

Are There Gender Differences in the Psychological Effects of Ethnic Identity and Discrimination in Hawai'i?

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Abstract

The purpose of this study is to investigate whether there are gender differences in the psychological effects of ethnic identity and discrimination in Hawai'i. Using data from an anonymous survey of undergraduate students (N = 1,033) at a university in Hawai'i, regression results revealed that higher levels of ethnic identification were associated with significantly lower levels of depressive symptoms. This association was statistically significant ($P < .001$), adjusting for gender, age, socioeconomic status, racial/ethnic group, mixed racial/ethnic status, years living in Hawai'i, immigrant status, and discrimination. Interaction effects ($b = 2.55$; $P < .05$) further indicated that the inverse relationship between ethnic identity and symptoms of depression was stronger for men than women. Also, everyday discrimination was significantly more psychologically distressing for women ($b = 0.19$; $P < .05$) than men. Overall, these findings suggest that a strong ethnic identity, which encompasses ethnic pride and knowledge, involvement in ethnic practices, and a cultural commitment or feeling of belonging to one's ethnic group, significantly benefits mental health, and to a greater extent among men. Although the chronic stress of discrimination (not necessarily due to race/ethnicity) was linked with increased levels of distress among both men and women, it was significantly more intense among women. Future research is needed to uncover why the mental health consequences of everyday discrimination and a salient ethnic identity would be different for young men and women in this cultural context and whether this holds true in other locations in the United States.

Keywords

ethnic identity, discrimination, gender, symptoms of depression, Hawai'i

Introduction

Whether the psychological effects of ethnic identity and discrimination differ for women and men in diverse communities across the United States warrants inquiry. Recent research has drawn attention to a culturally diverse and underexplored community where discrimination is a chronic stressor and public health problem—Hawai'i.¹⁻³ In essence, the ethnic diversity of Hawai'i and history of plantation agriculture, settler colonialism, and tourism have perpetuated patterns of discrimination.⁴⁻⁶ The goal of the current study is to discover whether there are gender differences in the influence of discrimination and ethnic identity on mental health in Hawai'i.

Self-reported discrimination due to racial or ethnic status has been consistently linked with higher levels of depressive symptoms or psychological distress in the research literature.⁸⁻¹⁰ There is also evidence that everyday discrimination, not necessarily due to race or ethnicity, is significantly more distressing and chronically stressful than a single experience of racial or ethnic discrimination in a lifetime.^{7,9,11-12} There have been inconsistent findings, however, about the relationship between a strong ethnic identity and psychological well-being.^{13,14} Ethnic identity involves a sense of ethnic pride or positive feelings

towards one's group, knowledge, participation in ethnic group activities, and a cultural commitment or feeling of belonging to one's ethnic group.¹⁵ While studies have found that a stronger ethnic identity is associated with significantly lower levels of depressive symptoms,^{11,16,17} other studies have documented that ethnic identity does not have a statistically significant relationship with symptoms of depression.¹⁸⁻²³

Although research suggests that women have higher rates of depression than men,²⁴ less is known about whether the strength of the influence of ethnic identity on symptoms of depression differs for men and women. From the social-psychological perspective of identity theory, individuals have multiple identities in a hierarchy within their self-concepts, and the salience of an identity or likelihood of it being invoked in a social situation varies by level of commitment to the group associated with that identity.^{25,26} It is plausible that gender could be a more salient identity for women in daily life than their ethnicity compared to men. Gender identity salience could be triggered by women's socially disadvantaged status, gender stereotypes, or sexism, and thus a salient ethnic identity could be drawn upon by men more frequently as a protective resource or to bolster psychological well-being. A salient ethnic identity can also be situational.²⁷ Furthermore, a meta-analysis of studies indicated that the development of ethnic identity may be distinct for boys and girls, but minimal differences or mixed findings have been provided about whether there are gender differences in strength of the relationship between ethnic identity and symptoms of depression.¹⁴

Our knowledge is also limited about whether women are more depressed or distressed by discrimination than men. Discrimination could be more distressing for women of color because they can experience the simultaneous "double jeopardy" of sexism and racism.²⁸ Women may become anxious and depressed as they ruminate constantly wondering if they experienced unfair treatment because of their gender and/or race.²⁹ Intersecting sexism and racism are known to be multiplicative risk factors that exacerbate psychological distress among African American women.³⁰⁻³³ Another study found that Asian American women had more deleterious mental health consequences when exposed to a lower threshold of discriminatory experiences than men.³⁴ Alternatively, masculine role norms could inhibit an emotionally expressed reaction to discrimination among men, which could explain why they could seem to be less distressed by certain levels of it.³⁵ Research is needed on the distressing effect of discrimination among women compared with men in different cultural contexts in the United States. Thus, rather than focusing only on racial discrimination, more studies are

needed that examine daily experiences of racial discrimination compounded with gender discrimination.^{8,11}

When delving into the multifaceted intersections of discrimination, ethnic identity, gender, and mental health, other factors need to be taken into account. Those factors include age, socioeconomic status, immigrant status, and duration of residence in Hawai'i, which can influence mental health trajectories, identity development, as well as exposure to discrimination.^{17,36} Moreover, Hawai'i is home to the nation's largest share of "multiracial" Americans: almost one in four Hawai'i residents identify as mixed status.³⁷ "For example, the largest biracial groups in Hawai'i are White and Asian (18%), Asian and Native Hawaiian/Pacific Islander (18%), and White and Native Hawaiian/Pacific Islander (12%)."³⁷ According to recent Census estimates, Hawai'i is the only state with an Asian majority: Asian alone (37.7%), followed by Non-Hispanic White alone (22.1%), Native Hawaiian and Other Pacific Islander alone (10.2%), Hispanic alone (10.4%), Black alone (2.2%), and American Indian or Alaska Native alone (0.4%).³⁸ Therefore, racial/ethnic group membership and mixed status need to be taken into account to evaluate the roles of discrimination and ethnic identity in mental health disparities in Hawai'i.

The present study focuses on Hawai'i and undergraduate students generally in the transition to adulthood, a life stage when symptoms of depression can often emerge.³⁹ For students, social relations are fundamental to the formation of their ethnic identity and experiences of discrimination can be particularly harmful for their psychological development.⁴⁰ The following research questions will be addressed: (1) Is a stronger ethnic identity linked with significantly lower levels of depressive symptoms, adjusting for gender, age, socioeconomic status, racial/ethnic group membership, mixed status, immigrant status, and years in Hawai'i? (2) Do the psychological effects of ethnic identity and everyday discrimination vary by gender? The first hypothesis is that ethnic identity will be associated with lower levels of depressive symptoms. The second hypothesis is that the inverse relationship between ethnic identity and symptoms of depression will be stronger for men than women. The third hypothesis is that the distressing effect of discrimination will be worse for women than men.

Methods

Data were collected using anonymous surveys during Spring 2012 to Spring 2013 semesters. A post hoc analysis verified the statistical power of the regression models and that the sample size and number of variables were sufficient using G*Power 3 software.⁴¹ This study was approved by the university's Institutional Review Board (CHS # 20055). A convenience sample of 1,091 undergraduate students at the University of Hawai'i were surveyed. Professors agreed to have their students complete the survey by writing their responses during class time (10 minutes on average) in undergraduate courses in the departments of Sociology, Women's Studies, Nursing, Philosophy, Accounting, and Engineering. The survey questionnaire informed the students about the purpose of this study as well as the benefits and risks,

and that their participation was voluntary, confidential, and would not be compensated financially. Statistical analysis was conducted using STATA v. 12 (StataCorp; College Station, TX).

Measures

The dependent variable was the 20-item Center for Epidemiologic Studies Depression scale (CES-D). The CES-D is a widely used, valid, and reliable measure for adolescents, young adults, and adults to assess levels of depressive symptoms, also referred to as psychological distress.⁴² The CES-D has been used on adolescent and adult populations in Hawai'i.⁴³⁻⁴⁵ Respondents were asked how they felt in the past week, such as how often they had crying spells, and felt sad or lonely, and the response categories were: (0) rarely or none of the time or less than 1 day, (1) some or a little of the time or 1-2 days, (2) occasionally or a moderate amount of the time or 3-4 days, and (3) most or all of the time or 5-7 days. Ordinary least squares (OLS) regression models were conducted for the summed scale, dependent variable measuring self-reported levels of depressive symptoms (Cronbach's $\alpha = .90$).

The focal independent variable was a 12-item scale based on Phinney's 14-item Multigroup Ethnic Identity Measure (MEIM).¹⁵ Items from the MEIM have been used in populations in Hawai'i.⁴⁶ According to Phinney, ethnic identity involves behaviors, feelings, attitudes, and knowledge about one's ethnic group membership.¹⁵ The scale consisted of the average of the following 12 statements: (1) I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs; (2) I am active in organizations or social groups that include mostly members of my own ethnic group; (3) I have a clear sense of my ethnic background and what it means for me; (4) I think a lot about how my life will be affected by my ethnic group membership; (5) I am happy that I am a member of the group I belong to; (6) I have a strong sense of belonging to my own ethnic group; (7) I understand pretty well what my ethnic group membership means to me; (8) In order to learn more about my ethnic background, I have often talked to other people about my ethnic group; (9) I have a lot of pride in my ethnic group; (10) I participate in cultural practices of my own group, such as special food, music, or customs; (11) I feel a strong attachment towards my own ethnic group; and (12) I feel good about my cultural or ethnic background. Response choices ranged from strongly disagree (0) to strongly agree (3). Subsidiary analysis was performed to ensure consistency (Cronbach's $\alpha = .89$). The ethnic identity scale had 25 missing values that were mean imputed.

Other focal independent variables included self-reported experience of discrimination due to race or ethnicity in a lifetime (1 = yes; 0 = no) and an everyday discrimination scale (EDS), which included day-to-day experiences of unfair treatment not necessarily due to race or ethnicity.⁸ The students were asked to provide the frequency of several everyday situations that happened to them: (1) you are treated with less courtesy than other people; (2) you are treated with less respect than other people; (3) you receive poorer service than other people at restaurants

or stores; (4) people act as if they think you are not smart; (5) people act as if they are afraid of you; (6) people act as if they think you are dishonest; (7) people act as if they're better than you are; (8) you are called names or insulted; and (9) you are threatened or harassed. The 9-item scale was summed. Response categories were: (0) never, (1) less than once a year, (2) a few times a year, (3) a few times a month, (4) at least once a week, and (5) almost every day.

The race/ethnicity variables were based on nine categories from which the survey respondents could select: (1) White, Caucasian, Anglo, European American not Hispanic; (2) Asian; (3) Native Hawaiian; (4) Pacific Islander; (5) Black or African American; (6) Hispanic or Latino; (7) American Indian, Native American, or Alaska Native (8) Mixed, parents are from different racial/ethnic groups, and (9) Other. The respondents were asked to write more specific information for the categories Asian (write in Asian group), Pacific Islander (write in the island), Mixed (write in racial/ethnic groups of parents), and other race/ethnicity. For the mixed race/ethnicity category, the first race/ethnicity that was written by the respondent was selected for the purpose of the current study with the exception of Native Hawaiian, which was coded as listed if at all. Dummy variables were created for White, Japanese, Filipino, Chinese, Native Hawaiian or Other Pacific Islander, and Other Race/Ethnicity.

Other sociodemographic control variables included: gender (female = 1) (asked to write in), age, immigrant status (foreign born = 1; United States born = 0), number of years in Hawai'i, and parental education. Parents' levels of education are often used as a measure of family socioeconomic background among students who are in their initial stages of status attainment.⁴⁷ Parental education was the highest level of schooling the respondent's father or mother had achieved. Following prior research, missing values were imputed using the following procedure: (1) missing values on father's education were substituted with mother's education and vice versa; and (2) remaining missing values (46 observations) were replaced with the mean.⁴⁷

Results

Instrument Verification

In exploratory analyses, the multidimensional scales measuring ethnic identity and everyday discrimination were verified for this sample. Factor analyses confirmed (factor loadings > .4) that the 12-item ethnic identity scale had high internal consistency for the participants in this study (Cronbach's alpha = .89). Factor analyses (factor loadings > .4) further indicated that the 9 items loaded on one factor for the everyday discrimination scale, which had strong internal consistency for the participants in this study (Cronbach's alpha = .89).

Descriptive Statistics

Table 1 displays the descriptive statistics, including means, standard deviations, and ranges of the variables for the full sample and by gender. The final sample size was 1,033 after list-wise deletion of missing cases and imputation on two scales. About half (54%) of the sample were women and the average age of the

students was 21 years. Regarding socioeconomic background, the average level of parental education was 15 years. Racial/ethnic backgrounds were Japanese (20.5%), White (18.7%), Filipino (16.4%), Chinese (9.7%), Other Race/Ethnicity (i.e., Hispanic followed by Black, Native American, Alaska Native or Other). (16.3%), and Native Hawaiian or Other Pacific Islander (17.8%). For analysis, Native Hawaiians (13.5%) were combined with Other Pacific Islanders (4.3%) due to the relatively small number of Pacific Islanders. The racial composition of our sample generally reflected the university's diverse student body (Fall Semester, 2012): Native Hawaiian or other Pacific Islander (17.4%), White (20.9%), Asian (40.4%), Hispanic (2%), Black (1.5%), American Indian or Alaska (0.3%), and race/ethnicity unknown (0.2%).⁴⁸ The one exception was that Asians were somewhat overrepresented in the sample: 46.6% versus 40.4%. The average duration of residence in Hawaii was 13 years, 13.5% were foreign-born, and 38% identified as mixed race/ethnicity. About half the sample (50.6%) self-reported experiencing discrimination in their lifetime due to race/ethnicity. The level of everyday discrimination not necessarily due to race/ethnicity was 12.06 (range = 0 – 44). Lifetime racial/ethnic discrimination and everyday discrimination were positively correlated ($r = .37$) (not shown). The average level of ethnic identification was 2.02 (range = 0 – 3). The level of psychological distress was 13.31 (range = 0 – 60). Table 1 also compared the descriptive statistics for the subsamples of women ($n = 568$) and men ($n = 465$). T-tests confirmed that levels of everyday discrimination (women's mean = 11.36; men's mean = 12.91; range 0 – 44) were significantly different ($P < .01$) and the number of Native Hawaiian or Other Pacific Islander students ($P < .05$) (89 women and 95 men).

Ordinary Least Squares Regression Analyses: Main Effects and Interaction Effects by Gender

Table 2 displays five OLS regression models predicting psychological distress. Model 1 shows the main effects, Models 2 through 4 each focused on an interaction effect (ethnic identity x gender or type of discrimination x gender) with controls, and Model 5, the final model, included all control variables and the three interaction effects. In the final model, ethnic identity continued to have a statistically significant inverse association ($b = -3.70$; $P < .001$) with depressive symptoms, which included all controls and interaction effects. This finding supports our first hypothesis. According to a statistically significant interaction effect ($b = 2.55$; $P < .05$) in the final model, ethnic identity had a stronger inverse relationship with depressive symptoms among men than women. Ethnic identity was mean centered for the interaction effect with gender. In a supplementary analysis of women only, the main effect of ethnic identity was not statistically significant, but it was inverse ($b = -.578$), including all control variables: the analysis of men found a statistically significant inverse effect ($b = -3.98$; $P < .001$). These findings confirm our second hypothesis. Another statistically significant interaction in the final model provided evidence for our third hypothesis that the association between everyday discrimination

Variables	Full Sample (N = 1,033)			Women (n = 568)			Men (n = 465)		
	N (%)	Mean	SD	n (%)	Mean	SD	n (%)	Mean	SD
Racial or ethnic group									
White	197 (18.7%)			114 (19.5%)			83 (17.8%)		
Japanese	212 (20.5%)			114 (19.8%)			98 (21.1%)		
Filipino	169 (16.4%)			101 (17.8%)			68 (14.6%)		
Chinese	103 (9.7%)			57 (9.5%)			46 (9.9%)		
Native Hawaiian or other Pacific Islander	184 (17.8%)			89 (15.7%)*			95 (20.4%)		
Other race/ethnicity	168 (16.3%)			93 (16.4%)			75 (16.1%)		
Mixed status	397 (38.4%)			223 (39.3%)			174 (37.4%)		
Foreign-born	139 (13.5%)			74 (12.8%)			65 (14.1%)		
Lifetime racial/ethnic discrimination	523 (50.6%)			296 (52.1%)			227(48.8)		
Everyday discrimination [0 – 44]		12.06	8.26		11.36**	7.70		12.91	8.84
Years living in Hawaii [0 – 45]		13.03	8.96		12.60	9.05		13.57	8.83
Age [17 – 63 years]		21.21	4.29		20.95	3.55		21.52	5.03
Parental education [0 – 20 years]		14.89	3.12		14.84	3.01		14.95	3.26
Ethnic identity [0 – 3]		2.02	0.50		2.03	0.51		2.02	0.49
Depressive symptoms [0 – 60]		13.31	10.13		13.78	10.15		12.73	10.09

N = 1,033. N (%), proportion, SD, standard deviation. T-tests by gender * $P < .05$; ** $P < .01$; *** $P < .001$.

Variables	Model 1 b (SE)	Model 2 b (SE)	Model 3 b (SE)	Model 4 b (SE)	Model 5 b (SE)
Main Effects					
Ethnic identity	-2.23*** (0.63)	-3.74*** (0.91)	-2.23*** (0.63)	-2.26*** (0.62)	-3.70*** (0.91)
Lifetime racial/ethnic discrimination	0.96 (0.65)	0.94 (0.65)	1.04 (0.93)	0.88 (0.65)	1.65 (0.95)
Everyday discrimination	0.39*** (0.04)	0.39*** (0.04)	0.39*** (0.04)	0.31*** (0.05)	0.30*** (0.05)
Female	1.71** (0.60)	1.71** (0.60)	1.79* (0.85)	1.72** (0.60)	2.44** (0.88)
Age	-0.08 (0.07)	-0.09 (0.07)	-0.08 (0.07)	-0.09 (0.07)	-0.10 (0.07)
Parental education	-0.21* (0.10)	-0.22* (0.10)	-0.21* (0.10)	-0.20* (0.09)	-0.21* (0.10)
Japanese ^a	0.14 (1.18)	0.21 (1.18)	0.15 (1.18)	0.08 (1.18)	0.23 (1.18)
Filipino ^a	0.48 (1.15)	0.50 (1.15)	0.49 (1.15)	0.53 (1.15)	0.61 (1.15)
Chinese ^a	-0.24 (1.15)	-0.33 (1.34)	-0.24 (1.34)	-0.19 (1.34)	-0.25 (1.33)
Native Hawaiian or Pacific Islander ^a	1.76 (1.26)	1.79 (1.26)	1.77 (1.26)	1.78 (1.26)	1.89 (1.26)
Other race/ethnicity ^a	1.08 (1.07)	1.15 (1.07)	1.08 (1.07)	1.23 (1.07)	1.35 (1.07)
Mixed status	-0.96 (0.73)	-0.95 (0.73)	-0.96 (0.73)	-0.97 (0.73)	-0.96 (0.72)
Foreign born	2.45** (0.94)	2.50** (0.94)	2.65** (0.94)	2.64** (0.94)	2.50** (0.94)
Years in Hawai'i	0.02 (0.04)	0.02 (0.04)	0.02 (0.04)	0.02 (0.04)	0.02 (0.04)
Interaction Effects					
Ethnic Identity x Female		2.69* (1.19)			2.55* (1.19)
Lifetime Discrimination x Female			-0.15 (1.19)		-1.46 (1.28)
Everyday Discrimination x Female				0.17* (0.07)	0.19* (0.08)
Intercept	15.64***	11.49***	15.59***	16.69***	12.22***
R ²	0.14	0.15	0.14	0.15	0.15
N =	1,033	1,033	1,033	1,033	1,033

* $P < .05$; ** $P < .01$; *** $P < .001$ (two-tailed tests). SE, standard error. ^aReference category is White.

and psychological distress was significantly stronger for women than men ($b = .19$; $P < .05$). The interaction effect between everyday discrimination and gender was mean centered. The association between lifetime racial/ethnic discrimination and distress, however, did not significantly vary by gender. Finally, other statistically significant associations worth noting in Model 5 included female, foreign-born, and everyday discrimination, which were associated with more symptoms of depression, and parental education, which was related to lower levels of depressive symptoms. Regression results were consistent using mean imputation or list-wise deletion to handle missing data for the scales measuring parental education and ethnic identity.

Discussion

This study found that a higher level of ethnic identification was linked with significantly lower levels of depressive symptoms, over and above gender, age, socioeconomic status, racial or ethnic group membership, mixed status, duration of residence, immigrant status, and discrimination. In other words, a stronger sense of ethnic pride, participation in cultural practices, and knowledge about one's ethnic group was related to lower levels of psychological distress in Hawai'i. Furthermore, the interaction effects suggested that the psychological advantage of a strong ethnic identity was more significant for men, while the distressing effect of everyday discrimination was more intense for women.

The present study's findings contribute to the mixed evidence about the strength of the relationship between ethnic identity and better psychological well-being.^{11,13-23} These findings advance our knowledge of the distinct effect of a strong ethnic identity as a psychosocial asset, regardless of racial/ethnic group membership in Hawai'i, while taking into account various sociodemographic factors including immigrant status and mixed status. The findings further suggested that compared to men, everyday discrimination—not necessarily due to race or ethnicity—may be more psychologically distressing among women in Hawai'i. This could signify the stressful double jeopardy of sexism and racism.²⁸ Women may also ruminate about whether they experienced unfair treatment due to their gender, racial or ethnic background, socioeconomic background, or another social status, which may be frustrating, confusing, and anxiety provoking.²⁹ Social psychological research is needed to investigate whether discrimination as a chronic stressor may be appraised differently by women compared with men in certain cultural contexts and life stages, leading to different types of emotional reactions, such as symptoms of anxiety and depression.⁴⁹ Rather than internalizing stress as symptoms of depression as women often do, men are more likely externalize their distress via substance abuse and dependence.²⁴

Like other studies in this literature, the current study has limitations worth noting, such as cross-sectional data, which

show associations rather than causality. Thus, this dataset cannot ascertain whether ethnic identity improved mental health or if symptoms of depression/distress weakened levels of ethnic identification. Also, self-reported frequency of symptoms of depression in the past week were used rather than a clinical diagnosis of depression or long-term trajectories, and self-reported discrimination in a lifetime and frequency in daily life could also be subjective. Another limitation is that other mental health measures were not included in the survey, such as alcohol and drug use disorders, which are more common among men.²⁴

The limitations and findings of this study should inspire future studies. For instance, participants in this study self-identified their gender by writing it in the space provided and only binary gender responses (female or male) were offered, so future research could examine transgender students. Also, the extent to which different ethnic identities are associated with patriarchal, cultural expectations should be explored, and how that may contribute to gender differences in the utility of ethnic identity as a coping resource for sexism and racism. More studies should investigate the different ways in which gendered racism specifically affects mental illnesses among young adults and those in other stages of the life course.³¹ Finally, ethnic inequality and the complex categorization of ethnicity in Hawai'i deserve more attention to better understand patterns of discrimination. For example, Hispanic, Black, Native American, Alaska Native, and the few Middle Eastern students were included in the "Other Race/Ethnicity" category in this study. Hawai'i has a unique racial/ethnic hierarchy with Asians as the majority group, and more studies should focus on specific ethnic subgroups of Asians and Pacific Islanders to advance our knowledge of discrimination and mental health disparities.⁵

In conclusion, future research should expand the population of study beyond college students and gather representative longitudinal survey data of the state of Hawai'i. Beyond more quantitative survey data, qualitative studies need to improve the conceptualization and operationalization of ethnic identity in Hawai'i.⁵⁰ Lastly, what deserves more exploration is the psychological utility of ethnic pride, knowledge, and involvement in cultural practices in different social situations, and how a salient ethnic identity can influence daily social interaction in the unparalleled contexts of the Hawaiian islands.⁴⁶

Conflict of Interest

The author reports no conflict of interest.

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