Russian language proficiency and husband's disapproval of their paid employment, contributed to their social isolation. Among working women, relationships with female co-workers, particularly migrants coming from Central Asian countries, may transform to friendships but participants could not spend much quality time together. Husbands of married women could also disapprove of them socializing with friends, co-workers, and acquaintances which caused conflict, labeled by many participants as “jealousy”. Aynura, aged 40, from Kyrgyzstan, explained: “My husband believes me, but he is a man nonetheless, so he is jealous when I go out with friends”. Selim, 35, from Tajikistan, elaborated on this common narrative: “I do not have time to meet any acquaintances. We have not arrived in Russia to have fun, but to earn. Also, my husband is strict; he forbade me to meet friends right after the wedding. He also does not allow me to use Internet. I only stay in touch with my family: mom, sisters, and nieces”.

The issues of trust in spousal relationships were an important concern for immigrant women. Husbands being jealous when participants socialize with friends or talk to male acquaintances often prevented women from developing social relationships. Over three-quarters of married/cohabiting participants co-resided with their husbands, but women were not confident in their partners' fidelity in the context of different cultural norms of large Russian cities compared with their home countries. However, gendered hierarchies in those Central Asian families prevented women from initiating conversations about partners' whereabouts and behavior. Sayora, 37, from Tajikistan, reflected: “I do not believe my husband: he drinks a lot, stays out during the night, sometimes disappears for a while. I do not know exactly where he hangs out; I think he cheats on me”. Tahmina, 31, from Tajikistan, further elaborated on her concerns:

I would love to trust my husband but I cannot be confident. You know, I do not trust all men. As any other Muslim woman, I do not track my husband, I just wait for

him at home. I am not saying that he cheats on me, but if you look at other men's behavior, I would not be so sure. Look how Russian women hang on men and flirt with them: I do not think my husband can resist in certain situations. By his account, he spends all day at work until late night, but I have no way of knowing where he really spends his time and what he does.

While part of participants was in love marriages, others went through arranged and forced marriages particularly bride kidnapping, prevalent in Kyrgyzstan. Women in those type of marital unions commonly lacked time and opportunity to develop intimacy and trust with their husbands. A recent study on bride kidnapping in Kyrgyzstan has shown that kidnap households are more likely to include women immigrants compared to households where women were not kidnapped (Hofmann & Chi, 2021). The authors suggested that women in kidnap marriages may want to immigrate to escape such households where tradition subject them to power of husband and in-laws. Our research has shown that it is not uncommon for women in forced and arranged marriages to move with their husbands or follow them to Russia. However, immigration may cause more conflict. Limited social support in the host country and worries caused by partners' behavior and perceived (in)fidelity exacerbated psychological distress in participants.

Women who moved as part of family units were concerned about spousal relationships. Unmarried women had worries of a different kind. Constraints on interpersonal relationships, particularly the inability to make close friends and limited social support, were an essential concern among young unmarried participants as well as separated, divorced, and widowed ones. Worries associated with the lack of social contacts and friendship were especially pronounced during their initial time in Russia. In many cases, interpersonal communication issues intertwined with structural factors such as negative attitudes and discrimination against Central Asian immigrants. Participants had a hard time developing friendship, able to buffer psychological distress, due to perceived and overt discrimination, a theme that we explore in greater detail in the section on macro-level factors.

5.2. Hard work, little money: meso-level challenges

Most participants had come to Russia as labor migrants and sought paid employment to earn a living, support stay-behind families, and save for their goals. The overwhelming majority of interviewed women (about 90 %) were employed or actively looking for work at the time of research, which makes work-related settings and concerns meaningful for most part of the sample. Women had high aspirations for jobs, as they looked forward to finance weddings for their children, buy property, and enjoy better quality of life. However, structural and institutional barriers left immigrant women with a little choice of occupation forcing most to take unskilled, low-paying jobs in service and retail. Working conditions were hard: participants worked long hours with a few to no breaks and days off. Many women were also exposed to Russia's cold climate and harsh weather in the open-air bazaars, poorly insulated warehouses, and elsewhere. Unskilled positions of immigrant women did not provide any job security: hard working conditions, poor attitudes, low pay and/or nonpayment of wages by exploitative employers forced women to frequently change places. Participants revealed that they commonly felt exhausted and on the brink. Alsu, aged 27, from Uzbekistan, shared a story, illustrative of the work-related distress that immigrants experienced:

I cannot read *namaz* [a Muslim prayer]: I want to pray regularly but I come home from work so tired. I have no strength and only one wish left – to quickly get to bed and have enough sleep. I work as a janitor in a downtown office. Every morning, I wake up at 4 am and return home at 8–9 pm. What can I do? There is only time to talk to my husband and go to bed.

Although most women linked their immigration goals with their ability to work and earn, they often faced challenges during their initial time in Kazan and Nizhny Novgorod. Unless extended family and friends provided help, it was hard to secure jobs and navigate Russia's labor market. Aigul, 26, from Kyrgyzstan, remembered:

When we [my family] came to Russia, we had many difficulties with finding work. We could not find a job, especially because it was winter [many unskilled occupations are seasonal]. I had troubles with the language as well: I did not speak Russian so it was hard to communicate.

Gendered division of labor in immigrant families could constrain women's employment. Traditional gender roles in Central Asian societies assign women the role of caregivers while men provide for the family. In Russian cities, immigrant women often balanced child-rearing and household chores with paid work. Double burdens affected participants' psychological well-being by causing worry and concerns. In many cases, emerging relationships in the workplace exacerbated work-related distress. Erkaïym, 27, from Kyrgyzstan, talked about her family situation and negative attitudes to labor migrants:

When I came to Russia, I did not get a job straight away. I stayed home for two months because I had no one to care for my children and due to problems with the documents [work permit and residential registration]. Currently, I work 2-day shifts as a chambermaid at a hotel. We take turns to look after children with my sister-in-law: when I work, she takes care of mine; and then I look after her daughters and son. My co-workers are Kyrgyz, Uzbeks, and Russian. People who do not understand Russian have difficulties: I have seen that many Russians make fun of those migrants and treat them poorly. At first, I had a hard time as well.

Erkaïym's story indicated concerns over relationships developing in a work setting shared by other participants. Women spent up to 12 h per day at work, hence good relationships vs. negative attitudes created an important background for their psychological well-being. Interpersonal relationships at workplaces along with poor work conditions, low pay, and job insecurity created a meso-level of psychological distress experienced by Central Asian women in Russia. Discrimination and racialization practices aggravated the structural and institutional context causing immigrant women's distress.

5.3. Hostility and discrimination against Central Asian female immigrants: macro-level structural factors

Racial micro-aggressions, hostility, and/or overt discrimination were important sources of psychological distress among the study participants. Through their daily interactions with the Russian natives, police, and authorities, participants were constantly reminded that they were unwelcome foreigners. In public spaces and at the workplace, in government offices and health care facilities women commonly heard "*Ponayekhali tut!*" ["You swarmed!"]

used by local Russians to express their negative attitudes toward immigrants particularly coming from Central Asian. Schnirelman and Malakhov (2007) defined “*Ponayekhali tut!*” as a racial slur in the Russian context. Women remembered multiple experiences of discrimination as Russia’s native residents questioned their right to stay in the country, rejected their applications for rent, and treated them rudely. Children were not shielded from exclusion and negative attitudes either. Nazgul, a 31-year-old Kyrgyz, worked in another city, Arzamas, prior to settling in Nizhny Novgorod. She remembered:

I worked at a bazaar in Arzamas. Some people treated me well, but other buyers would threaten me and shout: “You are not Russian, go back to your country! What are you doing here? You are selling us poison!” (...) My family and I want to return to Bishkek [the capital of Kyrgyzstan], of course: that is our own country and people. In Russia, people divide by race and nationality. We have had an issue with my older son recently when I enrolled him in school. During his first months, other students called him names like *churka* [racial slur for Central Asians in Russian] or Chinese. They provoked him; even his teacher treated him badly. My son had to fight back, but he complained every day and said he did not want to study any more. The bullying only stopped after my husband and I went to school for a showdown and had a big fight with other students’ parents and the teacher.

Russian authorities, the police, and common folks questioned women’s belonging and legal status regardless of the time they spent in the host country, permanent residency, or property ownership. Immigrant women differed in terms in Russian language proficiency, but speaking fluent Russian (although with an accent) did not shield them from othering and discrimination. We found that it was not language proficiency per se, but rather women’s phenotype and accent that distinguished them from native Russians and caused discrimination. Perceived helplessness and frustration with discrimination built into psychological distress. Cholpon, a 35-year-old from Kyrgyzstan, had spent seven years in Nizhny Novgorod at the time of research and spoke fluent Russian. Her husband had obtained Russia’s citizenship and bought an apartment for the family. That did not shield Cholpon and her children from harassment though. Cholpon told that one day, neighbors called the police on her family telling that non-Russians lived in the building. The police searched the apartment and interrogated Cholpon and her husband. The family provided required documents to prove their regularized status and the officers left. Cholpon was terrified but not surprised because she knew that some senior residents in their high-rise building disliked the Kyrgyz family.

Subject to aggression and discrimination, immigrant women were also accused of taking away jobs and social services from Russians. Shirin, a 20-year-old Tajik, came to Kazan to study for her Bachelor’s degree. She paid her tuition, room, and board in the university’s dorm. Shirin remembered hearing on multiple occasions that she allegedly took something away from locals in Kazan:

I have a student health insurance so I was never denied medical help. However, the staff in the student health center were often rude and did not keep a civil tongue. They would say that we [immigrants] were foreigners and Russians could

not secure a place in the dorms because of us. I am not sure what dorms had to do with that, but other students and I often heard this.

Intersecting gender vulnerabilities and xenophobia worked together enhancing women's psychological distress. Many participants talked about their helplessness because they could not challenge pervasive discrimination and ethnoracial harassment. Frustration and limited ability to advocate for themselves bordered perceived insecurity as women feared they could become a target of ethnoracially motivated aggressions. Legal precarity exacerbated psychological distress in women who emphasized: "How can we stand for ourselves? We are nobody in Russia without documents". Participants had a hard time as they tried to balance concerns over safety and maintain self-esteem when they subjected to hostility and discrimination. Women shared that they experienced mood swings and irritability or felt down and depressed due to their adverse experiences.

Negative attitudes and discrimination in health care settings were another shared experience among participants, who talked about being treated as underclass citizens. The lack of time and money, and legal precarity made immigrant women seek medical attention only in a case of emergency or for antenatal care and delivery. When women sought care, they felt particularly vulnerable because in public hospitals doctors could refuse to see them, treat them rudely, and/or exhort payment despite Russia's laws that guarantee free emergency care for citizens and non-citizens alike. Women explained that although by law, three days of emergency care are free regardless of legal status, Central Asians without papers [residential permit or residential registration and medical insurance] were deprecated or turned down. Legal precarity and its palpable effects including the lack of documents and money created barriers to healthcare and, consequentially, contributed to psychological distress. Traditional gender norms in Central Asia define women's roles as mothers and caregivers and make them pay particular attention to their reproductive health. Seeking medical attention for reproductive matters and during pregnancy, women often experienced negative attitudes, hostility, and even psychological violence in state clinics. Zebo, 21, from Tajikistan, spoke about seeking antenatal care in Nizhny Novgorod for her first pregnancy. Eventually, she was only left with the costly private clinic option:

I went to a state clinic for my first ultrasound and consultation. I came to several clinics but they refused to see me because I lack medical insurance. They were rude and, in one place, staff shouted at me. Eventually, I had to seek care in a private clinic. They treated me well, provided advice and guidance, and did ultrasounds during pregnancy. I paid RUB10,000 (USD300) for antenatal visits.

Women were well aware of their limited options in Russia created by intersecting socioeconomic and structural factors. Many participants emphasized that they would not seek medical attention in the case of illness because they believed that they would be denied care. Institutionalized discrimination along with legal and economic barriers to health care exacerbated perceived insecurity and informed psychological distress in women.

6. Discussion

International migration has been shown to provide multiple benefits to migrants and their families, as well as to sending and receiving nations as a whole. Positive socioeconomic outcomes notwithstanding, transborder movement and settlement in another country is fraught with challenges that shape individual health responses to those disruptive events. Despite well-documented physical health advantages of the foreign-born, there is mixed evidence on the relationship between immigration and mental health. This study used a socioecological approach to identify interrelated factors that cause psychological distress in women from Kyrgyzstan, Tajikistan, and Uzbekistan who make up a growing share in the immigrant population in a major destination country. Individual responses to stress posed by settlement and adaptation to a new socio-cultural environment may vary, but a combination of gendered risk factors becomes a shared experience for immigrant populations. By defining unique configurations of Russia's context of reception, this study contributes to our understanding of immigration as an essential determinant of mental health.

Drawing on rich data, this study provides important insights into the complexity of challenges that Central Asian migrant women navigate in Russia. Intersecting social, cultural, and structural factors interact and can reinforce each other endangering women's emotional and psychological well-being. Understanding causes of psychological distress in immigrant women is an important area of research in light of limited evidence on immigrant health in Russia, particularly mental health.

Individual and interpersonal factors form the domain of micro-level risks for distress. We have noted how migration pathways may force Central Asian women to stay away from their family and children for many months and years. The lack of money and time for phone calls back home and limited proficiency in Internet communication enhance women's distress and perceived loneliness. Our results align with what was reported in other cross-national studies. Systematic reviews have shown that separation from family or living alone along with the lack of social support increase the risks of psychological distress and common mental disorders in immigrant populations (Jurado et al., 2017). In Central Asian cultures, the value of family, familial relationships, and tradition is high. Besides suffering from separation from their loved ones, immigrant women continuously worry about their ability to earn for their children's weddings and other rituals that allow for maintaining one's social standing and traditional image of family in sending countries and demonstrate success of migration through expenditures on lavish celebrations (Beyer & Finke, 2019; Cleuziou, 2013, 2019; Cleuziou & Dierenberger, 2016).

Family ties are not the only connections that immigrant women struggle to maintain. We have found that they often have limited ability to develop meaningful social relationships in Russia particularly during their initial time in the host country. Social support provided through close-knit networks of peers, friends, and others was shown to be essential for immigrant' well-being shielding them from psychological distress and allowing to access different types of resources (Huschkle, 2014; Jurado et al., 2017; Kornienko, Agadjanian, Menjivar, & Zotova, 2018; Menjivar, 2002; Waters & Jimenez, 2005). Although meaningful, social networks become less cohesive due to hardships in destination countries

as “fragmented ties” endanger relationships between spouses, friends, and kin, stripping immigrant women of social support (Menjívar, 2000). We have noted that immigration challenges and exposure to a different socio-cultural context in Russia can put considerable strain of the relationship between spouses which becomes another source of psychological distress among women.

Low SES, poor working and living conditions along with emerging relationships with colleagues and employers (commonly exploitive) represent the meso-level determinants of immigrant women’s distress. This aligns with the findings from the cross-national scholarship that identified low SES as an important determinant of immigrant women’s mental health (Delara, 2016). Characteristics of physical and social environment (housing and neighborhood conditions, crowding, noise, lack of privacy, poor air quality) may affect self-esteem, cause irritability and anger, and increase the risks of depression and anxiety (Adler et al., 2010; Delara, 2016; Ornelas, Perreira, Beeber, & Maxwell, 2009; Varcoe, Hankvisky, & Morrow, 2007). In a similar vein, SES determines material conditions of immigrant women’s lives in Russia and exposure to multiple challenges informs distress. Work conditions are also important. Spending up to 10–12 h at their physically challenging low-paying service jobs, women commonly feel exhausted and on the brink. Many immigrant women have to frequently change workplaces in search of better conditions and earnings. Gendered intersectionality makes women particularly vulnerable at the workplace as beyond economic exploitation they may subject to unwanted advances and harassment.

Structural factors operating at the societal level represent the macro-level determinants of psychological distress in immigrant women. We have found legal precarity, negative attitudes to visible immigrants from Central Asia, perceived discrimination, and daily experiences of racism in Russia (Herbert, 2019; Kuznetsova & Round, 2019) to be powerful drivers of distress. Our findings are consistent with other cross-national studies that noted strong associations between legal precarity maintained through migration policies, social exclusion, and perceived discrimination and immigrant women’s well-being and poor mental health (Araujo & Borell, 2006; Agadjanian et al., 2021; Castañeda, 2009; Delara, 2016; Jurado et al., 2017).

By examining psychological distress through a gendered socioecological lens, our study also engages with the broader scholarship on immigration, gender, and mental health. Cross-national research has noted on the complex relationship between international migration and gender. Gender relations are reproduced and contested through immigration which provides individuals with significant autonomy but is not necessarily empowering (Erdal & Pawlak, 2018). Agency of immigrant women across the globe is constrained by moral obligations toward their families and gender identities (Bastia, 2013; Ehrkamp, 2013). This holds for women moving to Russia from Kyrgyzstan, Tajikistan, and Uzbekistan, the countries that witness a reinforcement of hierarchical gender roles through emerging nationalisms, emancipation from the Soviet legacy, and growing religiosity (Bazin, 2008; Cleuziou & Direnberger, 2016).

Our findings align with the cross-cultural scholarship that has noted contested gender relations in immigration context and their respective effects on mental health. Conflicts

between spouses may accompany women's empowerment caused by immigration (Bastia, 2013; Castellani & Martín-Díaz, 2019; Segura & Facio, 2008) and negatively affect their well-being (King & Dudina, 2019). Married or cohabiting Central Asian women lack power to question their spouses' whereabouts and to negotiate fidelity (see also Agadjanian & Zotova, 2014, 2019).

Research from diverse settings has shown that immigrant women report significantly higher level of psychological distress compared to men (Aroian, Norris, & Chiang, 2003; Honkaniemi, Juárez, Katikireddi, & Rostila, 2020; Jarallah & Baxter, 2019). Many of our findings framed through a socioecological model are not unique for Central Asian women: immigrant men can also suffer from limited social support, hard work, poor housing, and discrimination in Russia and elsewhere. Socio-economic determinants of immigrant mental health such as low income, unemployment, and constrained inclusion are well established in the literature (Salami et al., 2017). However, our study sheds light onto unique challenges of immigrant women rooted in gendered vulnerabilities that manifest themselves in women's limited power in interpersonal relationships, at work, and across diverse public settings including access to general and reproductive health care services where women are subject to discrimination. By analyzing challenges and providing with several answers behind women's elevated levels of psychological distress observed across the globe, our study contributes to the scholarship on immigration and mental health and lays a foundation for future research at the intersection of gender and health.

7. Conclusion

This study has identified several factors that interact and operate at different levels and cause psychological distress in Central Asian immigrant women in Russia. Persistent worry about their families' well-being, separation from loved ones, and limited social contacts able to provide with various kinds of support act at the interpersonal level. Poor working and housing conditions along with economic hardships reinforce experienced distress among studied women who share commonalities with other immigrant populations in cross-national contexts. Pervasive discrimination experienced by Central Asian immigrants particularly women, poses unique challenges for their psychological well-being and mental health. In practical terms, these structural challenges may be hard to address if there are no systemic changes in policies and public discourse aimed at creating a more welcoming reception for Central Asian immigrants who have become an essential part of Russia' labor market and society. Such systemic changes may also facilitate provision of mental health services for immigrant women to help reduce psychological distress and better their mental health.

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Table 1

Socio-demographic characteristics of 72 immigrant women in Kazan and Nizhny Novgorod.

	N	Percent
Age: median [IQR]	30 [24, 36]	
Marital status		
Married/cohabiting	49	68.1
Divorced/separated/widowed/never married	23	39.1
Coresidence with husband/partner		
Yes	38	77.6
No	11	22.4
Number of living children: median [IQR]	1 [0, 2]	
First child lives with her	20	44.4
Second child lives with her	12	40.0
Third child lives with her	4	33.3
Fourth child lives with her	0	0.0
Educational level		
Secondary and less	37	51.4
Postsecondary	35	48.6
Employment		
Currently employed or looking for work	63	87.5
Unemployed	9	12.5
Total monthly income, RUB: median [IQR]	17,000 [10,000, 20,000]	
Number of other people sharing the room where respondent sleeps: median [IQR]	1 [1, 2]	
Number of years lived in Russia: median [IQR]	2.5 [1.1, 5.8]	
City of interview		
Kazan	36	50
Nizhny Novgorod	36	50
Total	72	100