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Correlates of Everyday Discrimination, and Associations with Coping Reserves and Psychological Well-Being among South Asians in the United States and India

DISSERTATION

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for the degree of

DOCTOR OF PHILOSOPHY

in Psychological Science

by

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One of the most vital ways we sustain ourselves is by building communities of resistance, places where we are not alone.

— Bell Hooks (2014)

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ABSTRACT OF THE DISSERTATION

Correlates of Everyday Discrimination, and Associations with Coping Reserves and Psychological Well-Being among South Asians in the United States and India

by

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Doctor of Philosophy in Psychological Science

University of California, Irvine, 2024

Associate Professor Kristine M. Molina, Chair

Globally, India and the United States (US) represent the first and third most populous nations, respectively. India is the most populous South Asian country. In the US, Asian Indians constitute the largest South Asian group and are the second largest "Asian" group overall. These proportions indicate how important the sheer size of their population is—globally and domestically. Furthermore, Asian Indians' status as a "model minority" in the US and their numerical majority in India contribute to the assumption that Asian Indians are impervious to discrimination. Consequently, psychological research on how Asian Indians experience, embody, and cope with discrimination is nearly non-existent. Specifically, three critical empirical gaps remain. First, no study has examined the form and patterning of everyday discrimination (i.e., routine unfair treatment) among Asian Indians across different cultural contexts in which they are the numerical majority (i.e., India) vs. minority (i.e., US). Second, the harmful health effects of everyday discrimination are well-documented in various racial/ethnic groups. However, only a few studies have examined its effects on psychological flourishing, which is a correlate of

morbidity and early mortality. Last, few studies have identified culturally relevant putative protective factors to mitigate the adverse mental health effects of discrimination among Asian Indians.

Against this backdrop, my dissertation, grounded in socioecological and intersectional frameworks, pushes research on discrimination forward in three critical ways across two sets of interrelated studies employing data from two population-based surveys—the Mediators of Atherosclerosis in South Asians Living in America (MASALA) and Longitudinal Aging Study in India (LASI). Studies 1A and 1B aimed to establish the dimensionality of the Everyday Discrimination Scale and identify its correlates among Asian Indian adults in the US (MASALA) and in India (LASI), respectively. Findings revealed that a five-item, unidimensional version of the EDS is appropriate for capturing routine experiences of discrimination among Asian Indians in both the US and India. Findings also showed that everyday discrimination is socially patterned across individual-, health-, community-, and cultural characteristics as well as similarities and differences across cultural contexts. Studies 2A and 2B examined the association between everyday discrimination and mental health (MASALA; Study 2A) and subjective well-being (LASI; Study 2B) and tested whether religious engagement and spirituality offer protection against experiences of discrimination. Findings revealed that everyday discrimination was associated with worse subjective well-being. Religious engagement and spirituality differentially moderated the said associations in each context. Specifically, higher levels of religious engagement were associated with poorer mental health for those not reporting discrimination in the US. Higher levels of spirituality were associated with better subjective well-being among those who did and did not report discrimination in India. Collectively, these studies help to identify Asian Indians at the most significant risk for experiencing discrimination, its association

with psychological outcomes, and culturally relevant sources of strength that may protect targets of discrimination against its harmful effects across cultural contexts where Asian Indians are the numerical majority (India) and minority (US).

INTRODUCTION

India is the most populous South Asian country, with an estimated population of over 1.4 billion (Silver et al., 2023). Moreover, of the over five million South Asians currently living in the United States (US), 80% are of Indian origin (SAALT, 2019). Indian Americans are the second largest "Asian" group in the US (21% of the Asian population; Budiman & Ruiz, 2021) after Chinese Americans. However, Indian Americans are the largest Asian group when Chinese and Taiwanese are disaggregated (Ramakrishnan, 2023). Since the 2010s, Asians have outnumbered Latinx immigrants (Budiman, 2020), with much of this growth of immigrants being driven by Asian Indians (Ramakrishnan, 2023). These estimates underscore the sheer size of Asian Indians at the global and domestic levels.

Sociocultural, political, economic, and individual factors shape how nations are perceived and individuals' experiences, beliefs, values, and attitudes across different societies. For example, on average, other nations rate US culture and society favorably (Wike et al., 2021). In contrast, attitudes towards India remain critical or mixed (Huang et al., 2023), especially amid rising diplomatic tensions (Newton & Mogul, 2023). Furthermore, in a survey of 27 nations, Indian citizens voiced more economic and safety concerns than citizens of other nations, including the US, which were linked to Indian citizens' higher level of democratic dissatisfaction (Wike et al., 2019). Moreover, research suggests that factors such as nativity status, including being an immigrant, significantly impact the identity and adoption of pan-ethnic labels, such as "South Asian," within the Asian Indian community in the US (Badrinathan et al., 2021; Morning, 2001). Conversely, in India, factors such as caste, religion, language, and region have been identified as important determinants of national identity (Sahgal et al., 2021; Singh, 2006). These

various factors, both macro and micro, can impact how Asian Indians perceive discrimination within the US and Indian cultural contexts.

Discrimination

A series of global, longitudinal surveys (1990s-2015) concluded that despite decreased intolerance towards some groups (e.g., sexual minorities) over time, all geographical regions (i.e., North America, Europe, Asia, Australia, and Africa) continue to report discrimination based on ethnicity, sexuality, immigration, and age (Foa, 2015). Discrimination is broadly defined as differential and unfair treatment of members of socially defined groups (Krieger, 1999). Discrimination stems from larger societal structures such as racism and White supremacy, which dictate opportunities and assign values based on the social construction and interpretation of differences related to factors such as race, gender, class, and sexual orientation (Jones, 2000) across society and over time (Dovidio et al., 2010; Fibbi et al., 2021). These systems of power (institutional, social, cultural) and ideologies structure access to resources and opportunities, shaping subjective experiences and impacting life outcomes in varied and disparate ways, privileging some segments while disadvantaging others (Jones, 2000). This holds in both the US and India, as well as within the Asian Indian community. It underscores the significance of recognizing and investigating experiences of discrimination in psychological research among this ethnic group to address inequalities in their respective societies.

Discrimination, as an oppressive force, occurs at multiple levels, including institutional, structural, cultural, interpersonal, and internalized (Gee et al., 2009; Harrell, 2000; Krieger, 1999). Structural and institutional discrimination are persistent and ubiquitous—permeating all areas and aspects of society, including government, immigration, criminal (in)justice system, education, healthcare, and the labor market (Bailey et al., 2017; Brondolo et al., 2023; Gee &

Ford, 2011). Institutional discrimination, which can entail racially biased laws and policies, can codify differences, and thus, differential treatment (Jones, 2000). Inequities in social (e.g., residential and employment segregation, racial profiling, incarceration) and environmental (e.g., highways, landfills) exposures are a form and product of institutional discrimination (Brondolo et al., 2023; Elias & Paradies, 2021; Gee et al., 2009; Gee & Payne-Sturges, 2004). To illustrate, in the 1930s, the federal government mapped and "graded" neighborhoods to determine eligibility for low interest mortgage rates. Compared to non-redlined, predominately White neighborhoods, communities with higher proportions of racially minoritized residents, including Asians ("Asiatic or oriental infiltration"), were graded lower and deemed high risk for mortgage lenders, resulting in housing loan denials, community disinvestment, concentration of poverty, and poor physical and mental health outcomes (Lee et al., 2021; Nelson et al., 2021).

Historical and contemporary inequalities can influence cognitive biases (Payne et al., 2019), which may affect perceptions of discrimination based on relative deprivation (Crosby, 1976) and competition for resources or status/power between various groups, including in-group and out-group members (Dovidio et al., 2010; Fibbi et al., 2021). A study of Chinese Americans living in redlined Los Angeles neighborhoods found that compared to other areas, those living in redlined areas were more likely to report individual discrimination (Gee, 2002). In another study, residential segregation (operationalized as uneven distribution of Asian and non-Hispanic White populations in a given neighborhood) exacerbated the adverse effects of racial discrimination on psychological distress (depressive and anxiety symptoms) for foreign-born (but not US-born) Asian Americans. The authors argue that observed associations may be attributed to social isolation or lower perceived social standing of one's ethnic group due to spatial segregation

among foreign-born Asians, who may be less familiar with the racially stratified structure of US society unlike their US-born counterparts (Woo et al., 2020).

Cultural oppression involves how stereotypes, dominant values, and cultural norms are communicated through various channels and contexts, such as the media and institutional settings (e.g., education; Harrell, 2000). Stereotypical representations and beliefs can lead to prejudices, which encompass affect and feelings, biased attitudes, and discriminatory behaviors toward members of minoritized groups (Dovidio et al., 2010). For instance, some data from Project Implicit (Arnoult et al., 2023; Park et al., 2007) and Google Trends (e.g., searches containing words such as "I hate Muslims"; Arnoult et al., 2023) show that terrorism-related cultural messages are associated with increased prejudice toward individuals perceived as Arab/Muslim. News and other media depictions associating turbans with terrorism have reinforced negative stereotypes against Sikh and Muslim faith communities (Stanford Peace Innovation Lab, 2013). Observational and experimental evidence also finds that turbans and hijabs evoke greater negative emotions and hostility (Stanford Peace Innovation Lab, 2013). Moreover, racially charged messages and anti-immigrant rhetoric in the media can foster negative perceptions and attitudes towards marginalized communities and reductions in support of initiatives and social policies to address inequalities (Butz & Kehrberg, 2023; Dixon, 2007; Dixon & Azocar, 2007; Gollust & Lynch, 2011; Luttig et al., 2017; Major et al., 2018). For example, one study found that believing immigrants commit more crimes and Muslims are more likely to engage in terrorism, compared to their non-immigrant and non-Muslim counterparts, predicted support for national security policies, which included support for a border wall, more security measures in airports and other buildings, increased surveillance of Muslim Americans, among White, Christian, conservative Trump supporters (Haner et al., 2021). Cultural oppression

can also influence the beliefs of dominant and privileged groups and can increase intolerance towards individuals who diverge from values or norms and are viewed as inherently inferior (Dovidio et al., 2010; Fibbi et al., 2021). This can result in in-group favoritism and unfair treatment toward outgroup members (Dovidio et al., 2010).

Lastly, oppression at structural/institutional and cultural levels can become internalized—i.e., members of oppressed groups can believe, uphold, and reproduce existing power structures through self- or group-devaluation, denigration, and subordination (David et al., 2019; Jones, 2000). For instance, attitudes about White supremacy and Black inferiority are firmly ingrained within Indian society, partly as a vestige of British colonialism (Jayawardene, 2016). While light-skinned individuals receive preferential treatment (e.g., from being celebrated at birth to praise, attention, and vocational and marital opportunities), dark-skinned individuals experience ridicule/bullying, discrimination, and social rejection (e.g., familial disappointment in dark-skinned babies, name-calling, such as "Kallu", rejection as marital partners) across Indian society (Bajwa et al., 2023). Studies in the US show that internalized oppression of colonialism shapes Asian Indians experiences in the US (Nikalje & Çiftçi, 2023). One study, in particular, found that internalized oppression of colonialism (i.e., colonial mentality) manifested as feelings of inferiority (e.g., "…I feel ashamed of my ethnic/cultural background"), cultural shame/embarrassment (e.g., "…I am embarrassed of Indian culture and traditions"), within-group discrimination (e.g., "I am ashamed of newly arrived Indian immigrants because of their inability to speak fluent, accent-free English"), light-skin preference (e.g., "I have used beauty products or skin-whitening products with the intent of making my skin look lighter"), and colonial indebtedness (e.g., "Indians should be thankful to the British for transforming Indian ways of life into White/European American ways of life"). The study also found that a higher

preference for Western physical features/lighter skin exacerbated the effects of racism-related stress on depressive symptoms among Asian Indians (Nikalje & Çiftçi, 2023).

There is also some theoretical (Hwang, 2021; Mahalingam, 2006) and empirical (N. M. Nguyen, 2016) evidence that suggests internalization of perpetual foreignness and model minority stereotypes can result in within-group discrimination. For instance, Twitter data shows that Asian Americans perpetuate stereotypes about Asian foreign-ness and engage in "intraethnic othering" as highlighted by the following tweets: *"Always amazes me when I meet ppl who have lived here ALL their lives/born here but yet are so incredibly #fobby," "@username you should provably practice English first … #FOB :),"* and *"I cry every time my cousin does a typo in the emails. So unprofessional and fobby but oh well, she can do whatever she likes *sigh*"* (Nguyen, 2016). These tweets subjugate "fob/fobby" (i.e., fresh off the boat) Asians, portraying them as less Americanized or inferior to more Americanized Asians or the dominant White group (Nguyen, 2016). The idealized cultural identity model (Mahalingam, 2006) argues that members of marginalized communities (e.g., racially minoritized or immigrant groups) may internalize and embody cultural ideals as a response to racial oppression (e.g., model minority myth), which may influence how they evaluate or treat other in-group members. For instance, some scholars argue that individuals from upper castes fail to recognize or deny their caste privileges in obtaining high-earning positions in the technology sector in the US (often secured through social network referrals) and instead attribute their success solely to merit (Kumar, 2023). They recreate caste-based hierarchies, prejudice, and discrimination in the US (Kumar, 2023). In one US report, the majority (67%) of individuals from caste-oppressed backgrounds reported experiencing caste-based discrimination in their workplace (Zwick-Maitreyi et al.,

2018). One participant also noted: *"I had to report to HR when other South Asians in the company used Caste slurs on company forums..."* (Zwick-Maitreyi et al., 2018, p. 21).

Thus, while interpersonal discrimination may manifest at the individual level through social interactions, it is essential to recognize that it is influenced by structural, institutional, and cultural forms of oppression that structure how individuals experience unfair advantages and disadvantages that sustain unequal power dynamics, status gaps, and societal inequities (Jones, 2000). Furthermore, it is critical to recognize that geopolitical forces, sociopolitical events, and past, current, and changing demographics significantly influence the prevalence and manifestations of discrimination within societies (Levine & Breshears, 2019).

Contextualizing Discrimination among South Asians/Asian Indians

Despite experiencing power and privilege along some axes, Asian Indians also face inequalities. Asian Indians, historically and presently, face exclusion and marginalization, discrimination, and oppression—in the US and Indian society and within the broader global context (Singh, 2006; Thapa et al., 2021; Zwick-Maitreyi et al., 2018). The historical perception of Asian Indian immigrants, specifically laborers from Sikh and Muslim communities in Punjab, was characterized by stereotypes such as the "dusky peril," "ragheads" or "Hindu Menace" (Chatfield, 2021; Williams, 2019). However, the influx of highly educated and skilled professionals (e.g., doctors) post-1965 has contributed to reshaping perceptions of Asian Indians as a "model minority" (Williams, 2019). Yet, the newer waves of immigration of (often older and less educated) family members reuniting with naturalized children (Tummala-Narra et al., 2013) and undocumented Asian Indians (Hoffman & Batalova, 2022; Buenavista, 2018) have complicated the model minority narrative. For instance, newer Asian Indian immigrants might come from lower castes (Adur & Purkayastha, 2013), have limited language proficiency

(Tummala-Narra et al., 2013), and be concentrated in low-skilled or low-paid jobs (e.g., taxi industry Das, 2002; Rahman & Paik, 2017). There are also racialized and gendered stereotypes about Asian Indians in the US (e.g., being seen as foreigners or others, terrorists, and women as exotic, evil, or hypersexual; Chandrasekhar, 2003; Jiwani, 1992; Tummala-Narra et al., 2011).

Moreover, despite the "Asian American" label comprising more than 20 ethnicities (Budiman & Ruiz, 2021), the "Asian-ness" of Asian Indians remains contested (Kibria, 1996; Lee & Ramakrishnan, 2020). For example, a National Asian American Survey in the US found that, across racial/ethnic groups, between 15-48% reported Asian Indians were "not likely" to be Asian (Ramakrishnan et al., 2016). Thus, for Asian Indians, the "model minority" stereotype (i.e., attributing the academic and economic success of Asians to hard work despite facing adversities and the implication that other minority groups' failure to achieve such success is due to their incompetence/laziness; Chou & Feagin, 2015), and aggregation or exclusion of them from broader pan-ethnic and diasporic groups (e.g., South Asian, Asian) often renders them and their experiences of racism and discrimination invisible (Wang & Ramakrishnan, 2017).

India

In India, caste—an ideology and system supported and institutionalized by British colonialism—continues to serve as a tool of social stratification that determines social mobility and political power (Sharma, 2012; Yengde, 2019). The long-lasting residual effects of British colonization and imperialism linger and permeate all areas of present-day South Asian societies, including Indian society. For example, in South Asia, particularly India and Nepal, caste-based discrimination (i.e., social exclusion and marginalization due to ancestry or occupation) remains prevalent—affecting a quarter of the global populace (Mosse, 2018; Thapa et al., 2021). In a Pew Research Center survey, 27% of individuals from Scheduled Castes, 26% from Scheduled

Tribes, and 13% from Other Backward Classes reported “a lot” of discrimination against their groups (Sahgal et al., 2021). Audit studies also find evidence of religion and caste-based discrimination in the housing market in India, such that compared to upper-caste Hindus, applicants from lower-caste/Muslim backgrounds are less likely to receive callbacks from landlords (Datta & Pathania, 2016). Furthermore, individuals from lower social classes are more likely to have higher rates of poverty (Raghavendra, 2020). One study found that almost 68% of pregnant Indian women in the rural Western Gujrat state reported experiencing some form of everyday discrimination, with women from Scheduled Castes/Tribes reporting more (Khubchandani et al., 2018). Another study found that Muslims and women were more likely to face longer wait times (e.g., ranging from months to generations) when filing paperwork to access various state programs and resources (e.g., grain ration, voter, and job cards, education certifications; Carswell et al., 2019).

Colorism (i.e., preference for light over dark skin), closely linked to casteism and colonialism in India, reinforces social and economic inequities (Shroff et al., 2018; Vijaya & Bhullar, 2022). Skincare lightening is a vast and growing market in India, evaluated to be worth between 450-535 million US dollars with half of skincare products targeting skin pigmentation (WHO, 2019). Some qualitative evidence examining the role of colorism in the matrimonial context in Dalit and Muslim communities in North and East India found that darker-skinned individuals were perceived as belonging to lower castes and were required to pay larger dowries for marriage (Kukreja, 2021). The following demonstrates how skin color and social standing are inextricably linked: *“If there are two women from outside and one is fair and the other dark, the common assumption in Haryana’s society is that fair-skinned people are from higher castes. Such women are assumed to come from well-to-do families and higher castes. The darker women*

are called Churhan or Chamaran [from "untouchable" caste]—they are immediately understood as having low-caste origins." (Kukreja, 2021, p. 102). Experimental evidence also shows that Indian mothers prefer light over darker-skinned marriage partners for their children (Nagar, 2018).

United States

In the US, discrimination against racial/ethnic minoritized groups is a result of how they are racialized (i.e., the process of socially defining and ascribing "race"; Schaefer, 2008). Asian Indians—as part of the Asian/Asian American category—have been racialized in relation to Black-White Americans (i.e., "triangulated"). This phenomenon of "triangulation" has led to Asians being lauded for their accomplishments compared to Black Americans and being labeled as a "model minority" while also experiencing exclusion and being viewed as unassimilable and perpetual outsiders in relation to both White and Black Americans (Kim, 1999). Indeed, in a recent PEW survey, most Asian adults, including Asian Indians, reported being treated as foreigners (e.g., were asked "where are you *really* from," told to "go back to their home country," and criticized for speaking in an Asian language) regardless of their nativity status, length of time in the US, and English fluency (Ruiz et al., 2022). A qualitative analysis of Asian Indian women revealed some complexities in their experiences of conforming to and resisting the model minority stereotype (Shanmugaraj, 2022). For instance, participants reported familial pressure to achieve academic success, noting: *"If you work hard and you study all the time, then you will get good grades and you will get ahead of everybody else in your life."* and *"You're gonna grow up and be a janitor if you don't get As."* (Shanmugaraj, 2022, p. 117-18). But, they also recognized that social structures perpetuating differences can be transformed through collective action, stating: *"There are certain systems in place that just don't let you be successful*

if they don't want you to.", and *"That puts us in a position of power that has the ability to change things. So why shouldn't we? … History shows that the rights that any person of color or immigrant has in America, it is tied to the Civil Rights movement. So as a person of color, you're obligated to stand up."* (Shanmugaraj, 2022, p. 123). Thus, this highlights the intricate and often discrepant experiences of some segments of the Asian Indian population that may shape their experiences of discrimination.

The Asian Indian community, as a racialized group in the US, has a longstanding history of experiencing racism at multiple levels. For instance, the 1917 US Immigration Act prohibited South Asians (along with other Asian groups) from entry into the US. Other laws prohibited them from acquiring land, education, and housing (Williams, 2019). 'Hindu' was used as a pejorative term applied to all individuals of South Asian/Asian Indian origin regardless of religious affiliation; laws targeted at the "Hindu Menace" resulted in mass deportations. The 1923 *US vs. Bhagat Singh Thind* supreme court decision revoked citizenship to South Asians and denied it to others (Das, 2002; Williams, 2019). In the last few decades, South Asians and Asian Indians have been targets of vitriolic rhetoric, hate crimes, and violence. For instance, in the late 80s, a hate group called the "Dotbusters" (a reference to Bindi) attacked 15 South Asians in New Jersey (Gutierrez, 1996). According to a 2018 NYC Human Rights Commission report, South Asians (especially Sikh and Muslim religious groups) reported experiences of discrimination in the labor market and workplace (i.e., seeking employment, work promotions), as well as higher instances of verbal harassment and physical assaults than non-South Asians (NYCCHR, 2018). In other relatively recent surveys and studies with aggregated South Asian samples, South Asians report experiencing institutional discrimination, such as barriers to obtaining employment and housing, as well as interpersonal discrimination (McMurtry et al., 2019; Ramakrishnan et al.,

2016).

Moreover, in the case of South Asian or Asian Indian immigrants, their experiences with the Indian stratification (i.e., caste) system may shape their experiences within the racialized US society (Adem et al., 2023). For instance, in qualitative interviews of Indian immigrants in Atlanta and Philadelphia, participants minimized their discrimination experiences relative to their understanding and experiences of discrimination in India. One participant stated that compared to India, the US has less class or income-based discrimination, stating: *"My personal experience is that in India, poor people are treated very badly. And I don't mean because of ethnic or other reasons, just poor people are treated badly…It's more [social] class related… In the U.S., no matter how poor you are, there is a certain level of respect for the individual no matter what. Maybe because the U.S. does not have as many poor people as India does. But that was something that I observed: the class-based discrimination is less in the U.S. than in India."* (Adem et al., 2023, p. 369).

Discrimination reported by Asian Indians in the US also seems to be shaped by their racial and class positioning relative to other racial minoritized groups. That is, South Asians evaluate their experiences of discrimination as more favorably relative to racially minoritized groups, such as Latinxs and Black Americans, whom they view as more socially disadvantaged (Adem et al., 2023). In a qualitative interview, one Indian immigrant, despite being targeted and threatened by the KKK, downplayed his experience reasoning that Indians are treated less worse than Black Americans, stating: *"I think Indians are treated okay [by Whites]. Not rolling out the red carpet but also not yelling at them to get off their property."* (Adem et al., 2023, p. 371). Thus, race and caste-based stratification appear to shape the experiences of Asian Indians within the US. Stratification in social hierarchies within and across cultural contexts may expose Asian

Indians to discrimination. However, the extent and nature of discrimination may vary in its prevalence and expression within and across contexts.

There is evidence that exposure to discrimination across different racial/ethnic groups is socially patterned, such that its prevalence varies along sociohistorical (e.g., political or employment-motivated immigration patterns), demographic (e.g., age, gender), and cultural (e.g., nativity status, acculturation) dimensions (Arellano-Morales et al., 2015; Kessler et al., 1999; Misra & Hunte, 2016; Pérez et al., 2008). There is considerable heterogeneity across sociodemographic and other characteristics among Asian Indians, partly a function of broader macro-level forces (e.g., geopolitics, immigration policies) and the cultural and social contexts in which Asian Indians are embedded. These differences may contribute to differences in the overall prevalence and distribution of discrimination among the Asian Indian community, which can occur at the within-level (e.g., among Asian Indians in the US; within India) and between-level (e.g., Asian Indians in the US vs. in India).

Though limited, there is evidence indicating that various segments of Asian Indians in the US and India encounter differing levels of discrimination across different social positions. For instance, data indicate that in India, adults report experiencing discrimination across various dimensions, such as age, financial status, caste, religion, and gender (Evans et al., 2022; Maurya et al., 2022; Sahgal et al., 2021). Similarly, in the US, Asian Indians report experiences of discrimination across factors, such as skin color, accents, food, clothing, gender, religion, and caste (Ahluwalia & Pellettiere, 2010; Badrinathan, Kapur, Vaishnav, et al., 2021; Bhatia, 2007; Nadimpalli, Cleland, et al., 2016; Nikalje & Çiftçi, 2023; Zwick-Maitreyi et al., 2018). However, whether and how exposure to everyday discrimination is socially patterned in this ethnic group, and across cultural contexts is not well understood.

Discrimination and Mental Health & Well-Being

Discrimination has been conceptualized as a potent psychosocial stressor and a determinant of health (Brondolo, Byer, et al., 2017; Paradies et al., 2015; Pascoe & Richman, 2009). Several systematic reviews and meta-analyses of quantitative studies have documented associations between discrimination and measures of mental health/well-being (e.g., decreased psychological well-being, increased mental health symptoms and risk of psychiatric disorders) as well as health indicators associated with mental health/well-being, such as health-damaging behaviors (e.g., smoking, alcohol use) and chronic health conditions (e.g., cardiovascular disease, hypertension; Dolezsar et al., 2014; Paradies et al., 2015; Pascoe & Richman, 2009) across samples from different countries (Chun et al., 2015; Paradies et al., 2015). However, the effects of discrimination are more consistently and robustly observed for mental health symptoms and disorders such as depressive symptoms and psychological distress (Paradies et al., 2015; Pascoe & Richman, 2009). Chronic (vs. acute) exposure to interpersonal discrimination is associated with worse mental health outcomes (Pascoe & Richman, 2009). Moreover, larger effect sizes (i.e., practically meaningful associations) are documented in studies using self-reported measures of direct experiences of discrimination (Paradies et al., 2015). These findings highlight the detrimental mental health effects of interpersonally mediated discrimination. Although the association between discrimination and adverse mental health outcomes is well established, less research is available on how discrimination relates to positive psychological outcomes such as positive emotions, subjective well-being, or indicators of flourishing (for a review, see Paradies, 2006).

Discrimination and Mental Health & Well-Being Among Asian Indians

Studies on how discrimination impacts the mental health and well-being of the South Asian/Asian Indian community, whether in the US or India, are nearly non-existent. Extant research on this community finds that discrimination affects the health of Asian Indians. In a study of Sikh Asian Indians (Nadimpalli, Cleland, et al., 2016), higher levels of discrimination were associated with poor self-reported mental and physical health, with the effects being more robust for mental health. Everyday discrimination has also been associated with poor self-reported health among Asian Indians (Nadimpalli, Dulin-Keita, et al., 2016), as well as various adverse mental health outcomes (i.e., anger, depressive and anxiety symptoms; Nadimpalli, Kanaya, et al., 2016). Similarly, in a community-based sample of Asian Indians from Texas, everyday discrimination was associated with depressive and anxiety symptoms (Siddiqui, 2022). In South Asia, caste and gender discrimination were associated with lower healthcare utilization, a known correlate of poor health outcomes (Thapa et al., 2021). In one of the few studies in India, greater frequency of discrimination was associated with health-damaging behaviors (i.e., physical inactivity, heavy drinking), poor health outcomes (i.e., depressive symptoms, insomnia, poor cognitive functioning, and functional limitations), and psychological well-being (lower life satisfaction) among a national sample of older Indian adults (Pengpid & Peltzer, 2021). Altogether, the findings from these studies suggest that discrimination impacts the broader South Asian community and Asian Indians more specifically.

Yet, Asian Indians remain an understudied population in the area of discrimination, health and health inequities, despite being exposed to discrimination and experiencing health inequities in some areas (Nadimpalli, Dulin-Keita, et al., 2016). One reason for this form of research neglect could be due to their "model minority" status and the underlying myth that Asian Indians are impervious to experiences of discrimination (Kaduvettoor-Davidson &

Weatherford, 2018). Yet, one meta-analytic study found that the effect of racism (operationalized as direct and indirect experiences of prejudicial attitudes and discrimination) on negative mental health outcomes (e.g., depression, general mental health) were stronger for Asian Americans compared to African Americans (Paradies et al., 2015). These findings suggest that despite the societal assumption that Asian Americans, including Asian Indians, are not only impacted by discrimination, the effects of it are particularly detrimental to their mental health—even when they report less exposure to it than African Americans (Paradies et al., 2015). Similarly, a recent study found that South Asians reported greater racial discrimination and symptoms of psychological distress (e.g., feelings of hopelessness and nervousness) compared to other Asian ethnic groups (Okazaki et al., 2022). This suggests that Asians Indians may be more vulnerable to racial discrimination and mental health effects within the larger Asian pan-ethnic group as well as other racially minoritized groups.

In sum, research on how discrimination affects the mental health and well-being of Asian Indians in different cultural contexts is warranted.

Religious Engagement and Spirituality Among Asian Indians

Several studies have found that different resources and assets can protect marginalized groups from the harmful health effects of discrimination (Vines et al., 2017; Yip et al., 2019). Many of these studies have focused on psycho-sociocultural factors (e.g., racial/ethnic identity, social support, acculturation; Lee & Ahn, 2012, 2013). Other potentially protective factors include religious engagement and spirituality, which have been postulated to reduce harm from stressors, such as discrimination, by promoting a sense of peace and calm, social belonging and support, and insight and meaning-making from participation in religious and spiritual activities (Kate et al., 2017; Keyes, 2009; Nguyen, 2020; Pargament & Raiya, 2007).

Religious engagement and spirituality may be a potentially protective factor for Asian Indians, especially in the context of discrimination or other forms of marginalization. In a recent survey of Indian Americans, 72% reported that religion was an essential part of their life (Badrinathan, Kapur, Vaishnav, et al., 2021). There is some evidence documenting that in Asian Indian communities (e.g., older adults, older rural women) in the US and India, greater participation in religious activities and spiritual practices was associated with better outcomes (e.g., lower negative affect, higher quality of life, more happiness), including among those reporting stressful life events (Diwan et al., 2004; Singh et al., 2020). However, whether religious engagement and spirituality buffer against or mitigate the negative impact of discrimination on mental health and well-being among Asian Indians is an important research question that remains unexamined.

Dissertation Aims

This dissertation consists of two sets of interrelated, but separate studies aimed at understanding the experiences of everyday discrimination and its impact on the lives of Asian Indians in the US and India. To do so, the studies in this dissertation employ data from two population-based studies—the Mediators of Atherosclerosis in South Asians Living in America (MASALA) and the Longitudinal Aging Study in India (LASI).

The first set of studies examines the experience of everyday discrimination among Asian Indians in the US (Study 1A) and India (Study 1B). Specifically, the studies examined whether the dimensionality of the Everyday Discrimination Scale and the associations between correlates (sociodemographic, health, cultural, and community factors) and everyday discrimination are similarly patterned across both samples.

The second set of studies examines the association between everyday discrimination and mental health and well-being, and tests whether and how religious engagement and spirituality moderate hypothesized associations. Study 2A uses data from Asian Indians in the US (MASALA sample) and focuses on self-reported mental health as the outcome measure. Study 2B uses data from Asian Indians in India (LASI sample) and examines subjective well-being (i.e., life satisfaction) as the outcome measure.

Studies 1A & 1B

Everyday Discrimination and Its Correlates

Everyday discrimination is defined as unfair treatment in interpersonal contexts during routine daily activities across different settings (Krieger, 1999). Discrimination can also occur for various reasons, including but not limited to one's race/ethnicity, gender, and other social identities (Essed, 1991; Williams et al., 1997). Some examples include being insulted or harassed, receiving discourteous treatment, being followed around in stores, receiving poorer services than others, and making assumptions about one's intelligence or honesty (Essed, 1991; Williams et al., 1997). These forms of unfair treatment, which often are communicated in "subtle" ways, manifest as disrespect, devaluation, and dehumanization (Jones, 2000), can be psychologically harmful to targets. Indeed, several studies find that everyday discrimination, regardless of its attributed reasons (Kessler et al., 1999), is associated with numerous psychological outcomes across different samples and populations (Paradies, 2006; Paradies et al., 2015; Pascoe & Richman, 2009).

Measuring Everyday Discrimination

One of the most commonly used discrimination scales in large population-based surveys is the Everyday Discrimination Scale (EDS; Williams et al., 1997). This scale has been widely used in most population-based epidemiologic surveys in (Hunte, 2011; Wise et al., 2007) and outside the US (India: Pengpid & Peltzer, 2021; Japan: Stickley et al., 2023; South Africa: Williams et al., 2008). The development of the EDS was based on qualitative interviews conducted with non-Hispanic African American women (Essed, 1991; Williams et al., 1997). It was designed to capture "chronic, routine, and relatively minor experiences of unfair treatment" (Williams et al., 1997, p. 340). The EDS was also meant to be a brief scale that could be included

in population-based studies to examine the prevalence of day-to-day unfair treatment, its correlates, and associations with health outcomes. Mainly, it was intended to understand whether Black-White health inequities could be explained by more exposure to daily discriminatory events that Black Americans have and continue to face (Essed, 1991; Williams et al., 1997). Initial research with the EDS documented, based on exploratory factor analysis using data from the Midlife Development in the United States (MIDUS), a national survey of adults, that a single-factor solution fit the data best, suggesting that the items of the EDS captured a unidimensional construct (Kessler et al., 1999).

Since Kessler and colleagues' (1999) initial work, several studies have assessed the psychometric properties of the EDS across different racial/ethnic and age groups in the US (Bastos et al., 2010; Kim et al., 2014; Lewis et al., 2012; Reeve et al., 2011). For the most part, these studies have demonstrated the construct validity of the EDS and documented its unidimensional form (i.e., single-factor solution) across different racial/ethnic groups (Bastos et al., 2010; Reeve et al., 2011). However, based on qualitative findings from cognitive interviews and psychometric qualities of the EDS, some have suggested additional refinements to the EDS. For example, Harnois et al. (2019) found that participants in their sample thought the "courtesy" and "respect" items were redundant. Using a quantitative approach in a multiethnic sample of US adults, Reeve et al. (2011) found that factor loadings from their CFA analyses indicated that the same two items were highly correlated and redundant and thus suggested that the "courtesy" item could be removed. Studies with community (Molina et al., 2018) and nationally representative (Molina et al., 2013) samples of Latinxs found that removing the "courtesy" item did not alter findings from previous studies, and the unidimensional model structure still demonstrated a strong fit with the data.

Interestingly, in one of the few studies with older adults (i.e., 65+; Barnes et al., 2004), factor analysis results yielded two factors for the EDS in a sample of non-Hispanic Black and White adults from the Chicago Health and Aging Project. The first factor, unfair treatment, comprised of four items (treated with less courtesy, treated with less respect, receive poorer service, and others act as if better than you; coefficient alpha= .79), accounted for 42% of the variance. The second factor, personal rejection, comprised of five items (people act as if you are dishonest, act as if they are afraid of you, you are called names or insulted, you are threatened or harassed, and others act as if you are not smart; coefficient alpha = .70), accounted for an additional 12% of the variance (Barnes et al., 2004). Two items ("treated with less courtesy" and "treated with less respect") were the predominant drivers of scale reliability and dimensionality (Barnes et al., 2004). Similarly, a study with Portuguese adults found that the two-factor structure (vs. single-factor) yielded slightly better model fit indices (Seabra et al., 2023). Despite these exceptions, for the most part, findings from adolescent (Clark et al., 2004) and adult samples (Bastos et al., 2010; Kim et al., 2014; Lewis et al., 2012; Molina et al., 2013; Reeve et al., 2011), including Asian Americans adults (Chan et al., 2012), confirm the unidimensional construct of EDS.

Psychometric Evidence of EDS in Asian Populations

Studies documenting the unidimensional structure of the EDS and its robust psychometric properties (e.g., moderate, or high factor loadings [.5 or higher], acceptable approximate fit indices, and high internal consistency [.80 or higher]), and measurement equivalence across ethnic groups (e.g., Bastos & Harnois, 2020; Kim et al., 2014) have not primarily included South Asian/Asian Indian samples. These studies have either excluded South Asians (e.g., Harnois et al., 2019; Lewis et al., 2012) or grouped them under the broader "Asian"

category (e.g., Bastos & Harnois, 2020; Reeve et al., 2011). US-based studies that used the EDS with South Asian samples found moderate to strong internal consistency reliability (e.g., Cronbach's alphas ≥ .75; Nadimpalli et al., 2017; Nicholson, 2020; Siddiqui, 2022; Tummala-Narra et al., 2012; Yoshihama et al., 2012), but only one (Yoshihama et al., 2012) assessed or reported on the EDS dimensionality or structure.

Limited information on the psychometric properties of measures used in psychological research with South Asians is a methodological limitation (Inman et al., 2014). An examination of the dimensionality and psychometric properties of the EDS among South Asians is warranted, given their significant growth and unique racialization experiences in the US compared to other Asian ethnic groups (Harpalani, 2013). Similarly, this analysis is justified in India as the most populous nation, with significant segments of its population experiencing social discrimination (Sahgal et al., 2021; Thapa et al., 2021), and given that the EDS was initially developed and validated mainly in US samples, requiring assessment in other cultural contexts. These analyses may reveal whether the EDS is contextually adequate, maintains its construct validity and reliability across the US and India, and can be used in cross-cultural comparisons to assess similarities and differences in routine experiences of discrimination among Asian Indians residing in the US and India.

Everyday Discrimination among South Asians/Asian Indians

Despite their exposure to interpersonal (i.e., personally mediated) discrimination (McMurtry et al., 2019; Ramakrishnan et al., 2016), relatively few studies have examined—quantitatively—the prevalence, manifestation, and correlates of everyday discrimination among South Asians in general or Asian Indians in the US or India. Using data from the National Latino and Asian American Study (NLAAS), researchers have found a prevalence rate of 80.5% of

having reported any everyday discrimination among a group of "other Asians," which included Asian Indians (Gong et al., 2017), and that this group reports significantly higher rates of overall everyday discrimination compared to other Asian groups (i.e., Vietnamese, Filipino, and Chinese; Zhang & Hong, 2013). In a national survey of Asian Indian Americans, half of the sample answered "yes" to experiencing interpersonal discrimination for any reason over the past year (Badrinathan, Kapur, Vaishnav, et al., 2021). Further, in one of the few comparative studies of various Asian ethnic groups, findings revealed that, compared to nine other Asian ethnic subgroups, Asian Indians reported experiencing higher levels of everyday discrimination (Nicholson & Ahmmad, 2021).

Much of the research on everyday discrimination among South Asians/Asian Indians comes from US-based samples (Pengpid & Peltzer, 2021). The EDS has also recently been included in national surveys of South Asians (e.g., the 2016 Post-Election National Asian American Survey; Ramakrishnan et al., 2016). In India, the EDS has been included in the most comprehensive health and aging research study in the world (i.e., LASI; Perianayagam et al., 2022). Unsurprisingly, the burgeoning number of studies using the EDS is in part due to the availability of the MASALA and LASI datasets (discussed in the Methods section).

Despite the inclusion of the EDS measures in national surveys, domestically and in India, and the reporting of its prevalence in samples of Asian Indians, to date (to my knowledge), whether the EDS captures routine unfair treatment among Asian Indians in the US or India in like manner to other racial/ethnic groups, and whether its psychometric properties differ in any significant ways remains largely understudied. A study examining everyday discrimination experiences of Gurjati adults in Metro Detroit, Michigan is an exception (Yoshihama et al., 2012). Given Asian Indians' increasing growth domestically and their considerable share of the

global population, examining how the EDS functions has implications for its use among these groups and for conducting comparative research.

Correlates of Discrimination across Social Positionalities and Contexts

Any analysis of Asian Indians necessitates drawing attention to the heterogeneity of this group and where similarities may lie. Examining Asian Indians' exposure to discrimination across social positionalities (i.e., social identities [e.g., caste, gender] embedded in broader socio-cultural contexts or systems of power; Mahalingam, 2003) can help identify segments of this diverse population that may be most socially vulnerable to experiencing discrimination. Few, if any, studies have examined whether and how the correlates of discrimination among a specific ethnic group compare within ecological systems and across cultural contexts. Thus, the second part of Studies 1A and 1B focuses on documenting correlates of everyday discrimination at multiple levels. An integrated theoretical framework for this study is discussed below.

Integrated Theoretical Framework

Although everyday discrimination can occur across societal levels, few studies have considered how factors within and across ecological levels may influence perceptions of discrimination. For instance, interpersonal discrimination, a byproduct of macro-level processes (e.g., race- or caste-based social stratification), may be shaped via proximal micro-level processes (e.g., healthcare context). Bronfenbrenner's ecological systems model (1979) contends considering the multiple interdependent contexts, from micro to macro, in which a person is embedded to understand how particular contexts may shape individual experiences and psychosocial outcomes. Bronfenbrenner's ecological model (1979, 1986) includes several systems: the microsystem (i.e., immediate environment, such as home, workplace, church/temple), the mesosystem (i.e., interconnections between different microsystems, such as

familial church involvement), the exosystem (i.e., contexts that indirectly affect the individual even though the individual is not directly embedded in those contexts, such as local laws/policies), the macrosystem (i.e., political or economic hegemonic systems), and the chronosystem (i.e., sociohistorical changes occurring over time and across the lifespan, such as getting married or moving to a new country). However, these contexts may impact individuals embedded in them differently.

On the other hand, an intersectionality perspective (Crenshaw, 1989) offers an analytic lens that can help illuminate how social marginalization is negotiated along various interlocking axes of oppression, power, and privilege. Intersectionality considers how status-laden social categories confer access to privileges and disadvantages across multiple contexts (Cole, 2009). For example, extant research documents that exposure to discrimination is socially patterned, with most finding that individuals occupying disadvantaged social statuses report more exposure to discrimination (Arellano-Morales et al., 2015; Brondolo et al., 2009; Kessler et al., 1999; Pérez et al., 2008). Additionally, intersectionality underscores the importance of considering similarities across differences, not only differences (Atewologun, 2018; Cole, 2009; Viruell-Fuentes et al., 2012). For example, although there may be distinct ways in which gender discrimination and gender stratification are experienced by Asian Indian women in the US and India, there may also be similarities that cut across cultural contexts. For example, Asian Indian women, both in the US and in India, experience wage inequality and are relegated to a lower social status relative to their male counterparts. However, in India, gender discrimination also manifests in ways not observed in the US, such as female infanticide (Mahalingam, 2007a). On the whole, an individual's social positionality within the social structure and the larger cultural context in which individuals are embedded can shape the nature and frequency of discrimination.

Altogether, the ecological (Bronfenbrenner, 1979) and intersectionality (Crenshaw, 1989) frameworks underscore the importance of considering how social positionalities may shape exposure to personally mediated discrimination among South Asians, a heterogeneous group, in distinct or similar ways across different sociocultural contexts. In this dissertation, intersectionality is employed as a conceptual (vs. analytic) framework to examine how the *embodiment* of various intersecting social identities and contexts may shape experiences of discrimination among Asian Indians in the US and Indian cultural contexts (Mahalingam & Rabelo, 2013). For example, the discrimination experiences of Asian Indian women are examined in relation to ethnicity, gender, age, and social class, as well as societal expectations and beliefs about gender roles and marriage that transcend national boundaries within Asian Indian communities. Some individual-level factors that may intersect with ethnicity to shape exposure to discrimination are discussed below.

Microsystem: Individual-Level Factors

Individual-level factors, including ethnicity and value-laden social identities, situate individuals at different axes of privilege and disadvantage that can increase or decrease the risk of exposure to discrimination across cultural contexts.

Age, Gender, and Marital Status

India. Some evidence indicates that older adults and women report more discrimination (Maurya et al., 2022; Pengpid & Peltzer, 2021). There is evidence documenting ageism and abuse of older adults in India. In a LASI study, about 5% of individuals aged 60 and older reported experiencing abuse (i.e., physical and verbal mistreatment, neglect, and financial exploitation), with 3% reporting experiences within the household (Sathya et al., 2022). A qualitative study found institutional and interpersonal instances of ageism (Sivaramakrishnan et

al., 2024). Individuals reported that age-related frailty and health problems precluded them from accessing health insurance, and doctors treated them like objects as they were prescribed tests without consideration for personal medical histories. Respondents also reported feeling withdrawn from conversations at home due to differences in knowledge and abilities. One person stated: *"When I go to my children's houses…they are so ahead of me in news and time, in contemporary thought and all that. So I feel a bit left out because I can't join the conversation which the exchanges are very vigorous and very animated and very involved…"* (Sivaramakrishnan et al., 2024, p. 11).

In Indian society, traditional gender roles are favored. In a PEW survey, the majority (over 56%) of the Indian respondents agreed that wives should always obey their husbands and men should have the right to jobs over women (Evans et al., 2022). In the same survey, 23% of Indians said that women face "a lot" of discrimination; however, only 16% of women reported personally experiencing discrimination (Evans et al., 2022). Gender discrimination is also often intertwined with caste. For instance, some agricultural caste groups, who view daughters as economic and social burdens (e.g., costly dowries for marriages, the cultural practice of daughters moving in with the husband's family), continue to endorse female feticides and infanticides and favor sons (Mahalingam, 2007a). Women, especially those from lower socioeconomic status, are also more likely to face discrimination in obtaining (quality) education and equal wages (Parvathi & Thamizhchelvi, 2020; Sengupta & Das, 2014). Gender violence further limits Indian women's experiences of democratic citizenship as they are more likely to lack safety and protection to exercise their constitutional rights at home and in public spaces (Behl, 2019).

As a key social institution, marriage is central to Indian society (Sharma et al., 2013).

Marriage is a familial and communal affair, with most (over 90%) marriages being arranged (vs. love; BBC, 2021). Marriage is a socially sanctioned and expected developmental milestone, as noted in an oral history narrative analysis: *"Everybody has to get married in India. If you're not married, it's a sad situation for anybody… [It's] not just the parents [who pressure you], the society [pressures you] ... because It's expected [that everyone will marry]."* (Hickey, 2017, p. 376). Dating is prohibited, negatively viewed, and thought to harm marital prospects. In a narrative analysis, a respondent stated: *"[dating] happens but it's not with parents' permission, the boy cannot go to the girls' house, it's done in a sly way and it's bad, sneaking around corners . . . because it's a very closed community, people always look down upon anyone who is dating."* (Aengst, 2014, p. 635). Widowhood is considered a form of "social death" as individuals face violence/physical abuse, neglect, poverty and ostracism in public and private spheres (Sahoo, 2014). An analysis of court case dairies found that separated and divorced individuals in India face social challenges, including rejection, loss of social prestige, and blame (Rathi & Pachauri, 2017). One diary detailed: *"After I become a divorced woman, my relation with my friends deteriorated. Many of my friends did not want to spare time with me. I was working as a teacher in an institution. But after I become a divorced woman. I was forced to change my jobs frequently because co-workers and friends behaved with me rudely, due to the reason of my divorced status"* (Rathi & Pachauri, 2017, pp. 208–209). Another diary stated: *"My elder brother blamed me for my divorce…Some of my relatives said that you are responsible for the dissolution of your marriage…"* (p. 209).

Thus, in the Indian (LASI) sample, women, older and non-married individuals are expected to report greater levels of everyday discrimination.

United States. Prior studies find that younger adults, men, and unmarried individuals

consistently report significantly more discrimination (e.g., unfair treatment, race-based discrimination) than their respective counterparts across diverse samples (Arellano-Morales et al., 2015; Brondolo et al., 2009; Kessler et al., 1999; Misra & Hunte, 2016; Pérez et al., 2008). On average, Asian Indian immigrants are younger than other foreign-born immigrant groups (Hoffman & Batalova, 2022). Older Asian Indian immigrants often move to the US to reunite and receive care from their children as highlighted by the following: "*My son is living in the U.S. now and he applied because my husband passed away in India so I was all by myself. So that's why I ended up moving to the U.S. because my son applied for it. And, being the only son, I had to live with him rather than live alone over there."* (Tummala-Narra et al., 2013, p. 5). Once here, they are likely to depend on their families due to cultural and language barriers (Periyakoil & Dara, 2010). In a qualitative study examining experiences of older Asian Indian immigrants in the US, one participant stated: *"At this age, it's hard to understand and learn English. I think I'm too old to learn a new language at this age. So that's the draw-back . . .We cannot go all by ourselves to a store and manage"* (Tummala-Narra et al., 2013, p. 4). In the same study participants also indicated that their social interactions were limited to the immediate family and other Asian Indian community members who spoke their native language (Tummala-Narra et al., 2013). Greater age-related physical mobility and English language ability may increase social interactions beyond the immediate household, potentially resulting in more discrimination exposure among younger individuals. Indeed, there is evidence that, compared to older adults, younger individuals are more likely to explore and engage in social interactions in open public spaces (Askari et al., 2015). This may lead to increased exposure to interpersonal interactions that have the potential to impact perceptions of discrimination. There is also some evidence that compared to older, younger Asian Indian adults report more discrimination (Misra & Hunte,

2016).

There is some quantitative evidence that Asian Indian men (vs. women) report more discrimination (Yoshihama et al., 2012). In this study, men were more educated than women, a predictor of more perceived discrimination. The authors argue that having a higher education probably afforded more opportunities for cross-group interactions, increasing the risk of discrimination exposure (Yoshihama et al., 2012). Asian Indian men, despite their expectations of similar levels of respect and access to resources and power to White men as a result of male privilege, encounter discrimination, particularly within predominantly White organizations and industries. The following interview excerpts from Asian Indian software engineers in Fortune 500 companies encapsulates this experience: *"All Asian Americans experience glass ceiling. Upper management is predominantly white…,"* and *"If you did not talk about the 49ers or could not participate in locker-room type talk, you would never make it into their circle."* (Fernandez, 1998, p. 143). There is also evidence that gender intersects with religion to shape experiences of discrimination and harassment in the labor market. In a qualitative interview, Sikh participants reported facing discrimination due to their appearance or religious attire. One Sikh participant stated: *"I had a hard time finding a job. People would offer me a job when they would talk to me on the phone, but when I would appear in person, it was you know, their entire face would change."* (Ahluwalia & Pellettiere, 2010, p. 309). On the other hand, Asian Indian women may experience multiple forms of oppression, including gendered racism and racialized sexism within and outside their community (Patel, 2007). However, theoretical (Patel, 2007) and empirical (Liang et al., 2010) evidence suggests that Asian Indian women are more likely to ignore, minimize, or accept unfair treatment, which may result in lower reported everyday discrimination. Some evidence suggests that Asian Indian women's experience of workplace

discrimination intersects with race/ethnicity, gender, generational status, and bias against foreign education or credentials (Bhatt, 2013). However, Asian Indian women's migration to the US is often sponsored by their husbands, thus, their immigration status prohibits them from working outside the home (Purkayastha, 2005). Their limited social interactions outside the house and cultural norms and beliefs discouraging more active styles of coping with unfair treatment may result in less experienced or reported discrimination.

In the US, traditional beliefs, and customs regarding marriage within South Asian communities are typically maintained. Compared to other racial/ethnic groups, Asian Indians have one of the highest rates of intact marriages (Budiman, 2021; Wang, 2021). Qualitative evidence indicates that Asian Indians in the US grow up receiving direct and indirect messages from their family and community about the "inevitability" of marriage as highlighted by the following: *"I just assumed, I think always, up until maybe age, like, 19, 20, that I would have to get married have to, like it was something that was something just inevitable, it was going to happen. …I don't know why that was the expectation. Maybe, just like holistically from the whole community."* (Mehrotra, 2016, p. 358). Thus, marriage continues to be seen as an essential development achievement ("ultimate mark of adulthood"), with married individuals occupying a privileged position in the social hierarchy (Hickey, 2017). The following excerpts from qualitative interviews highlight the deference and autonomy that accompany marriage for Asian Indians for individual and their families: *"I guess in a way they perceive you as an adult….You're making your own decisions more…So as soon as you marry…. You have your own house, so they'll be like —Oh we need to contact her. We can't go to the parents to ask something.," "My family will treat me much better after I get married. My family will respect me more.,"* and *"I think it will be a big relief when I get married. [My parents]'ve done their job.*

I'm married. They can exhale, relax." (Rathor, 2011, pp. 43–44). Further, families and communities play a role in monitoring behaviors that are thought to compromise the suitability of marriage, such as dating, which is often considered "taboo" (Hickey, 2017). Similar to the cultural scripts or societal norms surrounding marriage, there are strong cultural expectations within the Asian Indian community that deem the dissolution of marriages as socially unacceptable. Qualitative evidence indicates that fear of communal stigma prevents South Asians from disclosing their separation or divorce status as suggested by the following: *"I did not tell people in the community. They feel that something is wrong with you. That is the first thing."* (Raj & Silverman, 2007, p. 155). Separated and divorced South Asian women in the US also face stigma, guilt/shame, and lack of social support (Gupta, 2005; Kallivayalil, 2010). In one qualitative study, a participant noted being socially rejected from her community for divorcing: *"I was blacklisted in the whole Indian community. No one would talk to me..."* (Sandhu & Barrett, 2020, p. 10).

Given the consistent reporting of these effects, men, younger, and non-married adults in the MASALA sample are expected to report greater levels of everyday discrimination.

Socioeconomic Status (SES): Educational Attainment, Work Status, and Income

India. In the Indian context, Asian Indians are the majority group, which could influence how exposure to discrimination is patterned along other markers of "difference" and stratification, such as social class (Noronha, 2019). Compared to those from upper social classes, those from lower social classes face more discrimination across sectors of society, including in the labor market (Siddique, 2011). Historically, those from lower social classes (e.g., Dalits) have been relegated to "polluting" occupations (e.g., working with leather and cleaning toilets; Gang et al., 2017) and continue to face prejudices and violence in these jobs. Even in "non-

polluting" occupations, those from lower social classes continue to face overt and covert forms of workplace bullying and discrimination (Noronha, 2019). Social class differences permeate interpersonal dynamics (Bhatkhande, 2023), including occupations where Asian Indians are numerically well-represented or in the majority (e.g., the technology and financial sectors; Dhingra, 2016). Workplace discrimination, including microaggressions, social exclusions, harassment, and bullying, has been documented across various groups in India (e.g., sexual minorities, Dalits, and women; Akila & Sasikala, 2022; Maji et al., 2023; Noronha, 2019; Sabharwal & Sonalkar, 2015). Notably, colorism and skin tone inequality correlate with social class standing, such that individuals with lighter skin are disproportionately more likely to be represented in positions of power and have access to opportunity structures (Monk, 2014). In societies such as India, where economic inequality is high and social class differences may be more observable, those of lower social class may perceive more discrimination than their higher SES counterparts (N. Mishra, 2015).

United States. Reported exposure to discrimination across SES may follow the opposite pattern in the US. In the US, Asian Indians report, on average, higher or comparable levels of educational attainment, household income, and labor force participation relative to Whites and racially minoritized groups (Budiman, 2021; Budiman & Ruiz, 2021; U.S. Bureau of Labor Statistics, 2020). Among an aggregated sample of ethnically diverse adults, one of the earliest studies examining correlates of everyday discrimination found higher income was associated with less reported exposure to discrimination (Kessler et al., 1999). However, the link between discrimination and markers of socioeconomic status (SES) is mixed across White and racially minoritized groups (Arellano-Morales et al., 2015; Hudson et al., 2012; Pérez et al., 2008; Zhang & Hong, 2013). Higher education and income are associated with more reported discrimination

among Asian, Black, and Latinx adults (Cardarelli et al., 2007; Rodriguez et al., 2022; Zhang & Hong, 2013). As a racialized group, Asian Indians of high socioeconomic status are not shielded from being targets of discrimination and other forms of violence and marginalization. For example, although not explicitly focused on Asian Indians, findings from the National Latino and Asian American Study (Zhang & Hong, 2013), which included "Other Asians," showed that higher levels of household income ($75k or more) and educational attainment (college or more vs. less than college) were associated with perceiving more everyday discrimination. These findings are similar to those from studies with other racialized and minoritized groups, including Latinxs (Pérez et al., 2008) and African Americans (Beatty Moody et al., 2021; Hudson et al., 2012), which conclude that higher levels of SES are associated with more reported exposure to discrimination.

Scholars suggest that these seemingly paradoxical findings among racialized groups in the US, including Asians (Chou & Feagin, 2015), can be explained by the diminishing returns hypothesis (Farmer & Ferraro, 2005), which suggests racially minoritized groups (vs. Whites) benefit less from human capital and socioeconomic gains. For example, racialized groups experience diminished returns, such as lower rates of homeownership, fewer retirement assets, and more debt relative to their White counterparts (CAP, 2016) even when reporting similar social class status (Farmer & Ferraro, 2005), potentially increasing awareness of barriers and feelings of relative deprivation and discrimination (Hudson et al., 2012; Zhang & Hong, 2013). For example, South Asians in Illinois report low returns on education as a concern in their community (SAAPRI, 2013).

Moreover, racial stratification (e.g., underrepresentation, work stagnation, segregation) in occupational environments historically dominated by Whites can be associated with social

marginalization, which may increase perceptions of discrimination (Chávez, 2011; Halanych et al., 2011; Hudson et al., 2012; Molina & Simon, 2014). In a qualitative study, Asian Indian participants reported employers offering training to reduce their accents. They also reported their skin and ethnicity as barriers to workplace promotions (Bhatia, 2007). In another qualitative study of Asian Indian immigrants, participants reported facing structural barriers to job advancement with one participant citing the importance of mentorship to move them up the corporate ladder, typically reserved for their White colleagues: *"I feel like you can make it up to a certain level, and after that, you literally have to have someone who is going to be your champion to take you up further. Maybe more acceptance for Caucasian, especially male, to be easily considered for a higher role, than for a person that is non-[White], I find."* (Adem et al., 2023, p. 366). Participants also noted facing stereotypes about intellectual inferiority compared to White colleagues, less perceived familiarity with Western culture, and accusations of job stealing from Americans (Adem et al., 2023). Thus, privileges generally conferred with higher socioeconomic status (e.g., higher income, education) and employment may be undermined by racialized structural and social inequities, likely resulting in high SES and employed Asian Indians reporting more discrimination than their lower SES and unemployed counterparts.

Religious Identification

India. In India, 80% of the population is Hindu, representing the religious majority (Kurien, 2014). Although, heterogeneity in religious affiliation is less stark in the Indian context, India is still considered a multi-faith democracy (Curtis et al., 2022). Groups that represent religious minorities in India (Curtis et al., 2022) are those classified as such in the US, including Sikhs, Muslims, and Buddhists, to name a few (Sewell, 2010).

Religious minorities in India are disproportionately exposed to and impacted by various

forms of discrimination, including institutional discrimination in the form of prejudicial practices and policies (Human Rights Watch, 2021). In many Indian states, religious conversion is prohibited (Sahgal et al., 2021). Moreover, India has a history of state-sanctioned violence against particular religious groups, such as the anti-Sikh riots following Prime Minister Indira Gandhi's assassination in 1984 (Mann, 2016; Sahgal et al., 2021). Furthermore, the Citizenship Amendment Act, a law aimed at offering a path toward citizenship to those fleeing to India to escape religious persecution, largely excludes Muslims from obtaining Indian citizenship (BBC, 2019). Muslims and Sikhs continue to view the events of the 1947 Partition (i.e., the division of British India into Hindu-majority India and Muslim-majority Pakistan) as harming communal relations (Sahgal et al., 2021). Notably, the current ruling political party, Bharatiya Janata Party (BJP, or "the People's Party"), is seen as promoting a pro-Hindu nationalist agenda that is believed to be fueling community violence—an issue reported to be of national concern among many in India (S. Biswas, 2020; Sahgal et al., 2021). There have been reports of violence (e.g., physical attacks, harassment) against non-Hindus (e.g., Muslims, Christians; Curtis et al., 2022). Overall, there is evidence to believe that in India, persons not identifying as Hindu would be more likely to report exposure to everyday discrimination.

United States. Asian Indians in the US are a diverse group regarding their religious affiliation. Although the most prominent segment is Hindus (59%), there is a significant representation of other religions within the broader pan-ethnic group, including Christians (18%), Muslims (10%), and Sikhs (5%) (Desilver, 2014). However, in the US, those identifying as Hindu or as another non-Christian religion (i.e., Muslim, Sikh) represent no greater than 2% of the general population, constituting them as religious minorities (Pew Research Center, 2012). In the US, Hinduism, Islam, and Sikhism are racialized as non-White and non-Christian,

monolithic and ideologically homogenous “Eastern religions” (Joshi, 2006). Religious affiliation is a relevant marker of social positionality among South Asians, as certain faith groups (e.g., Sikhs and Muslims) have been disproportionately targeted in hate crimes, discrimination, and racial profiling based on visible markers (e.g., turbans or headscarves; Ahluwalia & Pellettiere, 2010; Finn, 2011; Sikh Coalition, 2012). For instance, in a US-based survey conducted by the Pew Research Center (2017), respondents with a “distinctively Muslim appearance” (as indicated by their clothes) reported higher levels of discrimination. The same survey found that half of the Muslim sample reported having experienced some form of discrimination (e.g., treated with suspicion, called names, singled out by airport security and law enforcement, and being physically threatened or attacked) that was attributed to their religion.

Similarly, a national survey of Sikh Americans found that respondents reported low levels of acceptance by non-Sikh Americans, felt unsafe while practicing their religion and attending Gurdwaras (temples), and faced turban-related discrimination and bullying, and harassment due to their Sikh identity (SALDEF, 2020). Other studies with Sikh Asian Indians have also found that those who wear turbans and scarves (vs. those who do not) report higher rates of discrimination (Nadimpalli, Cleland, et al., 2016). In the aftermath of the 9/11 attacks, Sikhs (a group often mistakenly identified as Arabs/Muslims) and Muslim Americans were disproportionate targets of hate crimes, interpersonal and institutional discrimination, and racial profiling (Ahluwalia & Pellettiere, 2010; Pluralism Project, 2021; Sikh Coalition, 2012), especially in places like airports (Ahluwalia & Pellettiere, 2010; Chandrasekhar, 2003). In a community-based South Asian sample, nearly half reported worrying about being approached by immigration officials at airports or government agencies, and 17% reported experiencing less courtesy while traveling (Siddiqui, 2022).

Given the racialization of Hindu, Sikh, and Muslim religious groups (Shah, 1999), those identifying with these religious groups are expected to report more discrimination than those affiliated with other religious groups.

Caste

India. The caste system, which has operated in Indian society for thousands of years, places individuals into hierarchies and sub-hierarchies based on religion and occupation (Borooah et al., 2015; Sahgal et al., 2021). Most Indians belong to lower castes (e.g., scheduled castes/tribes or backward classes), followed by general category caste, and few belong to the upper Brahmin (i.e., priest) caste (Sahgal et al., 2021). Most Indians befriend others of their same caste and do not favor inter-caste marriages (Sahgal et al., 2021). There is evidence of discrimination against lower castes. Compared to Brahmins and members of the general caste category, those belonging to scheduled castes/tribes report more personal experiences of prejudice and discrimination against their group (Sahgal et al., 2021). Further, those from lower castes, such as Dalits (previously referred to as "the untouchables") and Muslims, report differential experiences of citizenship, such that they are likely to face institutional barriers when accessing resources like applying for a ration card (i.e., a document required to purchase government-subsidized grain). Members from lower castes are likely to lack the social and financial capital to access to resources, and, instead, must wait, sometimes indefinitely, to gain access to material resources (Carswell et al., 2019). There is some evidence that those from lower castes have access to less and poor-quality healthcare; low representation of Dalit and healthcare providers from lower castes may also add to patient mistreatment (Thapa et al., 2021). Even on a global level, those from a lower caste background are concentrated in less prestigious occupations and are more likely to be discriminated against by those from dominant-caste

backgrounds in school and work settings (Adur & Narayan, 2017; Walker, 2021). The reviewed literature suggests that those who belong to a caste/tribe would report more everyday discrimination than those who do not belong to a caste/tribe.

Meso- and Exosystems: Health-Related Factors

Individuals are also embedded in microsystems (e.g., family, workplace, hospital) that can interact with other microsystems (e.g., patient-provider interactions). Interactions between microsystems comprise the mesosystem, which can influence individual perceptions of discrimination. Research indicates that health conditions, including disabilities, mental health, and neuro-developmental conditions, are stigmatized, negatively stereotyped, and are associated with unfair treatment across contexts, such as home, school, work, and the healthcare system (Branco et al., 2019; Brown et al., 2024; Hamilton et al., 2016; Kulesza et al., 2014; Turnock et al., 2022). Treatment of chronic conditions may require ongoing interactions in healthcare settings, which can make one susceptible to experiencing unfair treatment. Others' responses to a person's health condition may also influence perceptions of discrimination. For instance, individuals within their social circles (e.g., neighbors, friends, temple congregation, and co-workers) may not fully comprehend the complexities and difficulties of living with a chronic health condition (Lehman et al., 2017). When offering advice on managing or coping with the condition, they may unintentionally shift the responsibility onto the individual. These interactions can lead individuals with chronic health conditions to feel marginalized and isolated, potentially heightening feelings of discrimination in their daily lives. Cumulative and chronic exposure to negative social interactions that belittle or dehumanize individuals over an extended period may lead individuals with chronic health conditions to expect and report higher levels of discrimination compared to those without health conditions (Lehman et al., 2017).

Broader social policies (e.g., affordable healthcare) can also interact with microsystems (e.g., hospitals), comprising the exosystem, to influence perceptions of discrimination. For instance, in India, limited education and literacy, can hinder individuals from accessing health insurance information and programs (Thakur, 2016). In the US, access to health insurance is often tied to employment, influencing the coverage one can access (Schaller & Stevens, 2015). US-based evidence indicates that patients believe having insurance (vs. not) influences access to and quality of treatment as indicated by the following: *"The better insurance you have, the better you get treated. If you have low or you don't have the insurance coverage then you just sit there"* (Irby-Shasanmi & Leech, 2017, p. 469). There is also evidence that stigmatizing experiences, including withheld care, long wait times, high out-of-pocket expenses of uninsured individuals evoke mistrust in the healthcare system and engender other negative mental (e.g., confusion, frustration) and physical health outcomes (Hamel-Smith Grassby et al., 2021). *"I don't understand why they make you wait. It should be faster because you are talking about a person's health."* and *"…1 month is a very long time for someone to wait.…the doctors need to provide humane help. I understand the laws and that laws are important but humanity should come before law. A person should also be able to do a humane thing and help other as well"* highlights the mental toll experienced by uninsured individuals waiting to access care (Hamel-Smith Grassby et al., 2021, p. 4).

India and the United States. Among both Asian Indians in the US and India, health-related factors have been associated with perceptions of discrimination in similar ways. Prior research has documented that among Asian Indian samples in the US (Han et al., 2015) and India (Maurya et al., 2022; Pengpid & Peltzer, 2021), chronic conditions/illnesses are associated with more perceived discrimination. There is also evidence that, in the US context, those without

health insurance report more discrimination than those with public or private health insurance (Han et al., 2015). One study found that individuals without insurance, as compared to those with insurance, reported experiencing more direct and vicarious COVID-19-related racial discrimination within a diverse sample of Asian Americans, which included South Asians (Okazaki et al., 2022). Moreover, compared to health insurance from other sources, such as private or employment-based, those receiving Medicaid and uninsured reported more perceived discrimination in a California-based sample (Trivedi & Ayanian, 2006). In India, patients without health insurance often experience longer wait times, denial of care by doctors, and lack of respect from medical personnel (Devadasan et al., 2011). Thus, in both the MASALA and LASI samples, those with a chronic health condition and without health insurance are expected to report more perceived discrimination.

Macrosystem: Community and Cultural-Level Factors

Study Site/Region and Neighborhood Cohesion/Safety

Community and cultural contexts (i.e., macrosystem processes) may also influence perceptions of discrimination. For instance, community-level factors (e.g., ethnic composition, residential location, neighborhood social cohesion) are a product of historical and contemporary cultural prejudices and discriminatory institutional policies (e.g., redlining and neighborhood segregation; Banaji et al., 2021; Brondolo et al., 2023). These prejudicial and discriminatory policies (i.e., components of structural racism) have contributed to residential or spatial segregation between Whites and communities of color (Brondolo et al., 2023; Williams & Collins, 2016). African Americans are most segregated from White Americans, followed by Hispanics and Asian Americans (Gee & Payne-Sturges, 2004). Neighborhood racial/ethnic composition and residential segregation are posited to influence interpersonal dynamics (Gee &

Payne-Sturges, 2004). For instance, one study found living in a neighborhood with a higher percentage of White residents was associated with more reported racial discrimination among African American residents (English et al., 2014). Segregated neighborhoods may also be more socioeconomically disadvantaged (i.e., have fewer educational and occupational resources and concentrated poverty), which may expose residents to violence and crime, reducing a sense of social cohesion and safety (Brondolo et al., 2023; Gee & Payne-Sturges, 2004) and increasing perceptions of discrimination (Florez et al., 2020; Saleem et al., 2016).

India. Discrimination has been documented across various groups in various regions of India. For instance, in a PEW survey, 33% of religious minorities in Northeast India reported recently experiencing discrimination compared to 20% or lower in other regions of the country. However, rates were higher among Muslims in the North (40%) compared to the rest of the country (36% or lower). In the same report, Dalits in the South (30%) and Northeast (38%) India reported more discrimination than other parts of the country (22% or lower). In a LASI-based study, residents from North-east, East, and Central India reported more age-based discrimination than those in the Northern region (Maurya et al., 2022).

Moreover, crime is a salient issue in contemporary Indian society. For instance, in a Pew Research Center survey, 84% of Indians saw crime as a significant problem (Stokes et al., 2017). Perceptions of crime or an unsafe environment may engender negative cognitive and affective responses, including helplessness, fear, and mistrust of others (Cho & Ho, 2018; Gee & Payne-Sturges, 2004; Morenoff, 2003). These responses can further heighten a sense of social threat and vigilance (Forrest & Kearns, 2001), thereby increasing perceptions of discrimination. Evidence from US-based studies suggests that perceived neighborhood crime (e.g., fear of walking alone in the neighborhood at night) is positively associated with discrimination

experiences (Giurgescu et al., 2012).

United States. The study site, a proxy for the residential region, may influence reported discrimination based on community-level ethno-racial composition and attitudes. South Asians are more concentrated in some (e.g., Chicago; SAAPRI, 2013) areas and dispersed in other (e.g., San Francisco Bay Area; KFF, 2004) regions. Studies show that living with similar others may protect minority groups, including Asian Indians, against discrimination (English et al., 2014; Inman et al., 2014; Woo et al., 2020). Some Bay Area Asians, including Asian Indians, believe their success is negatively viewed (KFF, 2004). Some research suggests that racialized groups viewed through a negative lens may internalize these negative appraisals about their group (Qin et al., 2008), which may be mirrored or reflected during social interactions (i.e., social mirroring; Suárez-Orozco, 2014) and may be reinforcing (Wiley et al., 2008). Thus, attunement to negative attitudes about one's group may result in more reported discrimination.

Moreover, previous research shows an inverse association between neighborhood social cohesion and perceived discrimination (Florez et al., 2020; Saleem et al., 2016), potentially due to residents' trust, support, and community solidarity. Living in co-ethnic communities may decrease social tensions and increase social belonging (Kawachi & Berkman, 2014), potentially reducing discrimination perceptions. Qualitative studies with Asian Indians in the US suggest that living in ethnic enclaves can shield against discrimination (Inman et al., 2015). Racially minoritized groups living in communities where they lack significant representation report more discrimination (Goto et al., 2002; Kim et al., 2017). An online nationwide study found that Asian Americans living in an Asian-dominated community reported less racial discrimination during COVID-19 (Lee & Waters, 2021).

Acculturation/Enculturation Proxies

United States. Despite often being operationalized at the individual level, cultural values, beliefs, and attitudes are part of the broader cultural milieu of any given host or heritage culture (i.e., macro-level processes). Psychological and behavioral proxies of acculturation are linked to reported discrimination. Acculturation has been defined as the processes of adopting beliefs and values of the host culture (Berry & Sam, 1997). Consistently used proxies for measuring acculturation include English fluency and the percentage of life lived in the US. English fluency is associated with lower perceived discrimination through enhanced interpersonal interactions and social standing among immigrant groups, including Asians (Zhang et al., 2012). Longer time in the US is associated with more reported discrimination (Arellano-Morales et al., 2015; Goto et al., 2002; Pérez et al., 2008), including among South Asians (Misra & Hunte, 2016), perhaps due to greater exposure to US culture and awareness of negative stereotypes (Wiley et al., 2008). Enculturation has been defined as the preservation of norms and attitudes of the heritage culture (Kim & Alamilla, 2017). Proxies to measure enculturation include own-group cultural beliefs and practices, such as dietary behaviors. Both US- and foreign-born Indians report engaging in cultural activities, with the majority (67% US-born and 75% foreign-born) reporting consuming Indian cuisine (Badrinathan, Kapur, & Vaishnav, 2021). Intra-group cultural practices can reduce discrimination perceptions by fostering a positive ethnic identity and a sense of belonging in supportive cultural spaces. In an empirical study, Chinese immigrants who attended Chinese festivals or listened to Chinese music reported less discrimination (Goto et al., 2002).

Overall, evidence suggests that sociodemographic, health, community, and cultural factors correlate with the likelihood of reporting discrimination, and variations in associations may exist across cultural contexts.

Study Aims and Hypotheses

This study had two aims. Aim 1 was to determine the dimensionality of the EDS in samples of Asian Indians living in the US (i.e., Study 1A) and India (i.e., Study 1B). Based on previous research, it was hypothesized that similar to other studies, a one-factor model solution would fit the data best, such that the EDS would capture routine unfair treatment as a unidimensional construct among Asian Indians in the US (**H1a**) and in India (**H1b**).

Aim 2 was to examine potential correlates of everyday discrimination at multiple levels (i.e., individual, health, community, and cultural) among Asian Indians in both the US and Indian context. The hypotheses were as follows:

United States

In the MASALA sample, it was hypothesized that individuals with the following characteristics would report significantly more everyday discrimination [**H2a**]: *[individual-level]* younger age, men, higher education and household income, employed, single/separated/divorced/widowed, Hindu/Muslim/Sikh; *[health-related]* with a chronic condition and without health insurance coverage; *[community-level]* living in San Francisco and a less socially cohesive neighborhood; and *[cultural-level]* more acculturated and less enculturated.

India

In the LASI sample, it was hypothesized that individuals with the following characteristics would report significantly more everyday discrimination [**H2b**]: *[individual-level]* older age, women, lower education and household income, employed, single/separated/divorced/widowed, non-Hindu, lower caste; *[health-related]* with a chronic condition and without health insurance coverage; *[community-level]* living in the South region of India and a less safe neighborhood.

Method

Studies 1A and 1B use data from two separate population-based surveys—one collected in the US and the other in India. The sample and procedures associated with each dataset and key measures used in the secondary analysis of the respective survey are described below.

Study 1A: Correlates of Everyday Discrimination Among Asian Indians, US (MASALA)

Sample

Sample and Procedures

Study 1A data are from the Mediators of Atherosclerosis in South Asians Living in America (MASALA) study, a community-based, longitudinal study assessing psychosocial, behavioral, and clinical risk factors associated with heart disease (Kanaya et al., 2013). The MASALA study used commercial mailing list companies, including InfoUSA and Marketing Systems Group, to get data (i.e., names, addresses, and phone numbers) for potential participants living across all nine counties in the greater San Francisco Bay Area and in the suburbs of Chicago, including seven census tracts near the Northwestern University Medical center. Before beginning recruitment, the MASALA researchers conducted community outreach (e.g., presented study details at community centers and published in local newspapers). They sent letters detailing study procedures to randomly eligible households before conducting phone calls to assess interest and eligibility. Hindi and Urdu translations of study materials, including the consent forms, were also provided. The data collection occurred at the University of California, San Francisco (UCSF) and Northwestern University (NU). The average enrollment rate was about 61% (UCSF: 52%; NU: 77%; Kanaya et al., 2013).

The MASALA study comprised data collection from a random sample of self-identified South Asian adults (i.e., those who had at least three grandparents born in one of the following

South Asian countries: India, Pakistan, Bangladesh, Nepal, or Sri Lanka), ages 40-84, who lived in San Francisco, California, or Chicago, Illinois at the time of data collection, and who spoke English, Hindi, or Urdu. Those with a history of or current atherosclerotic cardiovascular disease (ASCVD—e.g., heart attacks, stroke, surgeries involving the heart or arteries), cancer, and cognitive impairments were excluded from the study. Additional exclusion criteria included weighing over 300 lbs., wait-listed for a nursing home, or planning to move out of the study region within the next five years (as detailed in Kanaya et al., 2013).

The analytic sample comprised data from respondents who participated in the baseline/exam 1 (October 2010—March 2013; n = 906) data collection. The baseline survey included the key variables of interest for Study 1A. The analytic sample was also restricted to those with Indian ancestry (i.e., indicated birthplace as India; n = 757) to be comparable to Study 1B. All respondents provided written consent before participating in the study. The protocols for the study were approved by the institutional review boards (IRB) at UCSF and NU. The University of California, Irvine's IRB deemed secondary data analysis of the MASALA study exempt status.

Measures

Everyday Discrimination

The nine-item Everyday Discrimination Scale (EDS; Williams et al., 1997) was used to assess the frequency of routine experiences of unfair treatment. Sample items include: "People act as if they are better than you" and "You are threatened or harassed." Responses ranged from 1 (almost every day) to 6 (never). Responses were reverse-coded. The EDS was used as a latent variable in the main analyses (described in the "Analytic strategy" section). A summary score was also created based on the final confirmatory factor analysis (CFA) model results to obtain

descriptive statistics (e.g., prevalence of everyday discrimination). The EDS items from the MASALA study are listed in Appendix B.

Correlates

Several measures across different levels (i.e., individual, health, community, and cultural) were included as potential correlates of everyday discrimination. The selected correlates were based on theoretical work and previous empirical findings that suggest that these variables may correlate with reports of discrimination.

Individual-Level Factors. Individual-level correlates included age (40-44, 45-64, or 65+), gender (man or woman), highest level of education (bachelor's degree or less, or graduate or professional degree), employment status (currently employed [full-time or part-time], or unemployed/retired), household income ($49,999 or under, $50-$99,999, $100-$199,999, or $200K or over), and marital status (married/cohabitating, or single/separated/divorced/widowed).

Religious affiliation was also included as a potential individual-level correlate of discrimination because, historically, South Asian religions in the US have been "otherized" and marginalized compared to the dominant Christian religion (Joshi, 2006). However, in the aftermath of 9/11, certain religious groups (e.g., Hindu, Muslim, and Sikh) were more likely to be perceived as the "enemy" or "terrorists" due to racialized distinctive markers (e.g., turbans, beards, headscarves), resulting in increased rates of hate crimes, racial profiling, and discrimination against these groups (e.g., Ahluwalia & Pellettiere, 2010; Finn, 2011). Thus, a religious affiliation variable was created with two categories (Hindu/Muslim/Sikh, or Other [e.g., Buddhist, Christian, Jain, Zoroastrian], affiliated with multiple or unaffiliated).

Health-Related Factors. Chronic health condition (at least one [e.g., arthritis, asthma, cancer, emphysema, diabetes, high blood cholesterol, high blood pressure, kidney disease, liver

disease, or rheumatic heart disease/heart valve problems] vs. none), and health insurance coverage (coverage [e.g., HMO/private insurance or federal-sponsored insurance] vs. no health insurance coverage) were included as health-related correlates. Prior work on discrimination has similarly categorized chronic health conditions (Molina & Simon, 2014) and health insurance coverage (Okazaki et al., 2022).

Community-Level Factors. Two measures were used as proxies for the respondent's community. The residence was operationalized as the study site (UCSF vs. NU). Neighborhood social cohesion was assessed using five items adapted from the Project on Human Development in Chicago Neighborhoods (Sampson et al., 1997). Participants rated their agreement with statements using a scale ranging from 1 (strongly agree) to 5 (strongly disagree). Items include: "People are willing to help their neighbors," "People in this neighborhood can be trusted," "People in this neighborhood know each other," "People in this neighborhood generally don't get along with each other," and "people in this neighborhood do not share the same values." Positively worded items were reverse-coded. All items were summed with higher scores reflecting higher levels of neighborhood social cohesion ($\alpha = .65$). These items have shown predictive validity among South Asian samples (Ali et al., 2020), including the MASALA sample (Yi et al., 2021).

Cultural-Level Factors. Several psychological and behavioral acculturation and enculturation proxies (Kim & Alamilla, 2017; Kim & Abreu, 2001) were included as correlates. The percentage of life lived in the US (0-40%, 41-60%, or 61-100%) was included as a psychological *acculturation* proxy. Time spent in the US is a proxy for embodiment of and exposure to US culture, values, and beliefs (Schwartz et al., 2010) and a correlate of discrimination in samples of Asian American adults (Gee et al., 2008).

Enculturation was assessed in two ways. Psychological enculturation, or the extent to which people internalize beliefs and values from their heritage culture (Kim & Alamilla, 2017), was measured using the seven-item Traditional Cultural Beliefs Scale (Kanaya et al., 2014). Qualitative work with Asian Indians (Mukherjea et al., 2013) informed the development of this scale for the MASALA study. Participants indicated the extent to which they wished South Asian traditions were practiced in the US, using a 5-point Likert scale (1 = "absolutely" to 5 "not at all"). Sample items included: "performing religious ceremonies or rituals," "using spices for healing and health," and "having an arranged marriage." Responses to the items were reverse-coded and summed, with higher scores reflecting greater psychological enculturation ($\alpha = .83$). Behavioral enculturation, or the extent to which individuals engage with practices of the heritage culture (Kim & Alamilla, 2017), was assessed using four items related to dietary preferences (Needham et al., 2018). Two items assessed the frequency of fasting and shopping at South Asian grocery stores (1 = "two or three times per week"; 6 = "almost never or never"). The other two items assessed the kinds of foods respondents usually eat at home and restaurants (1 = "only South Asian food"; 2 = "mostly South Asian food" 3 = "equally South Asian and other"; 4 = "mostly other food"; 5 = "only other food"; 6 = "never eat at restaurants"). Item responses were reverse-coded, standardized, and summed with higher values reflecting greater behavioral enculturation ($\alpha = .55$).

Study 1B: Correlates of Everyday Discrimination Among Asian Indians, Indian (LASI)

Sample

Sample and Procedures

Study 1B data are from the first wave of the Longitudinal Aging Study in India (LASI; 2017-2018), a national, longitudinal study assessing social and economic determinants of health

among older individuals. Participants included those 45 and older and their spouses (18 years or older).

Briefly, the LASI sample was recruited using a multistage, stratified probability cluster design based on the 2011 Indian Census. Households from 35 (of 36) Indian States and Union Territories were included in the survey (for a detailed discussion of the study methodology, see Arokiasamy et al., 2020). LASI contains data from 72,262 individuals across nearly 50,000 households. Notably, 30,073 (42% of the total LASI sample) did not indicate the country where they were born, whereas 907 (1.26%) indicated that they were born outside of India.[1] Complex sociocultural factors may have contributed to respondents not knowing or reporting their country of birth. A discussion of inequities in establishing legal identity is outside the scope of this dissertation (see Kumar & Saikia, 2021; Dhiman & Harbers, 2023; and Setel et al., 2007 for a discussion and data on barriers [violent conflict, displacement, politicization of surnames] and importance of civil registration in the India context). The analytic sample was restricted to only those born in India (n = 41,270) to be comparable to the MASALA sample.

LASI data were composed of a household survey (collected from the head of the household or person most knowledgeable of household finances and condition of facilities, such as water and electricity) and an individual survey (collected using a computer-assisted personal interview method). Survey materials were available in 18 regional languages, and the interview was conducted in the respondents' preferred language. The interviewer read out the consent form for those who could not read. Participants who could not write provided a thumb impression as a signature. The response rates for the household and individual surveys were 96% and 87%,

[1] As only 141 (.20% of the sample) indicated being born in Pakistan, the important social consequences of pre-and post-partition could not be considered. See Bharadwaj et al. (2009) for the impact of the partition on the sociodemographic landscape in India and Mookerjea-Leonard (2017) for some of its psychosocial costs.

respectively. The IRBs of the various collaborating organizations approved the protocols for the study, including the Indian Council of Medical Research, Delhi, and Harvard T.H. Chan School of Public Health, Boston (Arokiasamy et al., 2020; Perianayagam et al., 2022). Secondary data analysis of the LASI publicly available data was deemed exempt by UCI's IRB.

Measures

Everyday Discrimination

The six-item version of the Everyday Discrimination Scale (EDS; Sternthal et al., 2011; Williams et al., 1997) assessed how often individuals experience routine unfair treatment in the Indian context. This scale version included five items from the shortened version of the EDS (as used by Sternthal et al., 2011). Sample items include: "You are treated with less courtesy or respect than other people," and "You received poor services than other people in restaurants and stores." The additional sixth item assessed unfair treatment in the healthcare context ("You receive poorer services or treatment than other people from doctors or hospital"). This scale has been previously used to assess perceived discrimination among older Indian adults (Pengpid & Peltzer, 2021). Responses to items were answered on a 6-point Likert scale (1 = "almost every day" to 6 = "never"). Items were reverse-coded. The EDS was used as a latent variable in the main analyses (described in the "Analytic Strategy" section). A summary score was created based on the results of the final CFA model to obtain descriptive statistics (e.g., the prevalence of everyday discrimination). The EDS items used in the LASI study are listed in Appendix B.

Correlates

Similar to Study 1A, measures were selected based on theoretical reasons, cultural relevance, and prior empirical work. However, measures to assess cultural-level factors (i.e., acculturation and enculturation proxies) were unavailable in the LASI survey; thus, they were

not included as potential correlates. Moreover, community-level variables were selected based on the availability of measures comparable to those of the MASALA study. For example, for neighborhood-level characteristics, neighborhood social cohesion was assessed in the MASALA study, whereas neighborhood safety was assessed in the LASI study. Similarly, the study site is included as a proxy for the place of residence in the MASALA study, and the region of the country is used as a proxy for the place of residence in the LASI study.

Individual-Level Factors. Individual-level correlates included age (20-44, 45-64, 65+), gender (man or woman), education (no schooling vs. some schooling [ranging from less than Primary to a professional degree]), employment status (employed vs. unemployed), household income quintiles (poorest, poorer, middle, richer, richest), and marital status (married/cohabitating vs. never married/separated/deserted/divorced/widowed).

Religious affiliation and caste were also included as potential individual-level correlates of discrimination. Most Indians (80%) in India identify as Hindu, and Hindus are the majority religious group in India in 28 (of 36) Indian States (Kramer, 2021a). India has a long history of communal violence (e.g., 1984 anti-Sikh pogroms, Mehta, 2015; the 1947 Partition, Shankar, 2022), and communal tensions continue to be a significant issue (Sahgal et al., 2021) partly due to the Hindu nationalist Bharatiya Janata Party (S. Biswas, 2020; Gettleman et al., 2019). Religious nationalists support segregation between Hindus and other religious groups (Sahgal et al., 2021). Thus, a religious affiliation variable with two categories was created (Hindu vs. Other [Muslim, Christian, Sikh, Buddhist/neo-Buddhist, Jain, Jewish, Parsi/Zoroastrian, or other] or unaffiliated).

Most Indians indicate that they belong to lower castes (i.e., Scheduled Castes, Scheduled Tribes, or Other Backward Classes; Sahgal et al., 2021). Scheduled Castes (i.e., Dalits or

formerly untouchables), Scheduled Tribes (indigenous groups), and Other Backward Classes (OBCs) capture historically socially and economically disadvantaged groups (Starr & Sahgal, 2021). These groups continue to face segregation and discrimination across Indian society (Sahgal et al., 2021). Thus, caste (none vs. scheduled caste/tribe or other backward classes) was included as a potential correlate.

Health-Related Factors. Chronic conditions or diseases (at least one [e.g., hypertension or high blood pressure, diabetes or high blood sugar, cancer or malignant tumor, chronic lung diseases such as asthma, chronic obstructive pulmonary disease/chronic bronchitis or other chronic lung problems, chronic heart diseases such as coronary heart disease (heart attack or myocardial infarction), congestive heart failure, or other chronic heart problems, stroke, arthritis or rheumatism, osteoporosis or other bone/joint diseases, any neurological or psychiatric problems, such as depression, Alzheimer's/dementia, unipolar/bipolar disorders, convulsions, Parkinson's, or high cholesterol] vs. none) and health insurance coverage (coverage [e.g., private, government health scheme, medical reimbursement/employer-sponsored, community/cooperative health insurance scheme, other, or multiple] vs. no coverage) were included as health-related correlates. Previous studies have categorized chronic health conditions (Pengpid & Peltzer, 2021) and health insurance coverage (Sinha et al., 2022) in the LASI sample similarly.

Community-Level Factors. Two measures were used as proxies for the respondent's community. The place of residence was operationalized as the region of the country (South, North, Central, East, Northeast, and West). Neighborhood safety was assessed using two items adapted from the World Bank's Integrated Questionnaire for the Measurement of Social Capital (Grootaert et al., 2004). These items asked: "How safe from crime and violence do you feel

when you are alone at home?" and "How safe do you feel when walking down your street/locality alone after dark?" Respondents answered each item using a 4-point Likert scale (1 = completely safe; 4 = "not at all safe"). The items were reverse-coded and summed with higher values reflecting a greater sense of neighborhood safety (r = .66). These items have been used to assess neighborhood safety across countries, including India (Hill et al., 2016; Muhammad et al., 2021).

Analytic Strategy for Study 1A and 1B

Given that both MASALA and LASI examine the same aims, the analytic procedures for Study 1A and 1B are identical. The main difference across the analyses included applying sampling weights (*indiaindividualweight*) and household as a clustering variable to account for multiple people answering the surveys in a given household when analyzing data from the LASI survey.

Missing Data

The percentage of missing data for all variables was examined to ensure that missingness did not exceed five percent of the data (Tabachnick & Fidell, 2007). For MASALA and LASI, missing data ranged between 0-3.17% and 0-3.44%, respectively. The maximum likelihood (ML) estimation method in M*plus* was used in the main analyses to handle missingness, as data were assumed to be missing at random (MAR; Enders, 2022).

Descriptive Analyses

All descriptive analyses (e.g., means, frequencies, proportions) were conducted using STATA 18 (StataCorp., 2023). The *svy* suite commands in STATA were used to obtain representative estimates in the LASI data.

Main Analyses

M*plus* (Muthén & Muthén, 2017) was used to conduct the main analyses. A structural equation modeling (SEM) framework was used for the aims of Study 1A and 1B. This approach has several advantages, including estimating associations between constructs corrected for measurement error, reliability and validity of the measures, and assessing overall fit (Bentler, 2007; Bollen, 1989; Hoyle, 2011). Maximum likelihood estimation with robust standard errors (MLR) was used to obtain the model solutions. MLR accounts for non-normality and missingness in the data. Analyses of the LASI data (i.e., Study 1B) incorporated the sampling design variables and used the "TYPE = COMPLEX" model specification in M*plus* to account for the complex survey sampling design.

SEM analyses for each sample were conducted using a two-stage approach (Anderson & Gerbing, 1988). First, confirmatory factor analysis (CFA) was used to estimate a measurement model for the Everyday Discrimination latent variable to determine the construct validity of the EDS. The overall fit of the estimated single-factor model was evaluated using several fit criteria. Because the chi-square statistic is affected by sample size, other model fit indices less sensitive to sample size were considered. Excellent model fit is characterized as comparative fit index (CFI) ≥ 0.95, Tucker Lewis Index (TLI) ≥ 0.95, root-mean-square residual (RMSEA) ≤ 0.08, and standardized RMSEA (SRMR) ≤ 0.06. Adequate fit is characterized as CFI ≥ 0.90, TLI ≥ 0.90, RMSEA≤ 0.10, and SRMR≤ 0.08 (Kline, 2015). Standardized indicator loadings and their significance, the variance in the indicators accounted for by the latent variable, and the error correlations among the indicators were evaluated. The reliability of the items in the final model solution was examined.

Following the results from the first step, a structural model was estimated to evaluate associations between correlates specified in the "Measures" section and the everyday

discrimination latent variable. Following similar procedures used in previous studies (Arellano-Morales et al., 2015; Pérez et al., 2008), correlates were entered in successive steps/blocks corresponding with their respective ecological levels, starting with individual-level factors (Block 1), followed by health-related factors (Block 2), community-level factors (Block 3), and cultural-level factors (Block 4). The analyses using the LASI data (Study 1B) omitted Block 4 as measures for acculturation/enculturation were unavailable in this study. Categorical exogenous variables (correlates and any other covariates) were included in the model as dummy variables (0/1). The overall model fit was evaluated using the same model fit criteria as in the first aim.

Results

Study 1A: Correlates of Everyday Discrimination Among the US (MASALA) Sample

Descriptive Statistics

Table 1.1 includes the distribution of sociodemographic characteristics of the sample. The majority (67%) of the respondents were between the ages of 45-64 (M_{age} = 55.54; SD_{age} = 9.42) and identified as men (54%). Most of the sample had a graduate or professional degree (69%), were employed (69%), high-income (66% making $100K or more), married (92%), Hindu/Muslim/Sikh (84%), English fluent (87%), and had lived in the US for most of their life (69% lived in the US 41-100% of their life). Most (73%) of the respondents had at least one chronic health condition (e.g., arthritis, diabetes) and health insurance coverage (92% had private or federally sponsored health insurance).

Table 1.1 also reports descriptive statistics for the key variables among the study sample. The mean score for neighborhood social cohesion and psychological enculturation were moderate and relatively low for behavioral enculturation.

Table 1.2 includes correlations between the nine EDS items. All items were positively

statistically significantly correlated (all *ps* < .001).

Table 1.3 reports the distribution of the nine EDS items and the EDS summary measure. The overall mean of the EDS items was 14.90 (*SD* = 5.96), and scores ranged between 9 and 54. The EDS also had a strong reliability (α = .88).

Table 1.1

Selected Sociodemographic Characteristics of the MASALA Sample (N = 757)

	Characteristic	N	% or M (SD)
Individual-Level	**Age**		
	40-44	99	13.1%
	45-64	508	67.1%
	65+	150	19.8%
	Gender		
	Women	349	46.1%
	Men	408	53.9%
	Education		
	Bachelor's degree or less	283	37.4%
	Graduate or professional degree	474	62.6%
	Employment Status		
	Unemployed	232	30.7%
	Employed (full/part-time)	525	69.4%
	Income		
	$49,999 or under	113	15.4%
	$50,000-$99,999	136	18.6%
	$100,000-$199,999	255	34.8%
	$200,000 or over	229	31.2%
	Marital Status		
	Married/Cohabitating	697	92.1%
	Single/Separated/Divorced/Widowed	60	7.9%
	Religious Affiliation		
	Hindu, Muslim, or Sikh	634	83.8%
	[a]Other	123	16.3%
Health-Related	**Chronic Health Condition**		
	No	204	27.0%
	Yes (at least one)	553	73.1%
	Health Insurance		
	Coverage (private/federally-sponsored)	697	92.2%
	No Coverage	59	7.8%

	Characteristic	N	% or M (SD)
Community-Level	**Study Site**		
	UCSF	418	55.2%
	NU	339	44.8%
	Neighborhood Social Cohesion (range = 8-25)	757	18.51 (2.70)
Cultural-Level	*Acculturation Proxy*		
	Percent of Life lived in the US		
	0-40%	206	27.2%
	41-60%	368	48.6%
	61-100%	183	24.2%
	Enculturation Proxies		
	Psychological Enculturation (range = 0-28)	757	13.78 (6.21)
	[b]**Behavioral Enculturation** (range = -9.02 - 8.78)	757	0 (2.61)

Note. Percentages may not add up to 100% due to missing data. Missing data for the current study ranged between 0% and 3%. [a]Other religious affiliations (e.g., Buddhist, Jain) or affiliation with multiple or unaffiliated. [b]Behavioral enculturation items were assessed using different scales; thus, the items were standardized before creating a sum score. UCSF = University of California, San Francisco; NU = Northwestern University. M = mean; SD = standard deviation.

Table 1.2

Correlations Among the 9-item Everyday Discrimination Scale in the MASALA Sample

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
1. Less Courtesy	-								
2. Less Respect	.84	-							
3. Poorer Service	.47	.48	-						
4. Not Smart	.51	.52	.50	-					
5. Act Afraid	.32	.34	.34	.33	-				
6. Dishonest	.40	.40	.43	.45	.50	-			
7. Better Than You	.55	.60	.43	.61	.37	.41	-		
8. Called Names/Insulted	.39	.43	.35	.45	.29	.48	.43	-	
9. Threatened/Harassed	.43	.46	.35	.41	.31	.50	.39	.75	-

Note. All correlations are significant at $p<.001$.

Table 1.3

Distribution and Mean of the 9-Item EDS in the MASALA Sample

	Response Frequency, %						
Items	**Almost everyday**	**At least once a week**	**A few times a month**	**A few times a year**	**Less than once a year**	**Never**	**M (SD)**
1. *You are treated with less courtesy than other people are.*	0.79	2.64	6.47	20.87	30.25	38.97	2.06 (1.10)
2. *You are treated with less respect than other people are.*	1.06	2.11	4.89	18.36	30.52	43.06	1.96 (1.08)
3. You receive poorer service than other people at restaurants or stores.	1.06	0.66	2.51	13.08	31.04	51.65	1.73 (.95)
4. People act as if they think you are not smart.	0.53	1.19	2.77	13.47	23.65	58.39	1.66 (.95)
5. People act as if they are afraid of you.	0.4	0.92	2.64	11.49	16.78	67.77	1.53 (.91)
6. People act as if they think you are dishonest.	0.26	0.66	0.26	2.91	13.08	82.83	1.24 (.62)
7. People act as if they're better than you are.	1.59	1.98	5.94	24.7	29.59	36.2	2.13 (1.12)
8. You are called names or insulted.	0.66	0.92	1.45	3.43	15.72	77.81	1.34 (.79)
9. You are threatened or harassed.	0.79	0.79	0.92	2.25	11.23	84.02	1.26 (.74)
Mean (SD), Range	14.90 (5.96), 9-54						

Note. Items ranged between 1 to 6, with higher scores reflecting higher reported everyday discrimination. M = mean; SD = standard deviation.

Confirmatory Factor Analyses (CFA) of the EDS

The model fit for the hypothesized 1-factor model solution was poor [$\chi 2(27) = 875.024$, p <.001; CFI = .76; TLI = .67; RMSEA = .20, 90% CI = .19; .22; SRMR = .09]. Factor loadings and modification indices (MIs) were examined to improve model fit.

MIs suggested correlating the residual errors of four pairs of items (i.e., indicators) would significantly improve the model fit. The theoretically meaningful modifications were implemented one at a time, beginning with the indicator pairs with the strongest correlations. The modified CFA model's fit to the data was assessed in sequential steps (Geiser, 2013). Table 1.4 reports on the approximate model fit indices. Figure 1.1 presents the results for the hypothesized CFA model, standardized factor loadings, correlated errors, suggested MIs, and the final revised CFA model.

First, the "courtesy" (.82) and "respect" (.85) items loaded significantly onto the latent everyday discrimination variable. These items were also highly correlated (r = .84). Cognitive interviews and assessments of the psychometric properties of the EDS suggest that these items are redundant (Harnois et al., 2019; Reeve et al., 2011). The model fit was unaffected by removing the "courtesy" item (Molina et al., 2013, 2018; Reeve et al., 2011). Studies with Asian American samples suggest these items capture "covert" forms of discrimination salient to this population (Chan et al., 2012) and potentially speak to qualitative differences in experiences of discrimination across ethnically diverse populations (Kim et al., 2014). Several studies (Roberts et al., 2008), including those with Asian samples (Gee et al., 2006; Gee, Delva, et al., 2007), combine these two items for parsimony.

Both items were retained and combined into a single item, similar to how these items are included in the LASI study. This allowed for comparing results from the MASALA and LASI

samples.

Second, the “called names/insulted” (.60) and “threatened/harassed” (.62) items had similar factor loadings, and were highly correlated (r = .75). Evidence from cognitive interviews suggests these items may be redundant (Reeve et al., 2011) and are posited to capture verbal harassment (Inman et al., 2021; Rodriguez, 2008; Stucky et al., 2011). Asian Indian Americans are likely to experience discrimination in the form of violence and bullying/harassment, especially in the post-9/11 context (Ahluwalia & Pellettiere, 2010; Finn, 2011). Recent data show that Asian Americans, including Indians, continue to experience verbal and physical harassment and assaults (Stop AAPI Hate, 2022). Thus, given its conceptual relevance, the “threatened/harassed” item was retained, and the “called names/insulted” item was removed.

Third, “dishonest” (.59) and “afraid of you” (.47) items were moderately correlated (r = .50). These items capture negative stereotypes about racialized and minoritized groups in the US (Harnois et al., 2019) and therefore are thought to be redundant (Stucky et al., 2011). In the aftermath of 9/11, Asian Indian Americans have been disproportionately surveilled (Finn, 2011) and screened at airports (Chandrasekhar, 2003) due to visible stigmatized markers (e.g., beards, turbans) often associated with stereotypes of terrorists in the media (Ahluwalia & Pellettiere, 2010; Aziz, 2009; Chandrasekhar, 2003; Wang, 2021). Despite its lower factor loading, the “afraid of you” item was retained due to its conceptual relevance in post-9/11 US.

Last, the “not smart” and “better than you” items were moderately correlated (r = .61) and had similar factor loadings (.69 and .71, respectively). Despite Asian Indians being considered “model minorities” based on their higher-than-average socioeconomic status (Budiman, 2021), foreign-educated Asian Indians (i.e., the majority of the US Indian population) often face difficulties leveraging their educational and work credentials into employment in the

US, usually resulting in un- or underemployment (Kibria, 2011; Purkayastha, 2005; Shams, 2020). Socioeconomically disadvantaged Asian Indians may also be stigmatized and viewed as less smart or competent for not conforming to the model minority stereotype (Mahalingam, 2006; Shams, 2020). Moreover, Americans are more likely to rate speakers with foreign accents, including Asian Indian accents, with stereotypes associated with a lower status (e.g., less competent and intelligent) and solidarity (e.g., less warmth and friendliness; Dragojevic & Goatley-Soan, 2022). Thus, the "not smart" item was retained, which was comparable to LASI.

Subsequently, the final CFA model solution yielded a 5-item version of the EDS (M =10.20; SD = 4.24; range 6-36). The EDS had moderate internal consistency ($\alpha = .72$). The measure was also dichotomized with those endorsing any item at least once as "Reporting discrimination" and those endorsing "never" for all items as "No discrimination." Overall, 77% of the sample reported experiencing everyday discrimination at least once. Table 1.5 reports descriptive statistics for everyday discrimination by relevant correlates.

Table 1.4

Approximate Fit Indices from CFA Models of the Everyday Discrimination Scale in the MASALA Sample

	# items	χ2 (df)	CFI	TLI	RMSEA	90% CI	SRMR	CD
Model 1	9	875.024 (27)	.756	.674	.204	[.192, .216]	.088	.901
Model 2	8	470.634 (20)	.821	.750	.173	[.159, .186]	.071	.870
Model 3	7	154.001(14)	.924	.886	.115	[.099, .132]	.049	.856
Model 4	6	42.136 (9)	.977	.961	.070	[.049, .092]	.026	.845
Model 5	5	9.144 (5)	.995	.991	.033	[.000, .067]	.017	.799

Note. N = 757. *Model 1* includes the initial nine items. *Model 2* combined "courtesy" and "respect" items. *Model 3* excludes the "called names/insulted" items. *Model 4* excludes the "dishonest" item. *Model 5* excludes the "better than you" item. Chi-square tests were statistically significant at $p < .001$. χ2 = chi-square value. DF = degrees of freedom. CFI = comparative fit index. TLI = Tucker-Lewis index. RMSEA = root mean square error of approximation. SRMR = standardized root mean square residual. CI = confidence interval.CD = coefficient of determination.

Table 1.5

Prevalence of Everyday Discrimination (5-Item EDS) by Sociodemographic Characteristics in the MASALA Sample

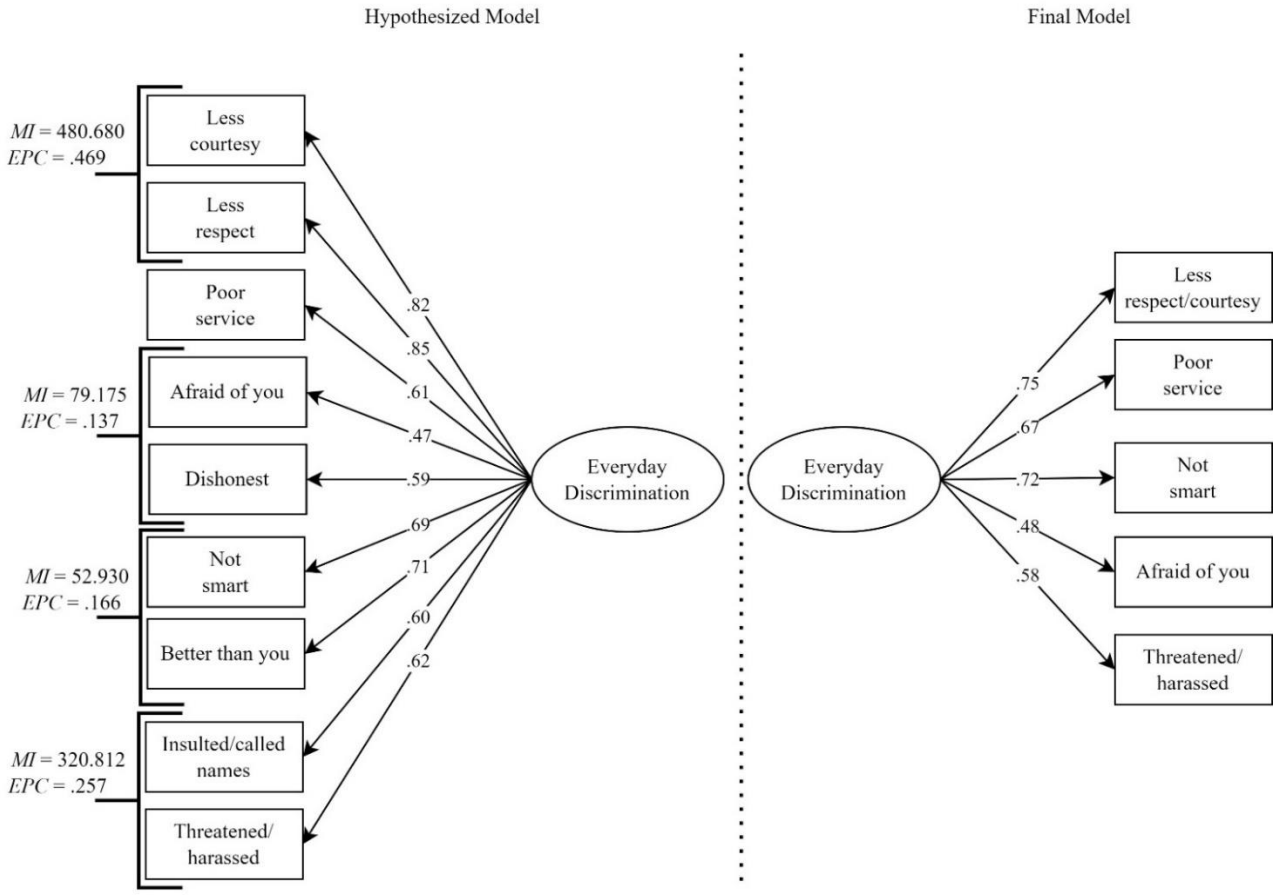
			Reported discrimination (N = 581; 77.75%)	*No discrimination (N = 176; 23.25%)*	
	Characteristic	**M (SD)**	**N (%)**	**N (%)**	**[a]*p*-value**
Individual-Level	**Age**				.004
	39-44	10.74 (3.85)	80 (80.81)	19 (19.19)	
	45-64	10.30 (4.36)	401 (78.94)	107 (21.06)	
	65+	9.48 (4.02)	100 (66.67)	50 (33.33)	
	Gender				.402
	Men	10.38 (3.98)	318 (77.94)	90 (22.06)	
	Women	9.99 (4.53)	263 (75.36)	86 (24.64)	
	Education				.030
	Bachelor's degree or less	10.34 (4.79)	205 (72.44)	78 (27.56)	
	Graduate or professional degree	10.11 (3.88)	376 (79.32)	98 (20.68)	
	Employment Status				.009
	Unemployed	9.53 (4.00)	164 (70.69)	68 (29.31)	
	Employed (full/part-time)	10.49 (4.32)	417 (79.43)	108 (20.57)	
	Household Income				.018
	$49,999 or under	10.39 (5.20)	75 (66.37)	38 (33.63)	
	$50,000-$99,999	10.35 (4.37)	107 (78.68)	29 (21.32)	
	$100,000-$199,999	10.38 (4.04)	207 (81.18)	48 (18.82)	
	$200,000 or over	9.99 (3.95)	178 (77.73)	51 (22.27)	
	Marital Status				.025
	Married/Cohabitating	10.22 (4.21)	542 (77.76)	155 (22.24)	
	S/S/D/W	9.87 (4.59)	39 (65.00)	21 (35.00)	
	Religious Affiliation				.427
	Hindu, Muslim, or Sikh	10.21 (4.21)	490 (77.29)	144 (22.71)	
	Other	10.11 (4.44)	91 (73.98)	32 (26.02)	
Health-Related	**Chronic Health Condition**				.292

			Reported discrimination (N = 581; 77.75%)	*No discrimination (N = 176; 23.25%)*	
	Characteristic	**M (SD)**	**N (%)**	**N (%)**	**[a]*p*-value**
	No	9.72 (3.55)	162 (79.41)	42 (20.59)	
	Yes (at least one)	10.37 (4.46)	419 (75.77)	134 (24.23)	
	Health Insurance				.000
	Coverage	10.29 (4.28)	547 (78.48)	150 (21.52)	
	No coverage	9.05 (3.66)	33 (55.93)	26 (44.07)	
Community-Level	**Study Site**				.157
	UCSF	10.17 (4.16)	329 (78.71)	89 (21.29)	
	NU	10.22 (4.36)	252 (74.34)	87 (25.66)	
	Neighborhood Social Cohesion, M (SD)	N/A	18.39 (2.58)	18.91 (3.02)	.036
Cultural-Level	*Acculturation Proxy*				
	Percent of Life lived in the US				.001
	0-40%	9.61 (4.08)	139 (67.48)	67 (32.52)	
	41-60%	10.61 (4.60)	297 (80.71)	71 (19.29)	
	61-100%	10.02 (3.55)	145 (79.23)	38 (20.77)	
	Enculturation Proxies				
	Psychological Enculturation, M (SD)	N/A	13.54 (5.85)	14.59 (7.22)	.080
	Behavioral Enculturation, M (SD)	N/A	-.11 (2.44)	.38 (3.08)	.052

Note. S/S/D/W = Single/Separated/Divorced/Widowed. UCSF = University of California, San Francisco; NU = Northwestern University. M = mean. SD = standard deviation. N/A = Not applicable. [a]Chi-square test of difference was used for categorical variables and *t*-test (with unequal variances) was used for continuous variables.

Figure 1.1

Standardized Results of the Confirmatory Factor Analysis of EDS in the MASALA Sample



Note. MI = modification index. EPC = expected parameter change.

Structural Equation Models: Correlates of Everyday Discrimination

The full structural model (Model 4; see Table 1.6), which included all the correlates, had an adequate fit to the data [$\chi 2(77) = 133.191$, $p < .001$; CFI = .94; TLI = .92; RMSEA = .03, 90% CI = .02; .04; SRMR = .02] and revealed significant differences in reports of everyday discrimination across correlates at individual-, health-, community-, and cultural-levels.

At the individual level, age and employment status were significantly associated with reports of everyday discrimination. Specifically, individuals aged 65 and older reported less everyday discrimination than those aged 40-44. Unemployed individuals also reported less everyday discrimination compared to their employed counterparts. Among the health-related factors, respondents without a chronic health condition (compared to those with at least one) reported less everyday discrimination, and those with health insurance coverage (compared to those without) reported more everyday discrimination. At the community level, greater levels of neighborhood social cohesion were associated with less reported everyday discrimination. At the cultural level, those who lived 41-60% of their life in the US reported more everyday discrimination than those living in the US for 0-40%.

Table 1.6

Standardized Estimates for the Correlates of Everyday Discrimination in the MASALA Sample

	Bivariate	***Model 1*** **Individual-Level**	***Model 2*** **Health-Related**	***Model 3*** **Community-Level**	***Model 4*** **Cultural-Level**
	β [95% CI]	**β [95% CI]**	**β [95% CI]**	**β [95% CI]**	**β [95% CI]**
Individual-Level					
Age					
40-44	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
45-64	-.03	-.05	-.06	-.07	-.09+
	[-.134, .077]	[-.158, .052]	[-.163, .045]	[-.177, .031]	[-.197, .014]
65+	**-.11***	-.11+	**-.16***	**-.17****	**-.18****
	[-.218, -.006]	[-.228, .009]	[-.274, -.037]	[-.284, -.050]	[-.299, -.060]
Gender					
Men	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Women	-.04	-.02	.02	-.02	-.01
	[-.119, .050]	[-.116, .072]	[-.111, .077]	[-.109, .079]	[-.103, .082]
Education					
Bachelor's degree or less	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Graduate or professional	-.05	-.04	-.07	-.06	-.05
degree	[-.135, .034]	[-.133, .045]	[-.155, .024]	[-.143, .032]	[-.140, .037]
Employment Status					
Employed	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Unemployed	**-.11****	**-.10***	**-.10***	**-.10***	**-.11***
	[-.188, -.033]	[-.199, -.002]	[-.199, -.004]	[-.198, -.006]	[-.203, -.010]
Income					
$49,999 or under	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
$50,000-$99,999	-.01	-.01	-.06	-.04	-.05
	[-.137, .112]	[-.137, .118]	[-.187, .077]	[-.173, .094]	[-.179, .086]
$100,000-$199,999	-.02	-.04	-.10	-.08	-.09

	Bivariate	***Model 1*** **Individual-Level**	***Model 2*** **Health-Related**	***Model 3*** **Community-Level**	***Model 4*** **Cultural-Level**
	β [95% CI]	**β [95% CI]**	**β [95% CI]**	**β [95% CI]**	**β [95% CI]**
	[-.160, .113]	[-.182, .110]	[-.251, .058]	[-.241, .076]	[-.243, .066]
$200,000 or over	-.08	-.10	**-.16***	-.13	-.14+
	[-.212, .055]	[-.250, .045]	[-.318, -.006]	[-.286, .037]	[-.298, .021]
Marital Status					
S/S/D/W	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Married/cohabitating	.01	.00	.00	.01	.02
	[-.074, .101]	[-.091, .0845]	[-.090, .082]	[-.077, .092]	[-.070, .100]
Hindu, Muslim, or Sikh	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Other	-.01	.00	.00	.00	.00
	[-.095, .072]	[-.085, .079]	[-.085, .077]	[-.081, .080]	[-.085, .081]
Health-Related					
Chronic Health Condition					
Yes (at least one)	**Ref**		**Ref**	**Ref**	**Ref**
No	**-.09***		**-.11****	**-.11****	**-.10****
	[-.158, -.015]		[-.185, -.042]	[-.182, -.040]	[-.171, -.028]
Health Insurance					
No coverage	**Ref**		**Ref**	**Ref**	**Ref**
Coverage	**.07***		**.13****	**.13****	**.11***
	[.002, .145]		[.049, .217]	[.048, .218]	[.027, .202]
Community-Level					
Study Site					
UCSF	**Ref**			**Ref**	**Ref**
NU	.01			.01	.00
	[-.069, .094]			[-.076, .086]	[-.086, .078]
Neighborhood Social Cohesion	**-.16***** [-.235, -.090]			**-.16***** [-.236, -.089]	**-.18***** [-.250, -.105]
Cultural-Level					

	Bivariate	***Model 1*** **Individual-Level**	***Model 2*** **Health-Related**	***Model 3*** **Community-Level**	***Model 4*** **Cultural-Level**
	β [95% CI]	**β [95% CI]**	**β [95% CI]**	**β [95% CI]**	**β [95% CI]**
Acculturation Proxy					
Percent of Life lived in the US					
0-40%	**Ref**				**Ref**
41-60%	**.13****				**.15****
	[.031, .221]				[.056, .251]
61-100%	.05				.09+
	[-.041, .133]				[-.009, .181]
Enculturation Proxies					
Psychological	.05				.08+
Enculturation	[-.029, .128]				[-.005, .169]
Behavioral Enculturation	-.02				-.06
	[-.104, .062]				[-.155, .030]
R-Squared		2.7%*	5.2%**	7.6%***	9.6%***

Note. S/S/D/W = Single/Separated/Divorced/Widowed; UCSF = University of California, San Francisco. NU = Northwestern University. CI = confidence interval. +p <.10 *p < .05; **p < .01; ***p < .001.

Study 1B: Correlates of Everyday Discrimination Among the Indian (LASI) Sample

Descriptive Statistics

Table 1.7 reports the distribution of the sample sociodemographic characteristics and key variables. Most (58%) of the respondents were aged 45-64 (M_{age} = 57.65; SD_{age} = 11.80) and identified as women (79%). Most of the sample (54%) reported no formal education and were unemployed (62%). Approximately 41% of the respondents belonged to households with lower wealth quintiles. Most of the respondents were married (74%), Hindu (82%), and belonged to a scheduled caste/tribe or other backward classes (72%). Most (53%) of the respondents did not have a chronic health condition and did not have health insurance coverage (79%). Most of the respondents lived in the country's Southern (26%) or Eastern (25%) region. The mean score for neighborhood safety was moderate.

Table 1.8 includes the unweighted correlations between the six EDS items. All items were positively statistically significantly correlated (all *ps* < .001).

Table 1.9 reports the distribution of the six EDS items and the EDS summary measure. The overall mean of the six EDS items was 7.01 (*SD* = 3.06) and scores ranged between 6-36. The six-item EDS also had a strong reliability (α = .86).

Table 1.7

Weighted Distribution of Selected Sociodemographic Characteristics of the LASI Sample (N = 41,270)

	Characteristic	**N**	**%** or M (SD)
Individual-Level	**Age (in years)**		
	20-44	5,207	12.00%
	45-64	24,823	58.12%
	65+	11,240	29.88%
	Gender		
	Women	31,223	78.68%
	Men	10,047	21.32%

	Characteristic	N	% or M (SD)
	Education		
	No schooling	19,868	54.03%
	[a]Some schooling	21,402	45.97%
	Employment Status		
	Unemployed	25,569	61.86%
	Employed	15,656	38.03%
	Income Quintiles		
	Poorest	7,667	20.26%
	Poorer	8,124	20.52%
	Middle	8,316	20.82%
	Richer	8,616	20.07%
	Richest	8,547	18.33%
	Marital Status		
	Married/Cohabitating	31,204	73.58%
	Single/Separated/Divorced/Widowed	10,065	26.42%
	Religious Affiliation		
	[b]Other or unaffiliated	10,051	17.91%
	Hindu	31,217	82.09%
	Caste		
	None	11,061	24.88%
	SC/T or OBC	28,789	72.41%
Health-Related	**Chronic Health Condition**		
	No	21,718	52.73%
	Yes (at least one)	19,451	46.72%
	Health Insurance		
	Coverage	9,396	19.62%
	No Coverage	31,365	78.93%
Community-Level	**Region**		
	North	7,339	11.93%
	Northeast	3,321	1.03%
	East	8,881	25.28%
	Central	5,816	19.11%
	West	5,923	16.59%
	South	9,990	26.06%
	Neighborhood Safety (range = 2-8)	40,249	6.56 (1.21)

Note. Percentages may not add up to 100% due to missing data. Missing data for the current study ranges between 0-3%. [a]Some schooling categories include education levels ranging from less than primary (standard 1-4) to professional course/degree (e.g., B. Tech, MS, MBA, MD).

[b]The "Other" category includes those identifying with any of the following religions: Muslim, Christian, Sikh, Buddhist/Neo-Buddhist, Jain, Jewish, Parsi/Zoroastrian, or other, and those not affiliated with religious groups. SC/T or OBC = scheduled caste/tribe or other backward classes. M = mean; SD = standard deviation.

Table 1.8

Correlations Among the 6-Item Everyday Discrimination Scale in the LASI Sample (Unweighted)

	1	**2**	**3**	**4**	**5**	**6**
1. Less Courtesy/Respect	-					
2. Poor Service	.58	-				
3. Not Smart	.57	.61	-			
4. Act Afraid	.41	.51	.50	-		
5. Threatened/Harassed	.45	.52	.56	.55	-	
6. Poor Service from Doctors/Hospitals	.44	.58	.52	.54	.56	-

Note. All correlations are significant at $p<.001$.

Table 1.9

Weighted Distribution and Means of the 6-Item EDS in the LASI Sample

	Response Frequency, %						
Items	**Almost everyday**	**At least once a week**	**A few times a month**	**A few times a year**	**Less than once a year**	**Never**	**M (SD)**
1. You are treated with less courtesy or respect than other people.	2.04	0.92	2.34	2.60	3.93	84.78	1.31 (.96)
2. You receive poorer service than other people at restaurants or stores.	0.38	0.54	1.15	1.78	2.72	89.93	1.14 (.61)
3. People act as if they think you are not smart.	0.53	0.76	1.40	2.11	3.08	88.66	1.18 (.69)
4. People act as if they are afraid of you.	0.43	0.40	1.03	1.36	1.59	91.67	1.12 (.57)
5. You are threatened or harassed.	0.50	0.55	0.99	1.63	2.54	90.40	1.14 (.61)
6. You receive poorer service or treatment than other people from doctors or hospitals.	0.30	0.48	0.89	1.64	2.55	90.70	1.12 (.56)
Mean (SD), Range	7.01 (3.06), 6-36						

Note. Items ranged between 1 to 6 with higher scores reflecting more reported everyday discrimination. M = mean; SD = standard deviation.

Confirmatory Factor Analyses (CFA) of the EDS

The model fit for the hypothesized 1-factor solution was adequate [$\chi 2(9) = 116.924$, $p < .001$; CFI = .94; TLI = .91; RMSEA = .02, 90% CI = .02; .02; SRMR = .03].

However, further examination revealed that item #6, related to receiving "poor service from doctors/hospital," had a low to moderate (.44 - .58) correlation with other EDS items. It was also among the least endorsed items (mean = 1.12). This item has been used in prior work to assess perceptions of unfair treatment in the medical context (Sun et al., 2023). In contrast, the other five items have been validated and posited to capture everyday experiences of discrimination (Sternthal et al., 2011). Thus, item #6, assessing medical discrimination, was removed to compare results to other psychometric studies of the EDS and results from the MASALA data.

Subsequently, the final CFA model solution included a 5-item version of the EDS. The slightly improved model fit to the data remained adequate [$\chi 2(5) = 51.791$, $p < .001$; CFI = .96; TLI = .93; RMSEA = .02, 90% CI = .01; .02; SRMR = .03]. Figure 1.2 reports the results for standardized factor loadings for the hypothesized and final revised CFA model (M = 5.89; SD = 2.67; range 5-30). The EDS had good internal reliability ($\alpha = .84$). The dichotomized discrimination variable (reporting discrimination vs. not) revealed that only about 16% of the sample reported experiencing everyday discrimination. Table 1.10 includes the descriptive statistics for everyday discrimination by relevant correlates.

Figure 1.3 reports on the main reasons for experiencing everyday discrimination. Most respondents attributed their discrimination experiences to multiple reasons followed by age and financial.

Figure 1.2

Weighted Standardized Results of the Confirmatory Factor Analysis of the EDS in the LASI Sample

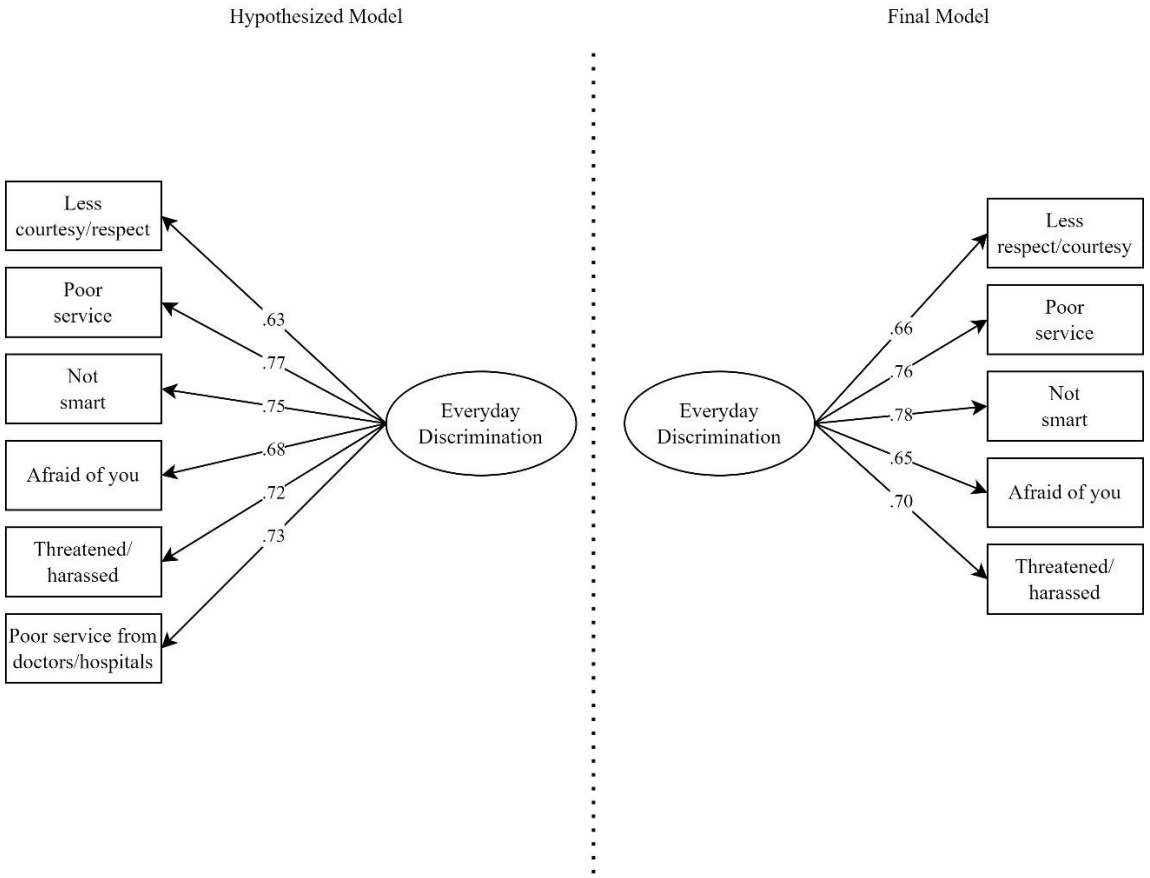


Table 1.10

Weighted Means and Distribution of Sociodemographic Characteristics by Everyday Discrimination (5-Item EDS) in the LASI Sample

			Reported discrimination	*No discrimination*	
			(N = 6,013; 16.27%)	*(N = 34,227; 80.17%)*	
	Characteristic	**M (SD)**	**N (%)**	**N (%)**	***[a]p-value***
Individual-Level	**Age**				.100
	20-44	5.68 (2.29)	666 (14.59)	4441 (85.41)	
	45-64	5.91 (2.76)	3607 (16.81)	20714 (83.19)	
	65+	5.92 (2.62)	1740 (17.95)	9072 (82.05)	
	Gender				.030
	Women	5.83 (2.53)	4500 (16.22)	26012 (83.78)	
	Men	6.09 (3.21)	1513 (19.39)	8215 (80.61)	
	Education				.000
	No schooling	6.02 (2.69)	3474 (19.10)	15886 (80.90)	
	[b]Some Schooling	5.72 (2.59)	2539 (14.24)	18341 (85.76)	
	Employment Status				.002
	Unemployed	5.85 (2.69)	3442 (15.74)	21429 (84.26)	
	Employed	5.94 (2.64)	2570 (18.72)	12778 (81.28)	
	Income Quintiles				.658
	Poorest	5.95 (2.62)	1270 (17.80)	6181 (82.20)	
	Poorer	5.88 (2.60)	1177 (16.91)	6753 (83.09)	
	Middle	5.83 (2.59)	1164 (15.57)	6955 (84.43)	
	Richer	5.79 (2.48)	1200 (17.00)	7212 (83.00)	
	Richest	5.99 (3.10)	1202 (17.12)	7126 (82.88)	
	Marital Status				.039
	Married/Cohabitating	5.85 (2.65)	4366 (16.18)	26182 (83.82)	

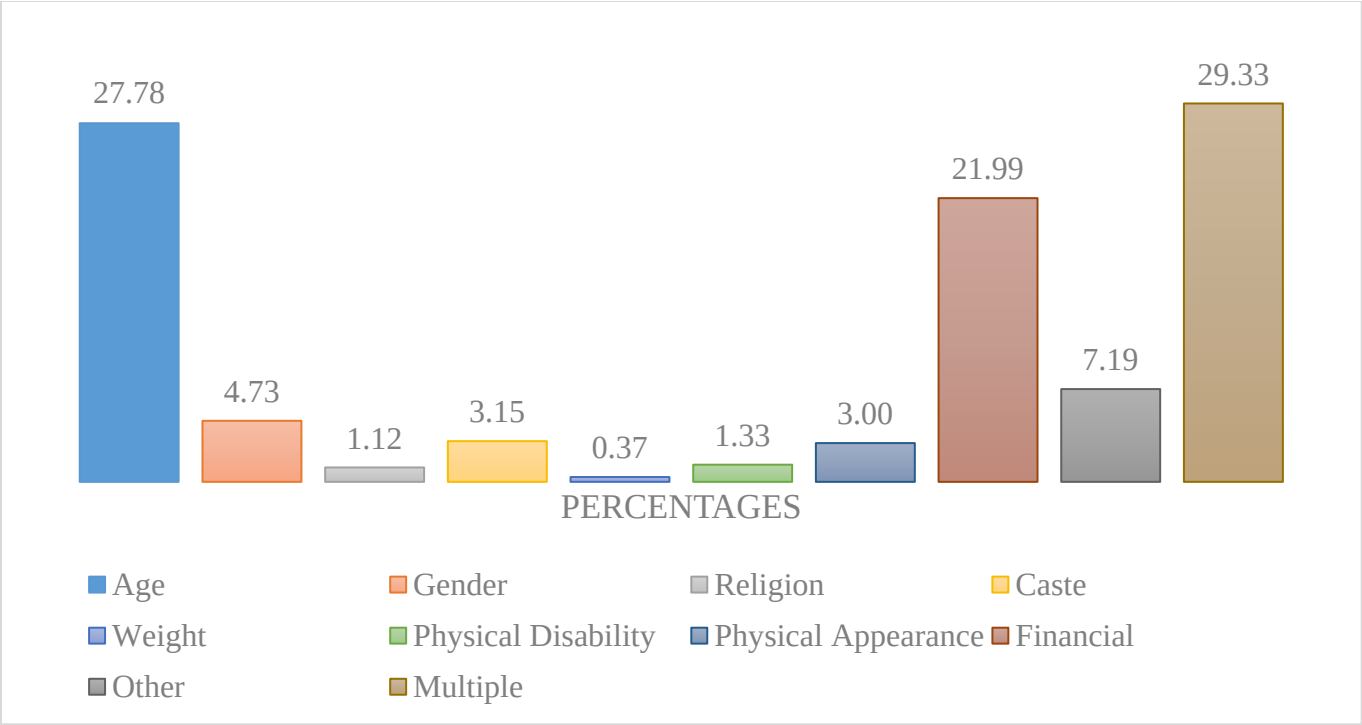
			Reported discrimination	*No discrimination*	
			(N = 6,013; 16.27%)	*(N = 34,227; 80.17%)*	
	Characteristic	**M (SD)**	**N (%)**	**N (%)**	***[a]p-value***
	S/S/D/W	5.99 (2.71)	1647 (18.81)	8044 (81.19)	
	Religious Affiliation				.515
	Other or unaffiliated	5.89 (2.58)	1189 (15.92)	8603 (84.08)	
	Hindu	5.85 (3.01)	4824 (17.08)	25622 (82.92)	
	Caste				.000
	None	5.71 (2.57)	1352 (13.31)	9408 (86.69)	
	SC/T or OBC	5.96 (2.72)	4487 (18.29)	23611 (81.71)	
	Chronic Health Condition				.004
	No	5.81 (2.55)	3133 (15.54)	18146 (84.46)	
Health-Related	Yes (at least one)	5.98 (2.81)	2879 (18.41)	16076 (81.59)	
	Health Insurance				.000
	Coverage	5.70 (2.62)	1160 (14.30)	8110 (85.70)	
	No Coverage	5.93 (2.68)	4835 (17.51)	26011 (82.49)	
	Region				.000
	North	6.15 (4.59)	971 (13.64)	6213 (86.36)	
	Northeast	5.40 (4.63)	349 (10.26)	2886 (89.74)	
	East	5.45 (1.52)	897 (11.66)	7825 (88.34)	
Community-Level	Central	6.41 (2.71)	1441 (25.17)	4218 (74.83)	
	West	5.50 (1.57)	702 (12.55)	5036 (87.45)	
	South	6.08 (2.83)	1653 (20.53)	8049 (79.47)	
	Neighborhood Safety, M (SD)	N/A	6.18 (1.31)	6.64 (1.17)	.000

Note. S/S/D/W = Single/Separated/Divorced/Widowed. M = mean. SD = Standard deviation. N/A = Not applicable. [a]The p-values represent values from the Rao-Scott statistics for the Pearson chi-square test for contingency tables for categorical variables and the

design-based adjusted-Wald test of difference for continuous variables. [b]Some schooling categories include education levels ranging from less than primary (standard 1-4) to professional course/degree (e.g., B. Tech, MS, MBA, MD).

Figure 1.3

Main Reasons for Reporting Everyday Discrimination Among the LASI Sample (Weighted Percentages)



Note. The reported reasons are only for respondents who reported experiencing some discrimination across the final five EDS items.

Structural Equation Models: Correlates of Everyday Discrimination

The full structural model (i.e., Model 3; see table 1.11) with all correlates had an adequate fit to the data [$\chi 2(85) = 352.380$, $p < .001$; CFI = .96; TLI = .95; RMSEA = .01, 90% CI = .01; .01; SRMR = .01]. Significant differences existed in reports of everyday discrimination across correlates at the different ecological levels (i.e., individual, health, and community).

At the individual level, gender, education, and caste were significantly associated with reports of everyday discrimination. Specifically, men reported more everyday discrimination than women. Those with formal education (compared to no formal education) and those not belonging to a caste (vs. those belonging to scheduled castes/tribes or other backward classes) reported less everyday discrimination. Among the health-related factors, those with at least one chronic health condition (vs. those without a chronic health condition) and those with health insurance coverage (vs. those without) reported less everyday discrimination. At the community level, both region and neighborhood safety were associated with reports of everyday discrimination. Specifically, compared to those living in the South, those living in the North and Central parts of India reported more everyday discrimination. In contrast, those in the Northeast, East, and West reported less everyday discrimination than those in the South. Higher levels of neighborhood safety were associated with less everyday discrimination.

Table 1.11

Weighted Standardized Estimates for the Correlates of Everyday Discrimination in the LASI Sample

	Bivariate β [95% CI]	***Model 1*** **Individual-Level** β [95% CI]	***Model 2*** **Health-Related** β [95% CI]	***Model 3*** **Community-Level** β [95% CI]
Individual-Level				
Age (in years)				
20-44	**Ref**	**Ref**	**Ref**	**Ref**
45-64	**.05*** ** [.021, .071]	.01 [-.014, .031]	.00 [-.023, .024]	-.01 [-.031, .016]
65+	**.04** ** [.017, .065]	-.01 [-.049, .021]	-.02 [-.061, .012]	-.03+ [-.067, .002]
Gender				
Women	**Ref**	**Ref**	**Ref**	**Ref**
Men	**.05** ** [.011, .079]	**.07** ** [.026, .114]	**.07** ** [.027, .113]	**.07*** ** [.031, .111]
Education				
No schooling	**Ref**	**Ref**	**Ref**	**Ref**
[a]Some schooling	**-.06*** ** [-.083, -.040]	**-.07*** ** [-.103, -.042]	**-.07*** ** [-.103, -.043]	**-.06*** ** [-.089, -.027]
Employment Status				
Employed	**Ref**	**Ref**	**Ref**	**Ref**
Unemployed	-.02 [-.036, .006]	.01 [-.027, .036]	.00 [-.032, .027]	-.01 [-.039, .017]
Income Quintiles				
Poorest	**Ref**	**Ref**	**Ref**	**Ref**
Poorer	-.01 [-.039, .017]	.00 [-.032, .024]	-.01 [-.033, .022]	.00 [-.030, .026]
Middle	-.02 [-.049, .005]	-.01 [-.038, .017]	-.01 [-.040, .014]	-.01 [-.039, .014]
Richer	**-.03** ** [-.053, -.010]	-.02 [-.037, .007]	-.02 [-.039, .005]	-.02+ [-.043, .001]
Richest	.01 [-.028, .041]	.02 [-.010, .058]	.02 [-.014, .053]	.01 [-.021, .042]
Marital Status				
S/S/D/W	**Ref**	**Ref**	**Ref**	**Ref**
Married/Cohabitating	**-.02*** [-.045, -.001]	**-.03*** [-.053, -.005]	**-.03*** [-.051, -.004]	-.02+ [-.045, .000]
Religious Affiliation				
[b]Other or Unaffiliated	**Ref**	**Ref**	**Ref**	**Ref**
Hindu	.01 [-.024, .041]	.01 [-.015, .040]	.02 [-.012, .041]	.01 [-.015, .037]

	Bivariate **β [95% CI]**	***Model 1*** **Individual-Level** **β [95% CI]**	***Model 2*** **Health-Related** **β [95% CI]**	***Model 3*** **Community-Level** **β [95% CI]**
Caste				
SC/T or OBC	**Ref**	**Ref**	**Ref**	**Ref**
None	**-.04***** [-.061, -.025]	**-.03**** [-.048, -.012]	**-.03***** [-.052, -.015]	**-.02*** [-.039, -.007]
Health-Related				
Chronic Health Condition				
Yes (at least one)	**Ref**		**Ref**	**Ref**
No	**-.03**** [-.057, -.009]		**-.04***** [-.061, -.018]	**-.05***** [-.067, -.026]
Health Insurance				
No Coverage	**Ref**		**Ref**	**Ref**
Coverage	**-.04***** [-.052, -.019]		**-.04***** [-.054, -.021]	**-.03*** [-.042, -.007]
Community-Level				
Region				
South	**Ref**			**Ref**
North	.02 [-.016, .048]			**.03*** [.003, .064]
Northeast	**-.03***** [-.034, -.018]			**-.02***** [-.031, -.014]
East	**-.11***** [-.139, -.075]			**-.09***** [-.117, -.061]
Central	**.05*** [.011, .080]			**.06***** [.027, .092]
West	**-.08***** [-.112, -.052]			**-.07***** [-.096, -.044]
Neighborhood Safety	**-.11***** [-.143, -.081]			**-.12***** [-.144, -.087]
R-Squared		1.1%**	1.3%**	4.6%***

Note. [a]Some schooling categories include education levels ranging from less than primary (standard 1-4) to professional course/degree (e.g., B. Tech, MS, MBA, MD). [b]The other category includes those identifying with any of the following religions: Muslim, Christian, Sikh, Buddhist/Neo-Buddhist, Jain, Jewish, Parsi/Zoroastrian, or other, and those not affiliated with religious groups. S/S/D/W = Single/Separated/Divorced/Widowed; SC/T or OBC = scheduled caste/tribe or other backward classes. SE = standard error. CI = confidence interval. +p <.10 *p < .05; **p < .01; ***p < .001.

Discussion

Studies 1A and 1B examined the dimensionality, prevalence, and correlates of everyday discrimination among Asian Indian adults in the US (MASALA sample) and India (LASI sample), respectively. To my knowledge, this is the first study to examine the dimensionality of the EDS and its correlates among Asian Indian samples across the US and Indian context.

EDS Dimensionality in the US (MASALA) and Indian (LASI) Sample

Consistent with its original form (Williams et al., 1997) and previous research with US-based diverse samples, including Asian Americans (Bastos et al., 2010; Kim et al., 2014; Lewis et al., 2012; Reeve et al., 2011), and limited research on psychometric properties of the EDS with samples outside of the US (Googhary et al., 2020), the EDS items mapped onto a unidimensional construct for the MASALA and LASI sample. The findings from the MASALA study align with other US-based studies assessing the psychometric properties of the EDS, which suggest that the EDS is largely consistent across different racial/ethnic groups (Harnois et al., 2019; Stucky et al., 2011). Similarly, the EDS has been found to have high reliability/consistency in India-based samples (e.g., Khubchandani et al., 2018). Moreover, the five-item version of the EDS, containing the same finalized items as studies 1A and 1B, has previously demonstrated moderate internal consistency (i.e., Cronbach's alpha ≥ .77; Luo et al., 2012; Sternthal et al., 2011). The Cronbach's alphas for the two current studies were ≥ .72.

The factor loadings indicate unequal contributions to the underlying construct in US and Indian contexts. For instance, compared to factor loadings across items (MASALA range = .48-.75; LASI range = .65-.78), in both the MASALA and LASI study, the "afraid of you" item had a relatively low factor loading (.48 and .65, respectively). This suggests that this item does not equally represent the underlying latent construct in either the US or Indian context. The low

means for this item in the MASALA and LASI study also suggests low endorsement. While conceptually relevant, this item may be contextually dependent instead of daily reality. For instance, Asian Indians with stigmatized features and attire, such as beards and turbans, may be viewed as terrorists and a threat (i.e., "feared") in particular contexts like the airport (Ahluwalia & Pellettiere, 2010; Chandrasekhar, 2003). In an online survey of American adults, respondents associated a turban and beard with "Osama bin Laden" and Muslims. Some respondents also indicated that they would feel angry or apprehensive in the presence of someone with these stigmatized features (Stanford Peace Innovation Lab, 2013).

In the Indian context, "fear" seems to manifest not as a threat to individual safety but to the social order, eliciting negative attitudes and emotions towards oppressed groups. For instance, the social progress of oppressed castes (e.g., Dalits) in some domains (e.g., education, employment, inter-caste marriage) is viewed as a threat to the existing social structure by some members of dominant castes (Chowdhry, 2009). Some dominant caste individuals resent their children being taught by Dalit teachers and express disgust at interacting with Dalit superiors in the workplace (Chowdhry, 2009). According to the stereotype content model (Fiske, 2012), compared to in-group members who may be categorized with positive characteristics, such as competent and warm, out-group members, especially members of low-status groups, may be stereotyped as incompetent and cold, evoking negative emotions such as contempt and disgust. These stereotypes are consistently documented in the US (Fiske, 2012, 2018). Moreover, perceived social mobility or improved structural status of marginalized group members can heighten vigilance, eliciting threat among members of privileged groups (Manstead, 2018). There is research documenting that highly educated individuals express more prejudiced attitudes towards highly educated immigrant groups (Kuppens et al., 2018). Similarly,

individuals in counter-stereotypical positions (e.g., high SES Latinos) who defy societal norms may trigger a sense of threat (i.e., higher cardiovascular reactivity) among members of the dominant (White) group (Mendes et al., 2007). Thus, in the Indian context, members of lower castes may be perceived as less warm/competent even when they may surpass members of upper castes in abilities, in which case they may be viewed as competition, evoking negative attitudes and emotions (e.g., threat, fear, disgust), perpetuating existing inequalities. Hence, the "afraid of you" item in the EDS may not be tapping into daily instances of unfair treatment. Instead, it may reflect perceived changes in social structures manifesting as threats.

Nonetheless, the findings suggest that a shortened version of the EDS effectively captures routine unfair experiences among Asian Indians in the US and India. Thus, a five-item version of the EDS may be a cost-effective solution for assessing everyday discrimination experiences in population-based epidemiological studies.

Correlates of Everyday Discrimination

Everyday discrimination was socially patterned across individual-, health-, community-, and cultural characteristics.

Individual-Level. In the MASALA (US) study, age and employment status were the only significant individual-level factors associated with everyday discrimination. Gender, education, household income, marital status, and religious affiliation did not correlate significantly with everyday discrimination.

In the LASI (India) study, gender, education, and caste were significant individual-level correlates associated with everyday discrimination. Age, employment status, income quintiles, marital status, and religious affiliation did not correlate significantly with everyday discrimination.

Age. As hypothesized and consistent with the previous studies (Arellano-Morales et al., 2015; Kessler et al., 1999; Misra & Hunte, 2016; Pérez et al., 2008), compared to younger individuals (i.e., 40-44), older individuals (i.e., 65 or older) reported lower levels of discrimination in the MASALA study. Reduced social participation, community engagement, and social networks may explain these findings. Older adults are less likely to explore open public spaces and have outside social engagements than younger adults (Askari et al., 2015). A longitudinal study of older Chinese adults found that as individuals aged, the size of their social networks decreased and became more family-focused (Li & Zhang, 2015). Reduced social engagement due to age-related functional impairments and collectivist values, marked by interdependence between younger and older family members (Chadda & Deb, 2013), may decrease experiences of everyday discrimination among older Asian Indian adults.

Contrary to expectation, age was only marginally (p = .07) associated with everyday discrimination in the LASI sample; older adults (65+) reported less everyday discrimination than younger adults (20-44). The direction of this finding appears consistent with some US-based studies after accounting for other sociodemographic factors. At the univariate level, a slightly higher proportion of older adults reported everyday discrimination than younger adults. At the bivariate level, study findings were consistent with the hypothesized direction, such that older adults were significantly more likely to report discrimination than their younger counterparts. However, it is possible that the inclusion of sociodemographic characteristics accounted, at least partially, for the shared variation initially attributed to age. For instance, older adults living alone, unmarried/widowed, without formal education, currently unemployed, and in the poorest quintiles have been shown to report more age-based discrimination in a LASI study (Maurya et al., 2022). Another study employing the LASI sample also found that older adults report higher

rates of discrimination and indicate age as the main reason for their experiences (Pengpid & Peltzer, 2022). However, methodological differences exist between this and other LASI studies regarding the operationalization of age and discrimination. Specifically, other LASI studies (Maurya et al., 2022; Pengpid & Peltzer, 2022) use different subsamples of adults (e.g., middle-aged [45+] or older [60+]) and cut-offs for frequency of discrimination (yes/no dichotomies or categories of none, moderate or high), which may contribute to differences in findings observed in the current and other studies using the LASI data.

Gender. Gender differences in reports of discrimination were only observed in the LASI sample. However, contrary to expectations, men reported more everyday discrimination than women. Hegemonic masculinity may explain this finding. For instance, despite experiencing societal privileges (e.g., education and employment opportunities, rights to parental inheritance), Indian men also face familial and societal pressures to conform to gender-based responsibilities and role expectations (e.g., to provide financially for their family; Evans et al., 2022), non-conformity which may heighten perceptions of discrimination. For instance, in a phenomenological study of gender inequality in India, men noted that *"From the childhood they [boys] are told that you can't cry,"* and *"If a man loves cooking and wants to be a chef, people say what is with you! Are you a woman or what!"* (Siddiqi, 2021, p. 3). "Financial" was also one of the main reasons for reporting everyday discrimination in the LASI sample. Men not conforming to expected gender roles (e.g., economically successful) may be seen as less desirable marriage partners, resulting in more perceived disrespect. In the same phenomenological study, a participant also noted: *"Even for marriage, guys are selected on the basis of their salary. Nothing else matters…"* (Siddiqi, 2021, p. 3). Evidence from matrimonial profiles (Dugar et al., 2012; Rajadesingan et al., 2019) and ethnographic work (Chaudhry, 2018)

corroborate that men with higher socioeconomic profiles are more desirable marriage partners. There is also evidence to suggest that compared to those without economic stress, economically stressed men (i.e., those with less wealth and lower levels of education) were more likely to hold rigid masculine beliefs (Nanda et al., 2013). This evidence, coupled with historical and contemporary trends, such as the "marriage squeeze" due to an imbalanced sex ratio (Tong, 2022), may increase insecurities as men fail to fulfill their expected gender roles (Basu & Kumar, 2022; Mishra, 2018). Thus, it is possible these men may be treated with disrespect across domains in their daily lives.

Conversely, Indian women may have underreported their experiences of discrimination. In a study of women from lower castes living in rural Western India, they were more likely to accept discrimination as a "fact of life" (vs. doing something about it) and to not share their experiences of unfair treatment with others (Khubchandani et al., 2018). The authors argue that learned helplessness and negative attributes, may explain their findings, whereby women are likely to perceive a lack of control and agency over their circumstances and believe their actions are unlikely to improve the situation. Thus, it is possible that men were more willing to vocalize their experiences with discrimination than women in the LASI sample.

Contrary to LASI and the hypothesis but consistent with some literature on Asian Americans (Okazaki et al., 2022), gender was not a significant correlate of everyday discrimination in the MASALA study. Unlike in India, where other factors (e.g., gender norms, education, income) may account for men reporting more discrimination, in the US, both Asian Indian men and women are racialized, which may create common external perceptions of unfair treatment. For instance, in one qualitative study of first-generation Asian Indians, both men and women reported experiencing similar forms of race-based discrimination, such as incidents of

racial profiling at airports, waiting for extended periods at restaurants, being told to go back to their country, and mispronouncing names (Inman et al., 2015). Similarly, Kwate et al. (2015) found little to no gender differences in quantitative and qualitative experiences of racism among African Americans. The authors advocate for including measures capturing racialized experiences of discrimination at the intersection of social identities to safeguard against perpetuating stereotypes of a disproportionate burden on certain groups.

Education. As expected and consistent with other studies (Maurya et al., 2022), those with some schooling reported less everyday discrimination than those without formal schooling in the LASI sample. Those without (vs. with) formal education are more susceptible to abuse, including disrespect and neglect (Skirbekk & James, 2014). For example, in qualitative interviews of individuals from lower castes about their experiences in accessing health services, those without formal education reported being ignored or castigated for their perceived incompetence or inability to understand health information (Sarma, 2022; Verma & Acharya, 2018). In contrast, in a study examining experiences of caste-based stigma in the workplace, those who obtained education through reservation policies reported feeling empowered and experiencing other psychological and social benefits (Bhanot & Verma, 2020). Participants noted: *"This has helped us to raise the bar of our living standards, we have been able to build our own house, can now fulfill our needs and desires more easily…."* and *"We feel as if we are worthy now."* (Bhanot & Verma, 2020, p. 1427).

Contrary to LASI and expectation, there were no significant differences in perceptions of discrimination by education in the MASALA sample. However, these findings are consistent with some existing literature (Arellano-Morales et al., 2015; Kessler et al., 1999). Further, the MASALA sample was born and likely educated in India. Asian Indian immigrants are more

highly educated compared to US-born Asian Indians, all Asian Americans, and the general US population (Budiman, 2021; Desilver, 2014). They are also more likely to come to the US on an H1-B visa to work in occupations requiring a high level of education (a bachelor's degree or higher; Ruiz, 2017). Some evidence suggests that the level and place of education contribute to perceptions of discrimination. Compared to US-educated Asian American adults, the foreign-educated report less everyday discrimination. Similarly, in a national survey of Asian Indians, the majority of foreign-born (59%), many of whom were also foreign-educated, were likely to report never experiencing discrimination (Badrinathan, Kapur, Vaishnav, et al., 2021). Additionally, education may influence perceived social status. A higher perceived social status than one's community was associated with less perceived discrimination among Latinxs (Dawson et al., 2023). In a PEW survey of Asian Americans, highly educated and those who believed they had achieved the American dream were more likely to have a positive perception of the model minority stereotype (Ruiz et al., 2023). Both place and level of education relative to one's community may need to be considered to detect potential differences in perceived discrimination.

Moreover, qualitative research with South Asians also suggests that academic achievements are not equally valued within their community. For instance, a bachelor's in a STEM field is regarded higher than a doctorate in the humanities or social sciences, partly because of the lower perceived career and economic trajectories associated with non-STEM degrees (Shams, 2020). Qualitative work also suggests that STEM fields may be strategically pursued to ensure success as these fields are dominated by similar others, which may have implications for group dynamics. For example, *"There is no scope for us to succeed in fields other than hard sciences. It's easier because these fields are dominated by foreign students. So,*

we have an advantage. Amader ke keu nibe na [Nobody will accept us]. They [Americans] will never take us as one of their own. We will never be a part of this country." (Shams, 2020, p. 661). Thus, a higher representation of Asian Indians in specific fields could enhance their sense of belonging and minimize competition with other racial/ethnic groups, ultimately reducing perceptions of discrimination. Thus, considering the subjective matter of study and the representation of Asian Indians in an education field may provide additional insights into their experiences of inter- and intragroup discrimination.

Employment Status. As hypothesized and consistent with previous studies (Arellano-Morales et al., 2015; Zhang & Hong, 2013), unemployed (vs. employed) individuals reported less everyday discrimination in the MASALA study. Most participants in the MASALA sample were employed, which is consistent with the national trend for this population (Budiman, 2021). Employed individuals are susceptible to discrimination in workplace contexts. For instance, Asian Indians are well-represented in workplaces with frequent interracial and intergroup interactions, including as taxicab drivers, business owners (Gupta, 2006), and tech sector workers (Pariyar et al., 2022). Racialized characteristics may also increase Asian Indian's exposure to workplace discrimination. Qualitative evidence suggests that Asian Indians experience workplace discrimination, including placement in non-customer-facing positions and denial of promotions, partially due to their accents, traditional attire, and foreign-based education (Bhatia, 2007; Devadoss, 2020; Inman et al., 2015).

In the Indian context, contrary to the hypothesis, employment was not a significant correlate of everyday discrimination. This finding is also inconsistent with a LASI-based study finding that unemployed (vs. employed) adults reported more discrimination (Maurya et al., 2022). Methodological differences may explain this null finding, which departs from other LASI

studies. For example, the LASI-based study that evaluated the association between employment and perceptions of discrimination showed that unemployed individuals were more likely to report discrimination than their employed counterparts. However, this study had an older subsample of participants (60 years and older) and measured age-based discrimination. Thus, it is possible that the associations between employment status and perceptions of discrimination could be age- and measure-specific.

Another explanation for null findings may be that some segments of the Indian population are vulnerable to experiencing discrimination across society regardless of their employment status. For instance, Indian women are marginalized across societal domains, including disrespect in the workplace and devaluation of work in the home (Siddiqi, 2021). However, women are also more likely to accept discrimination as a way of life and underreport their experiences of unfair treatment (Khubchandani et al., 2018). Thus, workplace discrimination experiences may be unacknowledged or underreported by those experiencing prolonged exposure to unfair treatment across life domains. Another potential explanation for these null findings may be that perceptions of discrimination may be more closely associated with type of occupation instead of employment status. There is some evidence that members from historically socioeconomically disadvantaged groups experience religion- and caste-based discrimination in private organizations than in public sector jobs (e.g., civil services; Axmann et al., 2016; Madheswaran & Attewell, 2007). Thus, the type of job may need to be considered to detect potential differences.

Household Income. Contrary to expectations, household income was only marginally associated with everyday discrimination in the US and India. The findings trended in the expected direction with those with higher household incomes reporting less everyday

discrimination. Specifically, those making $200K or more (vs. less than $50K) in the MASALA sample and those in the "richer" (vs. poorest) category in the LASI sample reported less everyday discrimination. In US-based studies, there is mixed evidence for the effects of income on perceived discrimination across racial groups, perhaps partly due to variations in the operationalization and distribution of income across studies. Income inequality has been steadily increasing among Asian Americans and is currently the highest of any other ethnic group (Kochhar & Cilluffo, 2018). Individuals high in SES may be shielded against some experiences of unfair treatment and daily indignities experienced by their low SES counterparts (Kim et al., 2014; Stucky et al., 2011). For example, in a recent PEW survey of Asian American adults, compared to those with high household incomes, those with a household income of 30K or lower reported more race-based police profiling (Ruiz et al., 2023). Since this survey assessed race-based profiling, the findings may be due to differences in the measurement of discrimination. Moreover, socioeconomically disadvantaged Asian Indian individuals may also face social class- or career-based intragroup discrimination as individuals fail to conform to their "model minority" stereotype of being in high-earning professions (Mahalingam, 2006). In the Indian context, findings from qualitative research with men from scheduled castes/tribes suggests that economic empowerment confers societal and familial respect, highlighted by a participant who noted, *"…the family members also respect us who used to consider us incapable and unworthy."* (Bhanot & Verma, 2020, p. 1427). Findings from quantitative research show that compared to their wealthier counterparts, less wealthy older adults are more likely to experiences discrimination (discourtesy, seen as less clever, harassment) across contexts (e.g., service and medical; Rippon et al., 2014).

Moreover, in the US and Indian context, the null findings could be due to differences in

the type of discrimination assessed (e.g., caste- or age-based, police racial profiling) and how income was measured (e.g., quintiles, subjective socioeconomic status, socioeconomic class [education level, husband's occupation, and household income]; Khubchandani et al., 2018; Maurya et al., 2022; Pengpid & Peltzer, 2021; Ruiz et al., 2023). For example, studies using the LASI data find that when income was categorized as 'low' or 'high', being in the 'low' income category was associated with more perceived discrimination (Maurya et al., 2022; Pengpid & Peltzer, 2021). Binary operationalization of income as high or low suggests that in places with high levels of economic inequalities, it may be easier to distinguish between rich and poor (have and the have-nots) than distinguishing across a spectrum of income distribution.

Marital Status. Contrary to expectations and previous studies (Kessler et al., 1999; Pérez et al., 2008), marital status was unassociated with everyday discrimination in the MASALA sample and only marginally associated in the LASI sample. Existing studies that document significant associations between marital status and perceived discrimination often separate single/never-married individuals from previously married individuals, including separated, divorced, and widowed. Compared to the general population, Asian Americans, including Asian Indians, are more likely to be married (Budiman, 2021; Horowitz et al., 2019). This trend is also mirrored in the MASALA sample, making analyzing differences among marital categories challenging. For Asian Indians, a "successful" marriage is one of the top priorities (PEW, 2012). Similarly, marriage is an important and sacred social institution in India that maintains traditional values and social hierarchy (Anand & Aggarwal, 2018; Dommaraju, 2016; I. Sharma et al., 2013). A LASI study found that unmarried and widowed older adults experienced more age-based discrimination than their married counterparts (Maurya et al., 2022). Thus, unmarried/single (Hickey, 2017), divorced (Abraham, 2000), and widowed (Kadoya & Yin,

2015) individuals are likely to face stigma within the Asian Indian community, including in India (Dommaraju, 2016). (Khan & Hamid, 2021; Mohindra et al., 2012). Given the importance of marriage in Indian society, those fulfilling this social obligation may be spared social rejection and stigma faced by their unmarried, separated/divorced, and widowed counterparts. However, collapsing across these categories in the current study may have overlooked differences in reported discrimination observed in other studies. Moreover, there is evidence to suggest that Asian Indians in love (vs. arranged) marriages (Cardona et al., 2019) as well as interracial and interreligious marriages, also face discrimination within the community (Inman et al., 2011). Thus, the type of marriage may also need to be considered to detect potential differences in reports of discrimination among this population.

Religious Affiliation. Contrary to the hypotheses, religious affiliation was not associated with everyday discrimination in the MASALA or LASI sample. In the MASALA sample, those identifying as Hindu/Muslim/Sikh did not differ on reported discrimination from other religious groups (e.g., Buddhist/Jain/multiple). Specific segments of the Asian Indian population are at an increased risk for exposure to discrimination, such as Muslims and Sikhs (Ruiz et al., 2023), potentially due to faith articles, such as turbans and beards (Ahluwalia & Pellettiere, 2010; Finn, 2011). Sikh Americans who wear turbans and headscarves, compared to those who do not, also report more discrimination (Nadimpalli, Cleland, et al., 2016). However, qualitative evidence suggests that individuals may cut their long hair and beards to assimilate and avoid victimization (Ahluwalia & Pellettiere, 2010; Devgan, 2022; Ruiz et al., 2022). The following from a qualitative interview emphasizes how stigmatized and racialized religious markers can heighten racialized experiences: *". . . I think the reason that I was targeted was not because I was Muslim but because I was visibly Muslim (I wear hijab)."* (Abu-Raiya et al., 2011, p. 12). In the

MASALA sample, members of historically stigmatized religious groups (Hindu, Muslim, Sikh) may not have possessed visible markers that would have resulted in discrimination.

In the LASI sample, those affiliated with Hindu vs. non-Hindu religious groups also did not differ on reports of discrimination. Religious segregation may explain this null finding. For instance, according to a PEW report, the public and private lives of members of religious groups are largely segregated. Individuals live, marry, and befriend within their religious communities (Sahgal et al., 2021). Sikhs, who are primarily concentrated in Punjab, a North Indian State, report low levels of personal and community discrimination (18% and 14%, respectively; Sahgal et al., 2021). This suggests that less exposure to outgroup members of different faith communities may lessen perceptions of discrimination. Moreover, methodological differences (e.g., operationalization of religious categories and discrimination type) may also explain this null finding. For instance, in a LASI study, those affiliated with non-Hindu religious groups (categorized into Muslim and others) had lower odds of reporting age-based discrimination compared to those affiliated with Hinduism (Maurya et al., 2022). These findings may be further intertwined with caste. For instance, individuals from lower castes affiliated with Hinduism are more likely to report discrimination than their high-caste counterparts (Sahgal et al., 2021). Caste and religion may have to be considered together as well as other factors, such as exposure to other religious communities, to detect potential differences.

Caste. As hypothesized and consistent with previous studies (Khubchandani et al., 2018; Maurya et al., 2022; Pengpid & Peltzer, 2021), those identifying with lower castes (i.e., scheduled castes, scheduled tribes, or other backward classes) reported more everyday discrimination than those not identifying with a caste category in the LASI sample. More frequent discrimination exposure is reported by lower caste individuals than their higher caste

counterparts, even after adjusting for socioeconomic status (Khubchandani et al., 2018). Individuals from lower castes experience different forms of social exclusion and unfair treatment in private and public life across various sectors of society. For instance, they are barred from attending social/religious events, entering high-caste households, sitting near or in the presence of, sharing food/water, and having intimate relationships with higher-caste individuals as they are viewed as polluting/dirty (Bhoi & Gorringe, 2023; Polit, 2005). They also experience daily indignities, such as name-calling, threats of violence, and being viewed as impure/unclean (Bhoi & Gorringe, 2023). Thus, caste-based oppression may have resulted in a greater frequency of everyday discrimination among individuals from lower castes.

Health-Related. Both health-related measures (i.e., chronic condition and health insurance) were associated with reports of discrimination in the MASALA and LASI sample.

Chronic Health Conditions. As expected and consistent with existing literature (Maurya et al., 2022; Misra & Hunte, 2016; Pengpid & Peltzer, 2021), those without a chronic health condition (vs. with at least one chronic health condition) reported less everyday discrimination in both the MASALA and LASI samples. Research suggests that reporting the presence of a health condition, including mental and neurodevelopment disorders, is associated with more unfair treatment across contexts, such as the workplace, education and housing (Branco et al., 2019; Corrigan et al., 2003; Dirth & Branscombe, 2018). For example, individuals with chronic health conditions or disabilities may anticipate stigma and discrimination while requesting workplace accommodations, opting instead to forgo the accommodations to preserve their dignity and protect against any potential backlash (e.g., being fired; Dirth & Branscombe, 2018). Furthermore, social stigma may engender negative emotions and diminish self-esteem (Crocker & Major, 1989), which can shape schemas, including perceptions of discrimination (Brondolo,

Blair, et al., 2017; Dirth & Branscombe, 2018; Pascoe & Richman, 2009). A systematic review of qualitative and quantitative studies of mental-health-related stigma suggests that individuals with mental health conditions may anticipate, experience, internalize, and perceive stigma (e.g., labeling, ridicule, negative social judgments, or exclusion), including while accessing healthcare (Clement et al., 2015).

Similarly, in India, persons with health conditions, including disabilities (Janardhana et al., 2015), dermatologic disorders (e.g., vitiligo; Chaturvedi et al., 2005), and chronic comorbidities (e.g., cardiovascular disease, cognitive impairments; Sathya et al., 2022), experience stigma and unfair treatment. Those with chronic conditions may face social rejection, including by family members, and exclusion from public places and events (Chaturvedi et al., 2005; Janardhana et al., 2015). These persons experience verbal abuse (e.g., insulted, called names) and are treated as worthless or a burden (Chandanshive et al., 2022). Individuals with non-communicable diseases (e.g., cancer) are treated as contagious and, therefore, kept socially isolated and blamed for their ailment (e.g., viewed as cursed or being punished for wrongdoing in the past or present life; Nyblade et al., 2017). Familial and societal mistreatment may have resulted in those with a chronic health condition being more likely to report more everyday discrimination than individuals not reporting any chronic health condition.

Health Insurance. As hypothesized, health insurance was associated with reports of everyday discrimination in the MASALA and LASI samples, albeit differently. As hypothesized, compared to those without, those with health insurance reported less everyday discrimination in the LASI sample. In India, uninsured patients often face structural barriers, such as doctors refusing to treat them until they obtain government-based insurance and bureaucracy in obtaining insurance cards (RamPrakash & Lingam, 2021). However, having access to health insurance

coverage may be a function of SES. Socioeconomically disadvantaged groups in India are less likely to have access to healthcare, including via government-based health insurance schemes. Lack of awareness of government health insurance programs, eligibility, access to hospitals/clinics, and illiteracy have been identified as barriers resulting in social exclusion from enrolling in health insurance programs (Thakur, 2016). Compared to insured patients, the uninsured face additional barriers in healthcare settings, including longer wait times and extra fees, and are less likely to receive treatment (Devadasan et al., 2011). Moreover, compared to insured patients, uninsured patients report being less satisfied with their care, partly due to rude interactions with medical staff (Devadasan et al., 2011). Perceived barriers to accessing care and poor healthcare quality may have explained why the uninsured were more likely to report discrimination than the insured.

In the MASALA sample, health insurance was associated with reports of everyday discrimination, albeit in the opposite manner. Compared to those without health insurance, those with health insurance (private or government-sponsored) reported more everyday discrimination. This finding is consistent with the literature documenting that health insurance coverage, regardless of type (e.g., private, employment-, or government-based), is associated with more reported healthcare discrimination (Han et al., 2015; Mays et al., 2017). Members of racially minoritized groups, including Asian Americans, report more race- and language-based unfair treatment and disrespect from healthcare providers than their White counterparts (Blanchard & Lurie, 2004). Asian immigrants also report receiving poor quality healthcare and lack of access to translation services (Quach et al., 2012). Thus, institutional barriers and poor-quality medical care may contribute to greater perceptions of discrimination among those with health insurance coverage.

Community Level. The region of residence and neighborhood safety were significant correlates of everyday discrimination in the LASI sample. Neighborhood cohesion, but not study site, was a significant correlate of everyday discrimination in the MASALA sample.

Region/Study Site. Consistent with previous India-based studies (Maurya et al., 2022; Singh & Shri, 2023), there were regional differences in perceived discrimination in the LASI sample. Respondents residing in the Northeast, Eastern, and Western regions reported less discrimination, and those in the Northern and Central regions reported more everyday discrimination compared to respondents who resided in the Southern part of India. These findings are consistent with a PEW report documenting varied perceptions of religion- and caste-based discrimination across regions in India (Sahgal et al., 2021). Specifically, Sikhs, the majority of whom live in the Northern Indian state of Punjab, reported discrimination against their community. Sikhs and Muslims in Northern and Central India also reported personal experiences of recent discrimination (Sahgal et al., 2021). Communal tensions may have heightened perceptions of discrimination in this region. For instance, the PEW survey also found that Hindus in the North and Central regions endorse more Hindu nationalist attitudes (e.g., anti-beef consumption, pro-BJP, unlikely to accept non-Hindu neighbors, and consider practicing Hinduism and speaking Hindi essential to being "truly Indian"), favor religious segregation, and oppose inter-caste marriages. Thus, individuals in North and Central regions may have been exposed to more discrimination from Hindu nationalists.

Caste and residential segregation may also explain the findings in other regions. For instance, compared to Southern states, LASI respondents from scheduled tribes were more likely to live in states in the East (e.g., Jharkhand) and West (e.g., Gujarat, Goa; Arokiasamy et al., 2020). The Eastern state of Orissa has the largest scheduled tribe population (Ambagudia, 2011).

Although they are one of the most discriminated groups in India, members of scheduled tribes are also less integrated into mainstream Indian society (Ambagudia, 2011) and, therefore, may be less likely to report everyday instances of discrimination. In a PEW survey, most individuals (74% or more) from scheduled tribes did not report personal or group-based discrimination (Sahgal et al., 2021). In the same report, compared to other regions of the country, Indians from East and West were also most likely to say they had not personally experienced discrimination in the past year (Sahgal et al., 2021).

Compared to the South, those residing in the Northeast also reported more discrimination. Northeast Indians face racial discrimination based on their phenotypic characteristics and perceived cultural differences on the mainland (E P et al., 2022). For instance, one study examining the "othering" experiences of individuals from Northeastern States (e.g., Assam, Nagaland, and Arunachal Pradesh) residing in New Delhi (India's capital located in the North) during COVID-19 found that individuals were socially excluded, called names, stigmatized and bullied. One participant stated: *"People treat us as foreigners—basically Chinese origin…Many feel that we do not have anything of Indian origin—looks, language, and culture."* (E P et al., 2022, p. 909). Individuals were also shunned or stigmatized due to their physical features, potentially mistaken for being East Asian. The following highlighted this: *"People called and shouted at me as Corona Virus when I went shopping. Even taxi drivers refused to pick me up."* (E P et al., 2022, p. 909). However, those remaining in the Northeast (i.e., not traveling to and interacting with mainland India) may be insulated from experiences of othering, stereotyping, and discrimination (BBC, 2018; E P et al., 2022). Thus, perceptions of discrimination may be driven by variations in caste and level of integration/segregation across regions in India.

Although it was hypothesized that those living in the greater San Francisco Bay Area (vs.

Chicago) would report more everyday discrimination in the MASLA sample, the study site (San Francisco or Chicago), a proxy for the respondent's region, was not statistically significantly associated with everyday discrimination. There is a large concentration of Asian Indians in Chicago and the Bay Area (SAALT, 2019). Asian Indians account for 16% of Asians in the Bay Area and are the second-largest Asian ethnic group in that region (Bay Area Equity Atlas, 2022). They are also the largest South Asian subgroup in Illinois and are primarily concentrated in Chicago (SAAPRI, 2013). Some research suggests that reports of discrimination are higher in communities with more racial/ethnic diversity (Goto et al., 2002). For instance, Sikh Americans, who have significant concentrations in California and Illinois, report similar levels of faith-based mistreatment. For instance, in one report, 60% of Sikhs in the West and 55% in the Midwest reported identity-based bullying and harassment, while 61% in the West and 57% in the Midwest reported turban-based discrimination (SALDEF, 2020). It appears that Asian Indians, a numerical minority in a racialized society, living in majority White communities may share experiences of discrimination.

Neighborhood Safety/Social Cohesion. As hypothesized and consistent with existing literature (Giurgescu et al., 2012), higher neighborhood safety was associated with lower reported everyday discrimination in the LASI sample. Scholars argue that greater perceived collective efficacy to maintain social order shapes perceptions of safety (Sampson & Raudenbush, 1999). For instance, residents who feel that their neighbors will intervene to prevent social disorder, such as public harassment, loitering, and drug use, may perceive more social cohesion and trust among residents, mitigating fears of crime and increasing a sense of safety (Sampson & Raudenbush, 1999). In turn, an increased sense of safety may reduce social threat and vigilance (Forrest & Kearns, 2001; Hailu et al., 2022), decreasing perceptions of

discrimination.

Similarly, as expected and consistent with the literature (Ayalon, 2023; Tran, 2015), higher perceived neighborhood cohesion was linked to lower reported everyday discrimination in the MASALA sample. Cognitive and social processes linking perceived neighborhood cohesion and well-being may explain this finding. For instance, neighborhood social cohesion is a subjective indicator of how individuals feel a "sense of community" (i.e., engage in reciprocity and feel inclined to reside in the community; Buckner, 1988). Neighborhoods with higher social cohesion may foster a sense of belonging, shared values, and safety. Social connectedness may reduce intergroup conflict and perceived social threats (Forrest & Kearns, 2001; Hailu et al., 2022).

Cultural Level. The percentage of life lived in the US was the only significant culture-related measure associated with everyday discrimination. Enculturation measures were not statistically significant correlates of everyday discrimination.

Acculturation Proxy. Compared to those living in the US for 0-40%, those living in the US for 41-60% reported more everyday discrimination, and the association for the 61-100% category was marginal. The marginal effect may be due to a reduction in power to detect a difference as fewer people were in the 61-100% vs. 0-40% category. There is also some qualitative evidence that suggests that Asian Indians may become resigned to discrimination over time, as highlighted by the following: *"There is only so much you can do about it…You live with it, that's it."* (Inman et al., 2015, p. 232). Thus, perhaps longer time spent in the US resulted in individuals becoming used to unfair treatment, resulting in underreporting of discrimination.

However, in general, the findings are consistent with previous studies documenting that more time spent in the US is associated with more reported discrimination across racially

minoritized groups (Arellano-Morales et al., 2015; Brondolo et al., 2015; Pérez et al., 2008; Yoo et al., 2009). In a recent national survey of Asian adults, those who spent more time in the US (i.e., two decades) reported more discrimination (i.e., called offensive names) compared to those reporting less time spent in the US (i.e., fewer than 10 years). Research suggests that aspects of the acculturation process, including increased cross-racial/cultural interactions, increase the likelihood of individuals experiencing negative racialized experiences and stereotypes (Brondolo et al., 2015; Nikalje & Çiftçi, 2023; Viruell-Fuentes, 2011). Thus, those who have spent more time in the US may be more readily able to recognize instances of unfair treatment.

Enculturation Proxies. Greater psychological enculturation was marginally associated with everyday discrimination. Psychological enculturation is considered a proxy for ethnic/cultural identity (Kim & Alamilla, 2017). The majority of Indians (70% US-born and 83% foreign-born) consider "being Indian" an important part of their identity (Badrinathan, Kapur, Vaishnav, et al., 2021). Among Asian Americans, higher ethnic identity is associated with more reported discrimination (Cheon & Yip, 2019), partly because they must navigate their identity in a racially stratified society, where they are often seen as "perpetual foreigners" (Shams, 2020; Zou & Cheryan, 2017). Those with higher levels of psychological enculturation could be acutely aware of how their cultural beliefs differ from those of the US mainstream; this may heighten the sense of being "othered" and feeling unfairly treated by out-group members (Bhatia, 2007; Finn, 2011). Asian Indians report that their family values, cultural and religious customs, and arranged marriages separate Indians from Americans (Sen & Knottnerus, 2016). Yet, the methodological differences between the psychological enculturation measure used in the current study and the typically used measure of racial/cultural identity and other dimensions of cultural values (e.g., family, cultural, religion-based) might be a reason for the null findings in the MASALA study.

Contrary to the hypothesis, behavioral enculturation (i.e., South Asian dietary practices) did not emerge as a significant correlate of everyday discrimination. Asian Indians, especially immigrants, are likely to prepare and consume traditional foods at home (Mukherjea et al., 2013; Sen & Knottnerus, 2016) and to reside in or travel to communities with South Asian grocery stores (Khandelwal, 2002). Regularly preparing and cooking Indian foods at home may increase time spent with family, including communicating and embracing cultural practices, which may increase a sense of bonding. Similarly, being in spaces catering to the Indian diet can serve as visual cultural cues and increase co-ethnic interactions, which can increase a sense of belonging and lessen reports of discrimination (Morey et al., 2020; Zenk et al., 2014). However, the null effects could be due to the lack of measurements of behaviors associated with hospitality around food, which are partly shaped by cultural norms and may serve as a source of stress and contention within an Indian household and community. For instance, in a qualitative study assessing understanding of Type 2 diabetes risk factors among Sikh adults, participants reported that food was tied to the family's social reputation as they were expected to serve "rich" (i.e., not every day) foods to guests as highlighted by: *"I think it's all just about food and drinks and whether the food's nice and made properly so like fried and the more food and drinks you have the more reputable you are so reputation of the people is higher and the respect is higher […] I think it shows they're more affluent even"* (Sidhu et al., 2022, p. 790). In this study, deviations from cultural dietary practices also posed some intergenerational challenges, with another participant noting, *"Sometimes I want to change some ingredients but I think the older generation would see it as being disrespectful…"* (Sidhu et al., 2022, p. 791). Therefore, it is possible that attitudes towards dietary practices could more accurately reflect differences in perceptions of discrimination. Additionally, behavioral enculturation may be specific to the

developmental stage and context. For instance, in a qualitative study, Asian Indian adolescents disclosed instances of peer-based ethnic discrimination, such as disparaging comments about food (e.g., *"I don't like Indian food," "It's gross," "It smells really bad"*; Unni et al., 2022). Perhaps variations in perceptions of discrimination are influenced by the developmental stage and environment (workplace or school setting) wherein dietary behaviors take place.

Limitations and Future Directions

Some key limitations of these studies are worth considering. First, in the US, the EDS may not capture certain forms of unfair treatment towards Asian Indians, such as accent-based discrimination and racial profiling based on negative stereotypes and markers associated with some religious groups (Ahluwalia & Pellettiere, 2010; Inman et al., 2014). Accent or speech-related discrimination is especially salient for South Asians/Asian Indians (Bhatia, 2007; Gee et al., 2009; Inman et al., 2015). Evidence indicates that Asian and Hispanic/Latino samples report more accent-based discrimination compared to other racial/ethnic groups (Shariff-Marco et al., 2011). Psychometric studies also suggest that inclusion (vs. exclusion) of this item yields more reported discrimination among these groups (Reeve et al., 2011). Asian Indians' experiences of discrimination also include being seen as foreigners (e.g., *"Where are you really from?", "go back to your country";* Ruiz et al., 2022, 2023), and questioned about arranged marriages and religious rituals (Tummala-Narra et al., 2011). This and other evidence (Brettell, 2011) suggests that Asian Indians are susceptible to experiencing discrimination based on their perceived immigration or foreign status. The EDS also does not differentiate between inter- vs. intra-group discrimination. There is evidence of caste-based discrimination within the Asian Indian community in contexts in which they frequently encounter members of their group (e.g., the technology sector; Kumar, 2023). Similarly, in India, the EDS may not have fully captured day-

to-day indignities and systemic injustices faced by individuals due to caste-based oppression. For instance, insights from qualitative research conducted with Dalit scholars and activists shed light on the complex dynamics and widespread nature of caste-based discrimination: *"If we go to get our hair cut they say 'Don't show your face around here', if we go to get our clothes ironed, they threaten to burn us with irons! You can ask anyone, there is no chance to be respected as humans here … In tea-shops they serve us in different glasses."* and *"We're not allowed to sit down!"* (Gorringe & Rafanell, 2007, p. 106). Moreover, one potential reason for the low prevalence of discrimination in the LASI sample may be the mode of data collection. For instance, one India-based study noted that participants were likelier to report discrimination over the phone than in in-person surveys (Coffey et al., 2018). Thus, other means of data collection should be considered to reduce social desirability or underreporting of discrimination. Future studies may consider including measures/items to assess instances of discrimination specific to individuals of Asian Indian descent in various settings (cf. Tummala-Narra et al., 2011), particularly those where they may encounter discrimination based on both inter- and intra-group dynamics. Consistent with previous research, the attributions of unfair treatment should be examined as well. Thus, while the EDS can effectively identify and be used to analyze instances of unfair treatment further adjustments may be necessary when working with individuals of Asian Indian descent living in societies with differing systems of stratification.

Second, although both the MASALA and LASI datasets have several advantages (e.g., large, population-based surveys providing a starting point for understanding the experiences of and correlates of discrimination among Asian Indians in cultural contexts in which they are the demographic majority [India] and minority [US]), they also have several limitations that are worth considering. For instance, both the US and India have been recognized as liberal

democracies. However, these nations are also experiencing democratic declines, which may have important implications for shaping social stratification, perceptions, and experiences of discrimination and other forms of oppression. Caste is a significant factor to consider when analyzing inequities in the Asian Indian experience, including in the diaspora. However, this construct was not assessed in the MASALA sample, which is perhaps a critical oversight considering the recreation and reinforcement of caste-based hierarchies within Asian Indian American communities, especially in specific labor sectors (Subramanian, 2019). The data in either context do not speak to the fluidity of social categories as individuals from lower castes navigate caste and class mobility. For instance, evidence suggests that Dalits may change their surnames to escape caste oppression and discrimination in various contexts. The following highlights how changing surnames can allow Dalits to "pass" as higher caste and access educational and occupational opportunities: *"My nephew and his friend, while pursuing bachelor degree in medicine, were failed in exam when they had SC indicating surname…a professor from SC background…advised them to change their surname. Then they changed their surnames from Rohit to Patel and they passed successfully."* (Parmar, 2020, p. 227). Yet, such practices can have negative social consequences for individuals within the Dalit community (e.g., being viewed as a traitor) and can even legitimize caste inequities (Parmar, 2020). Future studies should examine how social stratification affects beliefs about dominance and superiority, as well as their impact on internalized oppression and perceptions of discrimination. Qualitative methods can be used to gain a deeper and nuanced understanding of these processes.

Another limitation concerns the operationalization and measurement of key correlates in both contexts. For instance, the percentage of life lived in the US was used as a crude proxy for acculturation, and enculturation measures were limited to cultural beliefs and dietary practices.

Future studies should consider multidimensional measures tapping into distinct acculturation and enculturation dimensions such as home language preference, US-Asian Indian friendships, transnational ties, preference for Asian Indian media (e.g., cinema, music, and books), and adherence to cultural norms around wearing a turban or having a beard. At the community level, in the MASALA and LASI samples, a proxy measure of neighborhood residence (i.e., study site and geographical region, respectively) was used. Also, subjective measures of neighborhood cohesion and safety were used in both samples. Future studies should consider objective social and physical features of neighborhoods (e.g., ethnic composition, property values) shown to correlate with discrimination (Cho & Ho, 2018; Yang et al., 2016).

Measurement concerns include low internal reliabilities for the enculturation and neighborhood cohesion scale in the MASALA sample. Scholars have argued that scale reliability, as assessed with Cronbach's alpha, is not a straightforward metric of scale fidelity (Taber, 2018). For instance, there is heterogeneity across studies in how Cronbach's alpha is used and described (e.g., internal consistency vs. reliability), suggesting misunderstanding and misapplication of the metric. Cronbach's alpha is used to assess a scale's internal consistency by measuring the degree to which all items on the scale are intercorrelated, although the concept of unidimensionality can sometimes be considered with internal consistency in research studies (Taber, 2018). Moreover, it is argued that the cut-off values of .70 or higher, often used as a metric of acceptability, are arbitrary and not empirically grounded, as item redundancy may yield high alphas (Taber, 2018). Additionally, sample characteristics like race/ethnicity, age, education, and acculturation may influence scale reliability and yield different alphas across studies (Herrington et al., 2016; Phinney & Ong, 2007; Shepperd et al., 2016). Scales with low reliability may still demonstrate context-specific validity across racially minoritized populations

(Ramirez et al., 2005). For instance, despite having a relatively low Cronbach alpha of .65, the neighborhood social cohesion measure has demonstrated predictive validity in the MASALA sample (Lagisetty et al., 2016; Yi et al., 2021).

The demographic makeup of the MASALA sample closely mirrors that of Asian Indians in the US in 2010 when the study was launched (e.g., predominately Asian Indian, married, middle-aged, highly educated, and socioeconomically privileged). Still, the findings may not generalize to other segments of the Asian Indian population (Budiman, 2021; SAALT, 2019). For example, groups from certain castes (e.g., Dalits) and those not living in high-cost metropolitan cities may experience more community-level threats and structural disenfranchisement, potentially resulting in higher reports of discrimination. Data on Sikh Americans suggests regional variations in bullying, harassment, and turban-related discrimination (SALDEF, 2020). Future studies should include diverse samples from more geographical regions to increase the generalizability of results and to detect potential regional differences not observed in the MASALA study.

Although the LASI data are from a large and nationally representative Indian sample, they exclude the Northeastern State of Sikkim. Sikkim officially became part of India in 1975, but lingering and complex political, economic, and social issues remain a barrier to full integration (Vandenhelsken, 2021). Moreover, Indians from the mainland who settled in Sikkim before 1975 (i.e., old settlers) experience institutional and interpersonal discrimination in Sikkim (Rajya Sabha, 2013). For instance, in a qualitative study examining the experiences of mainland Indians living in Sikkim, participants reported experiences of discrimination, including name-calling, bullying, and physical violence. They also reported institutional discrimination, such as denial of employment, voting rights, and land ownership (Malu et al., 2023). The following

quotes reflect a lack of political rights: *"When the state merged into India, the Indian government forgot about us. They did not give us voting rights... Here in Sikkim my whole life has passed by but I haven't yet gotten my rights."* and *"they don't want us to have a voice… Because we are in minority here… we can't choose our own representatives."* (Malu et al., 2023, p. 9). Thus, future LASI-based studies should consider data collected recently from Sikkim.

Moreover, the MASALA and LASI analytic samples were restricted to those indicating their birthplace as India to compare across the two studies. This approach may have reduced some variability and diversity of the "brown" experience in the US. For instance, in the US, perpetrators may be unable to distinguish between individuals from different South Asian regions, such as India, Pakistan, Bangladesh, and Sri Lanka. Qualitative research suggests that "brown-skinned" individuals share racialized experiences (e.g., Inman et al., 2015). For instance, in a qualitative study, participants noted: *"…It doesn't matter if you're Indian, Pakistani or whatever. If you're—if you have brown skin basically, you're a terrorist or—and you're like the center of a joke which everybody enjoys.",* and *"So, I was kind of bullied for being from South Asia, which is Afghanistan which has a bad rep right now because of like all the 9/11 and everything. So, it was kind of hard growing up having friends joking around with you. I always took it as a joke, but sometimes it kind of hurt."* (Tummala-Narra et al., 2016, p. 7). Asian Indians, regardless of their nativity status or national origin, may still be seen as foreign and, therefore, share experiences of discrimination with Asian Indians born in India (e.g., Ruiz et al., 2023). Similarly, in the Indian context, those born outside but residing in India may be *seen* as Indian, and thus, their experiences may not qualitatively differ from those born in India. Some research suggests that other markers of difference, such as religion and dietary practices, are considered more important for being "authentically Indian" in India (Sahgal et al., 2021).

Although not feasible in the current study due to sample limitations (i.e., too few people indicating born outside of India in either context), future work could consider examining potential differences across Asian Indians born in different countries but residing in the same diasporic regions. Doing so may have important implications for external validity for capturing additional potential similarities and differences within the Asian Indian communities, particularly at the intersection of country of birth and current residence.

Last, the cross-sectional study design prevented examining bidirectional and prospective associations or making causal claims in the US or Indian context. For instance, societal and cultural stigma faced by single and divorced people, especially women (Abraham, 2000; DePaulo, 2006), may shape marital status, which in turn, may impact reported discrimination. Changes in enculturation and acculturation can also result in changes in perceived discrimination over time. For instance, in a longitudinal study of Chinese American adolescents, perceptions of discrimination decreased over time; their initial perceptions of discrimination were prospectively associated with less orientation towards the US and more orientation towards Chinese culture (Juang & Cookston, 2009). Future studies should consider longitudinal designs to capture changes over time in reports of discrimination and fluctuations in processes such as acculturation that may predict discrimination perceptions.

Overall, these key limitations suggest that intersectional research that simultaneously considers dynamic and context-specific experiences of privilege and oppression is needed to advance our understanding of the experiences of Asian Indians in cultural contexts in which they are embedded (e.g., Azhar et al., 2021). For instance, despite their model minority status and socioeconomic success, Asian Indians still face subordination in the broader social hierarchy due to gender, race, religion, and other structures. Asian Indians' experiences in the work context can

be uniquely influenced by caste and race dynamics. Asian Indian immigrant women may experience varying degrees of privileges (e.g., the ability to escape domestic violence; Mahalingam, Balan, & Haritatos, 2008) and disadvantages (e.g., gendered sexism and racism; Patel, 2007) in the US. Given this, mixed methods research examining how ethnicity, social class, gender, and caste shape exposure to discrimination in the US is needed. While quantitative methods may help determine the scale and prevalence of discrimination among Asian Indians (Cokley & Awad, 2013), qualitative methods can provide important meaningful context and nuance of how dynamics of power and oppression persist (Denzin, 2017). Given the extent of inequities in Indian society, qualitative research is needed to understand how discrimination is experienced daily. Cognitive interviews (Desimone & Le Floch, 2004) may provide initial insights into how people in India interpret items of existing discrimination scales (e.g., EDS). Additional qualitative work can inform the refinement of existing and development of new scales.

Implications

Limitations notwithstanding, this set of studies have several implications for clinical practice and interventions. The findings suggest that social location and different intersecting identities shape experiences of discrimination among Asian Indians in different cultural contexts. Research also suggests that Asian Indians evaluate (e.g., deny or minimize) their experiences of discrimination in the US based on caste system socialization, colonial oppression internalization, and the model minority stereotype (Adem et al., 2023; Inman et al., 2015; Nikalje & Çiftçi, 2023). Furthermore, the re-creation of caste-based hierarchies in the US results in intra-group discrimination (Kumar, 2023; Zwick-Maitreyi et al., 2018). These factors may be important for clinicians to contextualize and effectively respond to the racialized experiences of their Asian

Indian clients (Bean & Titus, 2009; Chandras et al., 2013). Moreover, there is evidence that Acceptance Commitment Therapy (i.e., a therapeutic technique aimed at accepting that negative thoughts/feelings can be acknowledged without yielding to them) can reduce internalized stigma/oppression, shame, and symptoms of stress, depression and anxiety (Banks et al., 2021).

Culturally relevant strategies and interventions (as reviewed by Hwang, 2021) may also reduce internalized oppression among Asian Indians. For example, population- or community-based campaigns can galvanize collective efforts to spread awareness, counter stereotypes, build solidarity, and empower individuals to call for initiatives and policies to demand social change (Hwang, 2021; Kwate, 2014). Some research finds that neighborhood-level "countermarketing" campaigns can reduce psychological distress at the individual-level and engage the public in critical discourse about structural inequities and policies to promote social justice (Kwate, 2014).

The findings also suggest that social identities situate individuals at different axes of privilege and disadvantage, which can shape exposure to discrimination. However, beyond the individual, discrimination also poses systemic costs to families (e.g., via spillover effects; Huynh et al., 2019), workplaces (e.g., via mental exhaustion and absenteeism; Volpone & Avery, 2013), healthcare systems (e.g., via underuse of necessary and preventative health services; Burgess et al., 2008). Thus, policies and intervention efforts at multiple levels may be needed to offset societal costs of discrimination. For example, workplaces can foster integration, acceptance, competency beliefs, and support for employees with chronic health conditions and anti-discriminatory policies through greater contact (Carvalho-Freitas & Stathi, 2017; Novak & Rogan, 2010). Vocational interventions aimed at providing practical training and support with symptom management, legal rights, and accommodation requests can empower employees and improve workplace relationships (De Dios Pérez et al., 2024). Supervisory workplace support

has been shown to reduce workplace stress and emotional exhaustion and in turn, mitigate spill over to family members (Thompson et al., 2005).

Moreover, findings that departed from expectation have important implications for future research. Consistent with the intersectional and socioecological perspective, the findings suggest the need to examine social location and various intersecting identities in shaping perceptions and exposures to discrimination among Asian Indians. For instance, despite being examined separately, as indicators of SES, income and education may intersect with other social identities (e.g., employment status, caste) to influence discrimination perceptions and experiences. For example, Asian Indians in the technology sector may experience race-based intergroup and caste-based intragroup discrimination (Zwick-Maitreyi et al., 2018; Bhatt, 2013). Qualitative work suggests that religion may also be a salient identity to consider in the workplace as it may shape educational and career endeavors. Some may pursue less prestigious but stable occupations to avoid victimization as highlighted by the following: *"I had a job at a private firm [in the U.S.]. But I left that job for a government job… When the private firm is going to kick me out tomorrow, who is going to be there for me? No one. At least in the government agencies, discrimination based on race and religion is extremely prohibited. That is all I need."* (Shams, 2020, p. 662). Age may be an additional important intersection to consider as it may determine Asian Indians' exposure to discriminatory experiences across different settings, such as schools and workplaces (Gee et al., 2007). Future research should quantitatively assess experiences of discrimination across these intersections to identify segments of Asian Indians that are most socially vulnerable. Intersectionality can be applied as a conceptual framework, as done in this dissertation, to understand and unpack findings that may seem counterintuitive or depart from patterns observed with other racial/ethnic groups. *"Psychological studies must move beyond*

considering intersecting social identities as mere variables waiting for interpretation…To incorporate the intersectional perspective into our psychological research thus means that we take into account not only the experiences of women of color, but also power relations, as well as the context(s) wherein these relations and experiences occur…Because it may be impractical to explore every single social location at the same time, we should incorporate those social identities that we think might intersect with the most relevance with what it is we are studying" (Molina, 2008, p. 15).

Broadly, the dissertation findings suggest the need to understand Asian Indians' experiences of discrimination within larger social structures and ideological belief systems (e.g., caste, model minority stereotype, colonialism; Inman et al., 2015) and concerning social stratification within different cultural contexts (c.f., Adem et al., 2023). For instance, believing in the model minority stereotype and meritocracy, as well as anti-Black bias rooted in colonialism, may drive perceptions and possible underreporting of discrimination in certain contexts (e.g., education, workplace) among Asian Indians (Inman et al., 2015; Adem et al., 2023). For instance, Asian Indians' reluctance to acknowledge and report discrimination is partly driven by concerns about career advancement, a desire to position themselves as hard workers, and evaluation of experiences relative to other racially minoritized groups (Adem et al., 2023). Considering these potential frames of reference could provide insights into how these factors shape perceptions of discrimination. Asian Indian immigrants may also evaluate their experiences of discrimination in the US relative to their experiences of inequities in India (Adem et al., 2023). For instance, Asian Indian (vs. American) women in IT careers reported less workplace discrimination, partly due to their experiences with gendered discrimination in Indian workplaces (Adya, 2008). However, the lower discrimination reported by Asian Indian women

compared to men in the LASI study indicates that perceptions of unfair treatment in everyday life may be influenced by a general assessment rather than specific contexts. Thus, the experiences of discrimination among Asian Indians may be better understood considering various sociohistorical factors, geopolitics, systems of stratification, and sociodemographic and cultural factors. These factors can help elucidate how Asian Indians reproduce or challenge systems of stratification and other forms of social inequities. To this end, the findings have implications for refining and developing conceptual models specific to the experiences of Asian Indians.

Conclusion

To my knowledge, this is the first set of studies examining the manifestation and correlates of everyday discrimination among Asian Indians embedded in different cultural contexts using population-based data.

Studies 1A and 1B suggest that a five-item version of the EDS may be useful for assessing routine unfair treatment among Asian Indians in the US and India. Discrimination is posited as a contributor to cardiovascular disease-related inequities among Asian Indians (Nadimpalli, Dulin-Keita, et al., 2016). As a potentially time- and cost-efficient option, the five-item EDS may be used to assess its predictive validity within the South Asian populations, particularly in relation to health-related inequities.

Overall, the findings for prevalence and correlates of discrimination support the intersectionality and socio-ecological framework. First, even though Asian Indians may be seen as a "model minority" and assumed to be immune to discrimination when they are in the majority (e.g., in India), the results from this dissertation indicate that a significant portion of both samples reported experiencing discrimination. The prevalence rates among Asian Indians in

the MASALA and LASI sample were either higher or comparable to rates of everyday discrimination observed in other racial and ethnic groups within (Kessler et al., 1999; Pérez et al., 2008) and outside the US (Stickley et al., 2023; Williams et al., 2008).

Second, the findings suggest that discrimination exposure varies across individual, health, community, and cultural correlates and there are similarities and differences in whether and how these correlates predict exposure in the US and India. These findings suggest that Asian Indians, in the US and India, are not a monolithic group. Regardless of the numerical representation (majority vs. minority) of Asian Indians in a given environment, they are likely to encounter varying degrees of discrimination. For example, in both contexts, those with health conditions reported significantly more discrimination than those without any health conditions, providing support for considering how health status stigmatizes and positions individuals across cultural contexts. Furthermore, some of the findings also suggest that there may be costs to privilege, such that having health insurance, for example, may not protect Asian Indians in the US from discrimination as it does for the general population (Quach et al., 2012). These findings provide evidence for the diminished returns theory (Farmer & Ferraro, 2005), indicating that health could serve as an essential indicator of social status for Asian Indians but may not shield them from discrimination, similar to findings for income and education across other racially minoritized groups in the US (Hudson et al., 2012; Zhang & Hong, 2013). Thus, in line with the dissertation's two guiding theoretical frameworks, the findings support considering axes of privilege and disadvantage across different contexts.

Third, several of the findings demand focusing on more specific theoretically relevant intersectional identities. For example, employed individuals reported significantly more discrimination than unemployed Asian Indians in the US. Institutions with disproportional

representation of Asian Indian employees (e.g., tech companies) may recreate caste dynamics prevalent within Indian society. Lawsuits (Sircar, 2020), news reports (Kumar, 2022), and research findings (Zwick-Maitreyi et al., 2018) document the prevalent caste-based discrimination experienced by Dalit employees from their higher-caste colleagues in the technology sectors in the US and India. Thus, multiple interlocking social identities (e.g., employment status X caste) may need to be examined to understand how they intersect to shape discrimination experiences to identify and support vulnerable segments of this populations.

Overall, these studies suggest that the five-item EDS captures routine unfair treatment among Asian Indians in the US and India and that exposure to discrimination in both these contexts is socially patterned. Whenever feasible, studies on the Asian Indian community should strive to investigate the areas in which certain segments of this demographic may experience discrimination, qualitatively and quantitatively, in similar or distinct ways.

There is a need for more research on the psychosocial experiences of Asian Indian populations, as well as a need for research on the psychometric properties of measures used to assess these experiences within this specific population. Thus, understanding their psychosocial experiences is crucial for identifying vulnerable segments of this diverse and ever-growing population and reducing discrimination-related health inequities.

Studies 2A & 2B

Everyday Discrimination, Reserve Capacity, and Mental Health/Well-Being

Discrimination and Mental Health

Everyday discrimination is a psychosocial stressor with documented adverse mental health effects across racial/ethnic groups in the US (Paradies et al., 2015). Biopsychosocial and social cognitive models of racism (e.g., Brondolo, Blair, et al., 2017; Clark et al., 1999) conceptualize experiences of discrimination as potent psychosocial stressors that can engender psychological, cognitive, behavioral, and physiological responses, which over time can lead to increased risk for mental health disorders.

According to these theoretical models, discrimination can affect mental health by shaping schemas and threat-related appraisals. For instance, manifestations of discrimination, such as devaluation (e.g., others being surprised at one's abilities or competence), lack of respect (denial of or poor service), and suspicion (e.g., avoidance or being monitored; Jones, 2000), may influence how individuals process and respond to information about the self, others, and the world (Brondolo, Blair, et al., 2017). For example, research studies find that reports of discrimination are associated with lower self-esteem (Major et al., 2007) and distorted self-concept (e.g., perceiving oneself as incompetent; Tummala-Narra et al., 2011), viewing others' intentions as malicious and the world as unjust (Broudy et al., 2007; Mikrut et al., 2021), and hypervigilance (e.g., readily scanning one's surroundings for potential harm; Pichardo et al., 2021). These social cognitive processes can engender negative emotions (e.g., hopelessness, worthlessness, sadness, and worry). Over time, heightened emotional reactivity may be costly to one's mental health (Brondolo, Blair, et al., 2017). Meta-analytic and systematic reviews document that frequent exposure to discrimination is robustly and consistently associated with a host of adverse mental health outcomes (e.g., depression, anxiety, and distress; Paradies et al.,

2015; Pascoe & Richman, 2009).

Albeit scant, evidence documents associations between discrimination and poor mental health outcomes (e.g., depressive and anxiety symptoms) among Asian Indians in the US (e.g., Nadimpalli, Cleland, et al., 2016; Nadimpalli, Kanaya, et al., 2016; Tummala-Narra et al., 2012; Yoshihama et al., 2022) and India (Pengpid & Peltzer, 2021, 2022). Of note, one meta-analytic study found that the effects of racism on adverse mental health outcomes (e.g., depression, general mental health) were significantly stronger for Asian Americans (including Asian Indians) compared to African Americans, who report higher exposure to discrimination (Paradies et al., 2015). In a study examining experiences of discrimination among Asians during COVID-19, South Asians (vs. East Asians) reported more direct experiences of racial discrimination, which predicted poor psychological outcomes (i.e., psychological distress and worry). The authors suggest that unique racialization experiences in the 9/11 context may have primed South Asian individuals to perceive more discrimination (Okazaki et al., 2022). These studies suggests that despite assumptions about being "model minorities" Asian Indians are vulnerable to experiencing discrimination and associated adverse mental health outcomes.

Discrimination and Psychological Well-Being

Chronic exposure to discrimination may increase a person's risk of poor mental health and impact psychological flourishing (Keyes, 2009; Paradies et al., 2015), as measured by subjective well-being (i.e., a person's overall judgment of and satisfaction with their life; Pavot & Diener, 2008). Biopsychosocial and socio-cognitive models of racism posit that discrimination can also elicit a range of negative emotions, such as feelings of sadness, hopelessness, and lack of happiness about themselves or their lives (Brondolo, Blair, et al., 2017).

In a sample of South Asian Americans, experiences of discrimination were negatively associated with measures of psychological well-being (i.e., life satisfaction and self-esteem; Kaduvettoor-Davidson & Inman, 2013). Similar findings from a national sample of middle-aged and older Indian adults (Pengpid & Peltzer, 2021) concluded that moderate-to-high levels of everyday discrimination were associated with several indicators of psychological well-being, including lower life satisfaction. Some evidence suggests that discrimination (Zhang & Hong, 2013) and race-related stress (Utsey et al., 2000) reduce one's satisfaction with life by decreasing hopeful thinking and increasing engagement in avoidant coping. Discrimination, particularly when frequent or chronic, can limit opportunities for experiencing positive emotions (Paradies et al., 2015). This can reduce an individual's ability to flourish, contribute productively to their work (Cavanagh et al., 2021; Rasool et al., 2019), and feel a sense of belonging and engagement with their social environment (Florez et al., 2020; O'Brien et al., 2020). Empirical evidence suggests that discrimination wastes human potential and the ability to flourish by sapping emotional and cognitive energy that could have been used elsewhere. For example, findings from two studies revealed that after adjusting for social inequities (Ryff et al., 2003) and perceived discrimination (Keyes, 2009), Black adults showed an advantage over Whites in levels of psychological well-being. As noted by the authors, were it not for the costs that social inequities and disparate exposure to discrimination pose to flourishing, levels of psychological well-being would be even higher among Black individuals (Keyes, 2009). This is consistent with Jones' (2000) theoretical framework of a gardener's tale, wherein she illustrates how racism (old soil) may come to reduce flourishing among oppressed and structurally disadvantaged groups (pink flowers) relative to dominant and privileged groups (red flowers). She notes:

> *"The seeds that were sown in the new potting soil quickly sprang up and flourished. All of the seeds sprouted, the most vital towering strong and tall, and even the weak seeds made it to a middling height. However, the seeds planted in the old soil did not fare so well. Far fewer seeds sprouted, with the strong among them only making it to a middling height, while the weak among them died"* (p. 1213).

Jones (2000) further notes that to improve outcomes, such as reducing psychological harm and increasing flourishing among oppressed groups:

> *"We have to break down the boxes and mix up the soil, or we can leave the 2 boxes separate but fertilize the poor soil until it is as rich as the fertile soil. When we do that, the pink flowers will grow at least as strong and vibrant as the red (and perhaps stronger, for they have been selected for survival). And when they do, the pink flowers will no longer think that red pollen is better than pink, because they will look over at the red flowers and see that they are equally strong and beautiful."* (p. 1214).

Hence, it is critical to examine the effects of discrimination on an individual's life satisfaction, which is a key indicator of psychological well-being and overall flourishing. This research bears significant implications as lower levels of life satisfaction have been linked to early mortality (for a review, see Chida & Steptoe, 2008). Additionally, it is critical to identify pertinent resources available to individuals who experience discrimination to mitigate or protect them against its harmful impacts.

Discrimination and Mental Health/Well-Being: The Role of Reserve Capacity

Myers' (2009) lifespan biopsychosocial model of cumulative vulnerability and minority health offers a structure for understanding how psychosocial stressors resulting from belonging to a minoritized group may impact one's ability to cope, referred to as reserve capacity. This

includes various coping resources such as tangible, psychological, and instrumental support (Gallo & Matthews, 2003), which can affect psychological well-being, influence how stressors are appraised, and impact health outcomes. The model posits that members of racially minoritized groups experience greater exposure to discriminatory events, which can increase the likelihood of these events being appraised as threatening and psychologically distressing (Myers, 2009). However, the model suggests that individuals may differ on how discriminatory events are appraised as relevant or stressful. Specifically, reserve capacity can be influenced by discrimination (i.e., act as a mediating mechanism) and influence whether and how a person is impacted by discrimination (i.e., act as a moderator). Members from racially minoritized groups may have more limited access to resources. They may also deplete available ones faster, with fewer opportunities to replenish them (Myers, 2009), especially since everyday discrimination can be chronic. When faced with unfair treatment, minoritized individuals may draw on coping reserves that can provide them with powerful armor (e.g., intrapersonal assets) to shield themselves against frequent assaults on their psyche, dignity, and personhood.

Religious Engagement and Spirituality as Coping Reserves

Religious engagement and spirituality are distinct constructs despite some overlap and interchangeable usages. Religious engagement (or religiosity) encompasses affiliation with a religion or faith, belief in, and adherence to the tenets of organized religion (Mattis, 2002). Spirituality is the individualized expression of faith (e.g., belief in the divine or something more significant than the self) and interconnectedness with others (Mattis, 2002). Yet, both constructs encompass a range of practices (e.g., prayer, meditation), beliefs, and emotions (e.g., feelings of closeness to God, feeling a sense of inner calm; Garssen et al., 2021; Warner et al., 2021).

Religion is an essential part of identity for many South Asians/Asian Indians, both in the US and in India. In a national survey of South Asians/Indian Americans, nearly three-fourths (72%) reported that religion is an integral part of their life (Badrinathan, Kapur, Vaishnav, et al., 2021). While there was heterogeneity among religious groups, a notable portion (40%) indicated engaging in regular prayer "several times a day/at least once per day" and attending religious services "once/twice a month or a few times per year" (Badrinathan, Kapur, Vaishnav, et al., 2021). In Indian society, a significant segment of the population (76-91%) representing various religious groups report that religion is an integral part of their lives (Sahgal et al., 2021). According to the survey findings, most respondents (60% or more) indicated they participate in daily prayer and attend religious services (i.e., a house of worship), and most (61% or more) also endorsed having religious symbols, altars, or shrines in their home and engaging in religious rituals within their household (Sahgal et al., 2021). A majority (54%) of respondents reported participating in devotional singing, with a higher prevalence among Christians (74%) and Hindus (54%). This practice was also slightly more prevalent among older adults (aged 35 years and older) than younger adults (aged 18-34), with rates of 55% and 52%, respectively (Sahgal et al., 2021). Other commonly reported religious practices included donating money to houses of worship and charities, taking religious pilgrimages, purifying with holy water, and watching religious programs (Sahgal et al., 2021).

Religious engagement and spirituality can significantly and positively affect psychological health and well-being (Garssen et al., 2021). They may also reduce the adverse impact of stress on overall well-being via three key mechanisms (Garssen et al., 2015, 2021): enhanced social support and cultural embeddedness (such as a sense of social belonging and connection to others), meaning-making from adversity (e.g., such as reinterpretation, gaining

insight, and personal growth), and self-regulation (e.g., such as refraining from engaging in unhealthy coping behaviors like drinking; Kate et al., 2017; Nguyen, 2020; Pargament & Raiya, 2007).

Although limited, there is evidence that religious engagement and spirituality may enhance well-being among Asian Indians. In a study of older Indian adults, it was found that higher levels of religiosity/spirituality were positively associated with better well-being (measured as an index of daily physical functioning, health conditions, psychological strength, accomplishments in life, and social ties; Ladusingh & Ngangbam, 2016). Further, Stroope et al. (2020) found a curvilinear relation between religiosity/spirituality (measured as the extent to which individuals consider themselves religious or spiritual) and health-related outcomes among a US sample of South Asians. Specifically, those who reported slight-to-moderate levels of religiosity/spirituality reported better self-rated health and fewer anxiety symptoms than those who reported low or high levels of religiosity/spirituality (Stroope et al., 2020). In another US-based community sample of South Asians (Stroope et al., 2022), findings showed that giving or receiving congregational emotional support was associated with better self-rated health.

Findings from a qualitative exploratory study of happiness among Indian adults align with those of quantitative studies. In one study of older Indian women, participants reported that they frequently incorporate prayer, reading religious texts, and singing religious songs to enhance their overall well-being (Singh et al., 2022). One participant voiced the following, *"I feel happy when I worship my Guru. . . thinking about Guru makes me happy. . . and that helps me navigate through tough life situations"* (Singh et al., 2022, p. 7). Participants from the same study also reported that religiosity/spirituality promotes a sense of positivity and provides a respite from their troubles. A US-based quantitative study observed that higher levels of

religiosity, measured as active participation in religious activities such as prayer and attendance of religious events, correlated with lower negative affect in older Asian Indian immigrants who reported experiencing stressful life events, including racial discrimination (Diwan et al., 2004).

In sum, it is necessary to investigate the impact of religious engagement and spirituality on the association between everyday discrimination and mental health and well-being among Asian Indians. Research identifying whether religious engagement and spirituality can mitigate the harmful effects of discrimination within this group, where religion and spirituality hold cultural significance, is warranted.

Study Aims and Hypotheses

Taken together, daily experiences of discrimination have the potential to affect an individual's psychological well-being by increasing adverse mental health symptoms and reducing life satisfaction. Significantly, having a solid reserve capacity, as measured separately by religious engagement and spirituality, has the potential to reduce or counteract adverse effects. Against this backdrop, the aims of Studies 2A and 2B are as follows:

Study 2A

The first aim was to examine whether everyday discrimination is prospectively associated with mental health among Asian Indians in the US (MASALA sample). It is hypothesized that everyday discrimination will be negatively related to mental health (**H1**).

The second aim tests whether religious engagement and spirituality each moderate the association between everyday discrimination and mental health. It is hypothesized that religious engagement (**H1a**) and spirituality (**H1b**) will moderate said associations. Specifically, higher levels of religious engagement and spirituality are expected to mitigate the hypothesized adverse effects of everyday discrimination on mental health.

Study 2B

Study 2B also has two aims. The first aim was to examine whether everyday discrimination was associated with life satisfaction, an indicator of subjective well-being and psychological flourishing, among Asian Indians in India (LASI sample). It is hypothesized that a greater frequency of experiences of everyday discrimination will be associated with lower levels of reported life satisfaction (**H2**).

The second aim was to test whether religious engagement and spirituality each moderate the association between everyday discrimination and life satisfaction. It was hypothesized that religious engagement (**H2a**) and spirituality (**H2b**) would moderate said associations. Specifically, higher levels of religious engagement and spirituality are expected to mitigate the hypothesized adverse effects of everyday discrimination on reported life satisfaction.

Method

Study 2A (i.e., US/MASALA sample) and 2B (i.e., India/LASI sample) use the same datasets from Studies 1A and 1B, respectively. The sample and procedures associated with each dataset and key measures used in the secondary analysis of the respective surveys are described below.

Study 2A: Everyday Discrimination, Reserve Capacity, and Mental Health, US (MASALA)

Sample

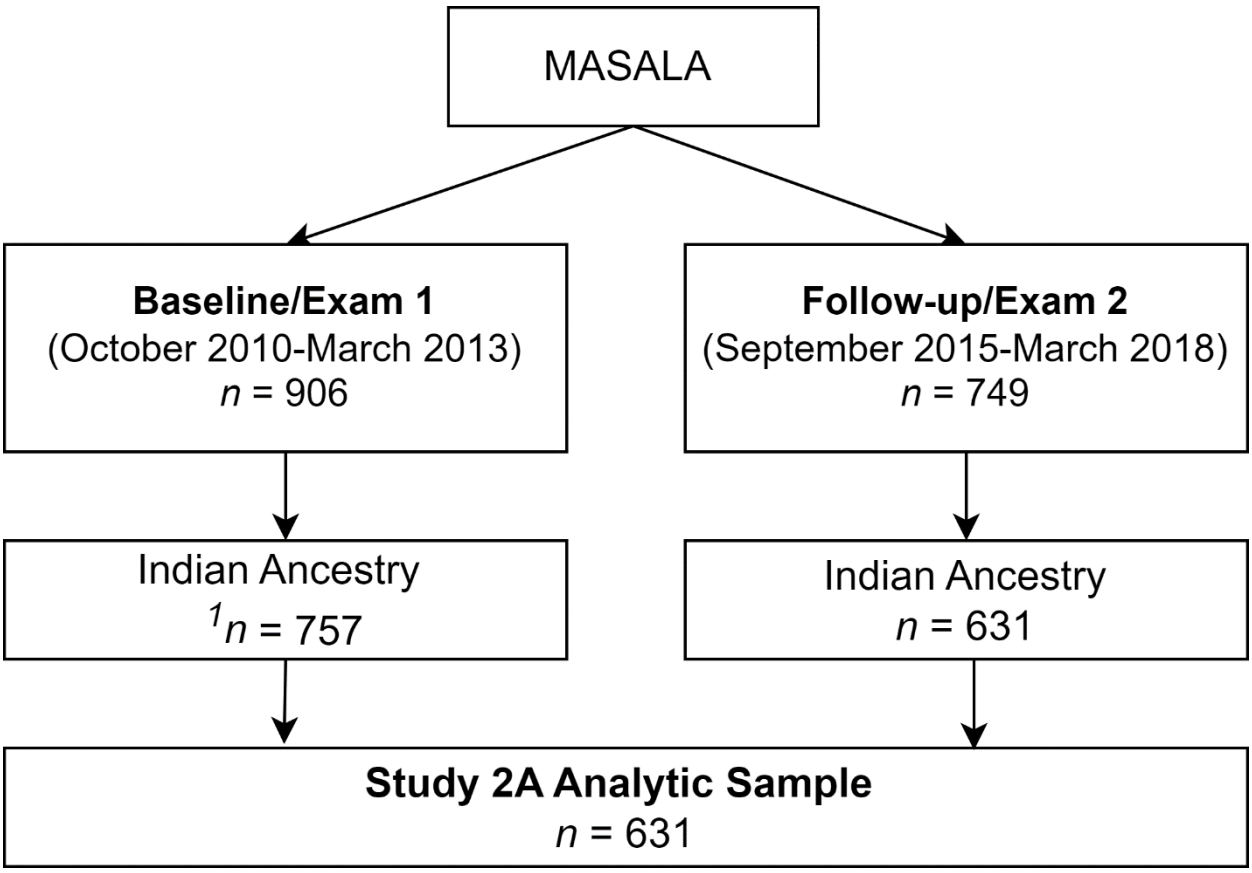
Sample and Procedures

The procedures for Study 2A are the same as in Study 1A. However, the analytic sample differs as it includes respondents from the baseline/exam 1 and the follow-up/exam 2 survey. Of the 906 respondents who participated in the baseline/exam 1 survey, 83% (UCSF: 88%; NU: 76%) also participated in the follow-up/exam 2 survey (September 2015—March 2018: n = 749).

Like Study 1A, the analytic sample was restricted to those tracing their ancestry to India (vs. another South Asian country), culminating in 631 participants (see Figure 2.1 for the sample breakdown). Both exams 1 and 2 included measures of interest. The baseline/exam 1 included a demographic questionnaire and the everyday discrimination scale. The follow-up/exam 2 survey assessed religious engagement, spirituality, and mental health. Data collection on religion and spirituality-related items was sponsored by the Study on Stress, Spirituality, and Health (SSSH), which aims to examine the role of religion and spirituality in stress-health associations across racial/ethnic groups who participated in NIH-funded epidemiological surveys, such as MASALA (Harvard/MGH Center, 2023).

Figure 2.1

Sample Breakdown



Note. [1]Analytic sample for Study 1A. The analytic sample for Study 2A includes respondents who participated in both the baseline/exam 1 and follow-up/exam 2 survey and had Indian ancestry (i.e., indicated their birthplace as India).

Measures

Everyday discrimination. The nine-item Everyday Discrimination Scale (EDS; Williams et al., 1997) was used to assess the frequency of routine experiences of unfair treatment in the baseline/exam 1 survey. Sample items included: "People act as if they are afraid of you" and "You receive poorer service than other people at restaurants or stores." Responses (1 = almost every day; 6 = never) were reverse-coded, so higher scores reflected a greater frequency

on each item. Confirmatory factor analyses based on Study 1A procedures were conducted to confirm the adequacy of the items and the model fit in the analytic sample. The 5-item model solution fit the data well [$\chi 2(10) = 804.074$, $p < .001$; CFI = .99; TLI = .99; RMSEA = .02, 90% CI = .00; .06; SRMR = .02]. The EDS had moderate internal consistency ($\alpha = .72$). Given, the distribution of scores and relatively low mean on the EDS (mean = 10.24; SD = 4.18; range = 6-36), and similar to methods used in previous studies (e.g., Gong et al., 2017), everyday discrimination was dichotomized into 0 (never experienced) and 1 (experienced at least once). This also allowed using the EDS measure in the same manner as in the LASI study.

Moderators.

Religious Engagement. Three items were used to assess religious engagement. One item, adapted from the Duke Religion Index (Koenig & Büssing, 2010), asked about the frequency with which respondents attend religious services. Two items, created based on input from participant focus groups and religion and spirituality experts (Isehunwa et al., 2022), asked respondents how often they pray alone or in a group. The responses for the prayer items ranged from 0 (several times a day) to 6 (never). These items were reverse-coded. The response options for religious service attendance ranged from 0 (never) to 5 (several times per week). Following procedures used in other studies (Isehunwa et al., 2022; Shields et al., 2021), religious engagement items were dichotomized into 0 “less than once a week” and 1 “once a week or more.” The items were summed to create a composite score where higher scores reflected greater religious engagement ($\alpha = .66$).

Spirituality. Three items from the Non-Theistic Daily Spiritual Experiences Scale (Underwood & Teresi, 2002) assessed spirituality. Respondents indicated the frequency with which they experienced: “deep inner peace or harmony,” “touched by beauty or creation,” and

"selfless caring for others" using a 5-point Likert scale (0 = "many times a day" to 4 = "never"). Items were reverse-coded and summed such that higher scores indicated higher levels of spirituality (α = .73). This measure has been used with South Asians to assess spirituality (Kent et al., 2020; Warner et al., 2021).

Mental Health. Mental health was assessed via the mental health component summary (MCS) score of the Short-Form Health Survey, a measure of mental and phsycial health-related quality of life (SF-12; Ware et al., 1996). The items assess subjective experiences of psychological distress and well-being over the last month. Example items include the frequency with which respondents felt: "calm and peaceful?" and "downhearted and blue?" The question and response formats varied across some items. Established procedures were used to recode relevant items, weigh them against US norms, and sum them to create a composite score (Ware et al., 1996; Warner et al., 2021). Higher scores (0 to 100) represent better mental health (α = .72; sample range = 19.31-68.71).

Covariates

Previous theoretical and empirical work on mental health correlates, including among immigrant samples, informed the choice of covariates (Alegría et al., 2017; Bhugra & Ventriglio, 2023; Leong et al., 2013; Mui & Lee, 2014). Covariates included factors associated with mental health. Health-related factors included chronic health conditions (at least one [e.g., arthritis, asthma, cancer, emphysema, diabetes, high blood cholesterol, high blood pressure, kidney disease, liver disease, or rheumatic heart disease/heart valve problems] vs. none), and health insurance coverage (coverage [e.g., HMO/private insurance or federal-sponsored insurance] vs. no health insurance coverage). To account for cultural factors, the percentage of life lived in the US (0-40%, 41-60%, or 61-100%) was included as a proxy measure of acculturation. The study

site (Northwestern vs. University of California, San Francisco) was also included as a covariate to account for potential regional differences. Sociodemographic factors related to social positionality were also included. These included age (in years), gender (man or woman), highest level of education (bachelor's degree or less, or graduate or professional degree), employment status (currently employed [full-time or part-time], or unemployed/retired), household income ($49,999 or under, $50-$99,999, $100-$199,999, or $200K or over), marital status (married/cohabitating, or single/separated/divorced/widowed), and religious affiliation (Hindu/Muslim/Sikh vs. Other [e.g., Buddhist, Jain] or multiple/unaffiliated).

Study 2B: Everyday Discrimination, Reserve Capacity, and Well-Being, Indian (LASI)

Sample

Sample and Procedures

The analytic sample and study procedures for Study 2B are the same as those reported for Study 1B (see p. 46-47). Study 2B included 41,270 participants recruited across 35 Indian States/Union Territories; they were aged 20 years or older and identified India as their birthplace.

Measures

Everyday discrimination. The six-item version of the Everyday Discrimination Scale (EDS; Sternthal et al., 2011; Williams et al., 1997) assessed the frequency of routine unfair treatment. Sample items included: "You are treated with less courtesy or respect than other people" and "You received poor services than other people in restaurants and stores." Responses were on a 6-point Likert scale (1 = almost every day; 6 = never); items were reverse-coded. A summary score based on the five-items from the final confirmatory factor analysis model from Study 1B was created and used in subsequent analyses ($\alpha = .84$). Univariate analyses revealed that the distribution of the everyday discrimination variable was positively skewed, with "never"

being the most common response. Based on the univariate analysis and following procedures used in previous LASI studies (Maurya et al., 2022; Muhammad & Pai, 2023), everyday discrimination was dichotomized into 0 (never experienced) and 1 (experienced at least once).

Moderators.

Religious Engagement. Three items designed for LASI were used to examine religious engagement. Respondents were asked how often they have: "Done pooja or prayer," "Attended religious services (at temple/mosque/church, etc.), and "Involved themselves in satsang/bhajan/kirtan/any religious gathering?". The responses were on a 6-point Likert scale (1 = "every day" to 6 = "not at all"). These items were reverse coded and following previously used procedures (Muhammad, 2022) were dichotomized into 0 "never/rarely attend" and 1 "attend monthly or more" (α =.52).

Spirituality. Akin to the MASALA study, the Non-Theistic Daily Spiritual Experiences Scale (Underwood & Teresi, 2002) was used to assess spirituality. Using a scale of 1 (every day in a week) to 5 (never), participants responded to three items asking about the frequency with which they "are selflessly caring for others," "spiritually touched by the beauty of creation," and "have a feeling of deep inner peace." To align with the response scale used in the MASALA study, responses were adjusted to a scale of 0-4, reverse coded, and then summed (α = .80). This measure has been culturally adapted, validated (Kimura et al., 2012), and used in the Indian context (Nath & Yadev, 2020).

Subjective Well-Being. The five-item Satisfaction with Life Scale (SWLS; Diener et al., 1985) was used to assess life satisfaction, a measure of subjective well-being. Sample items included: "In most ways, my life is close to ideal" and "If I could live my life again, I would change almost nothing." Responses ranged from 1 (strongly disagree) to 7 (strongly agree).

Items were summed, with higher scores indicating greater life satisfaction (α = .84). The SWLS has demonstrated high internal consistency (Diener et al., 1985) among older adults (Pavot et al., 1991) and has been adapted and used in the Indian context (Patel et al., 2018).

Covariates

Like study 2A, the models adjusted for several theoretically and empirically relevant covariates associated with well-being (Bramhankar et al., 2023; Roopani et al., 2022; Srivastava et al., 2022). Two health-related factors were included: chronic conditions or diseases (at least one [e.g., hypertension or high blood pressure, diabetes or high blood sugar, cancer or malignant tumor, chronic lung diseases such as asthma, chronic obstructive pulmonary disease/chronic bronchitis or other chronic lung problems, chronic heart diseases such as coronary heart disease (heart attack or myocardial infarction), congestive heart failure, or other chronic heart problems, stroke, arthritis or rheumatism, osteoporosis or other bone/joint diseases, any neurological or psychiatric problems, such as depression, Alzheimer's/dementia, unipolar/bipolar disorders, convulsions, Parkinson's, or high cholesterol] vs. none) and health insurance coverage (coverage [e.g., private, government health scheme, medical reimbursement/employer-sponsored, community/cooperative health insurance scheme, other, or multiple] vs. no coverage). Place of residence, operationalized as the region of the country (South, North, Central, East, Northeast, and West), was included as a proxy measure to account for potential regional differences. Sociodemographic factors related to social positionality were also included. These included age (in years), gender (man or woman), education (no schooling vs. some schooling [ranging from less than Primary to a professional degree]), employment status (employed vs. unemployed), household income quintiles (poorest, poorer, middle, richer, richest), marital status (married/cohabitating vs. never married, separated, deserted, divorced, or widowed), religious

affiliation (Hindu vs. Other [Muslim, Christian, Sikh, Buddhist/neo-Buddhist, Jain, Jewish, Parsi/Zoroastrian, or other] or unaffiliated), and caste (none vs. scheduled caste/tribe or other backward classes).

Analytic Strategy for Study 2A and 2B

Similar analytic procedures were used to test hypotheses for Studies 2A and 2B. As done in previous LASI-based studies (e.g., Maurya et al., 2022), sampling weights and a clustering variable were applied to analyses using the LASI complex survey sample.

Missing Data

The same procedures as Studies 1A and 1B were applied to handle missing data. The missing data for MASALA and LASI ranged between 0-13.31% and 0-3.44%, respectively. Little's (1988) chi-square test of missing completely at random (MCAR) using the *mcartest* command in Stata (Li, 2013) was non-significant for the MASALA sample suggesting that data were MCAR. Sensitivity analyses with and without missing data did not reveal significant differences in findings in either sample. Consequently, ML estimation method in M*plus* was used to handle missing data (Enders, 2022; Peugh & Enders, 2004).

Descriptive Analyses

All descriptive analyses (e.g., means, frequencies, proportions) were conducted using STATA 18 (StataCorp., 2023). The *svy* suite commands in STATA were used to obtain representative estimates in the LASI data.

Main Analyses

M*plus* version 8.6 (Muthén & Muthén, 2017) was used to conduct the main analyses. Models were estimated using MLR. Analyses of the LASI data (i.e., Study 2B) incorporated the sampling design variables and used the "TYPE = COMPLEX" model specification to account

for the complex survey sampling design. Multivariable regression analyses were used to examine the associations between everyday discrimination and mental health/subjective well-being, and to test whether religious engagement and spirituality moderated these associations. First, all independent associations (i.e., "main effects") were examined (everyday discrimination, religious engagement, and spirituality). Second, to test for effect modification (i.e., whether and how religious engagement and spirituality affect the direction and strength of the association), two two-way interaction terms were created and entered simultaneously into the models (i.e., everyday discrimination x religious engagement; everyday discrimination x spirituality). Continuous variables included in the interaction terms were mean-centered to reduce multicollinearity before creating the interaction terms (Aiken & Reno, 1991). Conditional effects for the two values of everyday discrimination (0 = "never experienced" and 1 = "experienced at least once") were tested and plotted to visualize the significant interactions. All models adjusted for relevant covariates (see Methods section).

Results

Study 2A: Everyday Discrimination, Reserve Capacity, and Mental Health, US (MASALA)

Sample

Descriptive Statistics

The distribution of the sociodemographic characteristics of the sample is included in Table 2.1. The mean age of the MASALA sample was 55.49 (SD = 9.33; range = 40-83). About 55% of the respondents identified as men. Most respondents had a graduate or professional degree (65%), were employed (70%), had a household income of $100K or more (67%), were married (93%), identified as Hindu/Muslim/Sikh (84%), and had lived in the US for 41-100% of

their life (73%). Most respondents indicated having at least one chronic health condition (73%) and health insurance coverage (94%).

Table 2.2 reports the descriptive statistics for the key variables among the study sample. About 79% of the sample reported experiencing discrimination at least once. The mean scores for religious engagement were relatively low, moderate for spirituality, and relatively high for mental health.

Table 2.2 also reports the correlations between the key variables. Everyday discrimination was negatively associated with spirituality and mental health. Spirituality was positively related to religious engagement and mental health. However, religious engagement was not statistically significantly related to everyday discrimination and mental health.

Table 2.3 reports descriptive statistics for everyday discrimination by key variables. There were no mean differences between those reporting vs. not reporting everyday discrimination across key variables.

Table 2.1

Selected Sociodemographic Characteristics of the MASALA Sample (N = 631)

Characteristic	**N**	**% or M (SD)**
Age (range = 40-83)	631	55.49 (9.33)
Gender		
Women	281	44.5%
Men	350	55.5%
Education		
Bachelor's degree or less	223	35.3%
Graduate or professional degree	408	64.7%
Employment Status		
Unemployed	190	30.1%
Employed (full/part-time)	441	69.9%
Household Income		
$49,999 or under	77	12.2%
$50,000-$99,999	114	18.1%

Characteristic	N	% or M (SD)
$100,000-$199,999	223	35.3%
$200,000 or over	197	31.2%
Marital Status		
Married/Cohabitating	586	92.9%
Single/Separated/Divorced/Widowed	45	7.1%
Religious Affiliation		
Hindu, Muslim, or Sikh	530	84.0%
Other (e.g., Buddhist, Jain) or multiple/not affiliated	101	16.0%
Chronic Health Condition		
No	171	27.1%
Yes (at least one)	460	72.9%
Health Insurance		
Coverage	39	6.2%
No Coverage	591	93.7%
Study Site		
UCSF	369	58.5%
NWU	262	41.5%
Percent of Life lived in the US		
0-40%	171	27.1%
41-60%	299	47.4%
61-100%	161	25.5%

Note. Percentages may not add up to 100% due to missing data. Missing data for the current study ranged between 0-13.31% across all variables. UCSF = University of California, San Francisco; NU = Northwestern University. M = mean; SD = standard deviation.

Table 2.2

Correlations Among Key Study Variables in the MASALA Sample

	1	**2**	**3**	**4**
1. [a]Everyday Discrimination	-			
2. Religious Engagement	.00	-		
3. Spirituality	-.06	.21***	-	
4. Mental Health	-.06	.02	.24***	-
% or Mean (SD)	78.61%	1.55 (1.06)	7.96 (2.30)	53.96 (7.79)
Range of scores		0-3	0-12	19.32-68.71
Cronbach's alpha	.72	.66	.73	.72

Note. Pearson product-moment correlation coefficients are reported for correlations between continuous variables. Point biserial correlation coefficients are reported for correlations between continuous and dichotomous variables. [a]The reference group for the everyday discrimination variable is 0 (i.e., never experienced discrimination). ***$p < .001$.

Table 2.3

Means of Key Variables by Everyday Discrimination in the MASALA Sample

	Reported Discrimination	*No Discrimination*	*t*-test
Characteristic	**M (SD)**	**M (SD)**	**p-value**
Religious Engagement	1.55 (1.04)	1.54 (1.13)	.9285
Spirituality	7.89 (2.28)	8.23 (2.37)	.1655
Mental Health	53.72 (7.60)	54.83 (8.44)	.1947

Note. M = mean. SD = standard deviation.

Multivariable Linear Regression

Table 2.4 reports the standardized estimates for the multivariable regression analyses. In Model 1 ("main effects model"), the association between everyday discrimination and mental health was non-significant (β = -.05, 95% CI [-.140, .036], p =.25). In Model 2 with both

moderators (religious engagement and spirituality), higher levels of spirituality were associated with better mental health (β = .23, 95% CI [.156, .311], $p < .001$). However, religious engagement was not significantly associated with mental health (β = -.02, 95% CI [-.106, .075], $p = .74$).

In Model 3, which tested whether religious engagement and spirituality moderated the association between everyday discrimination and mental health, only religious engagement emerged as a significant moderator (β = -.25, 95% CI [-.439, -.068], $p < .01$). Simple slope analysis revealed that for those who indicated never experiencing discrimination, higher levels of religious engagement were associated with worse mental health. The opposite trend was observed for those who reported experiencing discrimination at least once, but the simple slope was non-significant (see Figure 2.2 for the interaction plot).

The interaction between everyday discrimination and spirituality predicting mental health was marginal (β = -.17, 95% CI [-.337, .001], $p = .05$). Simple slopes were plotted to probe this interaction. The simple slopes revealed that higher levels of spirituality were associated with better mental health for both groups (i.e., those reporting experiencing no discrimination vs. at least once). The slope was steeper for those who reported never experiencing discrimination (see Figure 2.3 for the interaction plot).

Table 2.4

Standardized Estimates for the Multivariable Regression Models Predicting Mental Health in the MASLA Sample

	Bivariate β [95% CI]	**Model 1 β [95% CI]**	**Model 2 β [95% CI]**	**Model 2A β [95% CI]**	**Model 2B β [95% CI]**	**Model 3 β [95% CI]**
Main Effects						
Everyday Discrimination						
Never experienced	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Experienced at least once	-.06 [-.148, .030]	-.05 [-.140, .036]	-.05 [-.131, .037]	-.05 [-.128, .038]	-.04 [-.130, .041]	-.04 [-.125, .043]
Religious Engagement	.02 [-.068, .105]	-	-.02 [-.106, .075]	**-.23*** [-.409, -.048]	-.02 [-.105, .075]	**-.25*** [-.439, -.068]
Spirituality	**.23***** [.161, .306]	-	**.23***** [.156, .311]	**.23***** [.152, .305]	**.34***** [.180, .496]	**.38***** [.216, .541]
Interactions						
EDxRE	-	-	-	**.24*** [.069, .417]	-	**.27**** [.092, .451]
EDxSP	-	-	-	-	-.12 [-.279, .047]	-.17+ [-.337, .001]
Covariates						
Age	.08+ [-.003, .171]	**.13*** [.022, .245]	.10+ [-.004, .212]	.11+ [-.003, .212]	.10+ [-.008, .208]	.10+ [-.008, .207]
Gender						
Men	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Women	-.05 [-.129, .039]	-.03 [-.119, .059]	-.06 [-.146, .030]	-.06 [-.144, .030]	-.06 [-.146, .030]	-.06 [-.145, .030]
Education						
Bachelor's degree or less	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Graduate or professional degree	.02 [-.063, .111]	.02 [-.070, .114]	.03 [-.066, .117]	.02 [-.070, .113]	.03 [-.063, .119]	.03 [-.066, .115]
Employment Status						
Employed	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**

	Bivariate β [95% CI]	Model 1 β [95% CI]	Model 2 β [95% CI]	Model 2A β [95% CI]	Model 2B β [95% CI]	Model 3 β [95% CI]
Unemployed	.00	-.02	-.03	-.02	-.03	-.02
	[-.083, .090]	[-.112, .073]	[-.120, .062]	[-.113, .071]	[-.123, .059]	[-.116, .068]
Income						
$49,999 or under	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
$50,000-$99,999	.02	.04	.03	.04	.03	.04
	[-.120, .164]	[-.101, .190]	[-.110, .174]	[-.106, .177]	[-.111, .174]	[-.106, .177]
$100,000-$199,999	.03	.08	.07	.06	.06	.05
	[-.128, .178]	[-.091, .246]	[-.100, .233]	[-.103, .227]	[-.105, .229]	[-.111, .219]
$200,000 or over	.07	.13	.12	.12	.11	.11
	[-.074, .220]	[-.036, .299]	[-.049, .284]	[-.048, .282]	[-.056, .278]	[-.058, .272]
Marital Status						
S/S/D/W	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Married/cohabitating	.02	.01	.01	.02	.02	.02
	[-.089, .120]	[-.094, .109]	[-.083, .110]	[-.081, .111]	[-.080, .116]	[-.075, .118]
Religious Affiliation						
Hindu, Muslim, or Sikh	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
[a]Other	-.04	-.05	-.04	-.04	-.04	-.04
	[-.134, .050]	[-.138, .045]	[-.124, .053]	[-.129, .045]	[-.124, .052]	[-.130, .043]
Chronic Condition						
Yes (at least one)	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
No	.05	.08+	.05	.06	.05	.06
	[-.025, .132]	[-.003, .157]	[-.025, .133]	[-.024, .134]	[-.025, .132]	[-.023, .134]
Health Insurance						
No Coverage	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Coverage	-.07+	**-.09***	-.07	-.07	-.07	-.07
	[-.145, .008]	[-.181, -.001]	[-.156, .017]	[-.155, .015]	[-.154, .019]	[-.151, .017]
Study Site						
UCSF	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
NU	.00	.00	-.01	-.01	-.01	-.01
	[-.087, .086]	[-.091, .085]	[-.094, .079]	[-.094, .077]	[-.094, .078]	[-.094, .077]
Percent of Life lived in the US						

	Bivariate β [95% CI]	**Model 1 β [95% CI]**	**Model 2 β [95% CI]**	**Model 2A β [95% CI]**	**Model 2B β [95% CI]**	**Model 3 β [95% CI]**
0-40%	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
41-60%	-.03	-.02	.00	-.01	.01	.00
	[-.129, .067]	[-.121, .078]	[-.094, .102]	[-.106, .090]	[-.088, .108]	[-.098, .098]
61-100%	.00	.01	.02	.02	.03	.02
	[-.097, .099]	[-.124, .097]	[-.083, .129]	[-.088, .121]	[-.079, .132]	[-.084, .125]
Intercept	-	6.40***	6.49***	6.49***	6.47***	6.48***
		[5.208, 7.593]	[5.326, 7.643]	[5.332, 7.649]	[5.319, 7.627]	[5.323, 7.627]
Residual Variance	-	.97***	.92***	.90***	.92***	.90***
		[.939, .997]	[.879, .957]	[.860, .947]	[.877, .952]	[.854, .941]
R-Square	-	3.2%*	8.2%***	9.6%***	8.5%***	10.2%***

Note. EDxRE = everyday discrimination x religious engagement interaction term; EDxSP = everyday discrimination x spirituality interaction term. [a]Other religious affiliations (e.g., Buddhist, Jain) or affiliation with multiple or unaffiliated. S/S/D/W = single/separated/divorced/widowed. UCSF = University of California, San Francisco; NU = Northwestern University. CI = confidence interval. +p <.10 *p < .05; **p < .01; ***p < .001.

Figure 2.2

Mental Health as a Function of Everyday Discrimination and Religious Engagement in the MASALA Sample

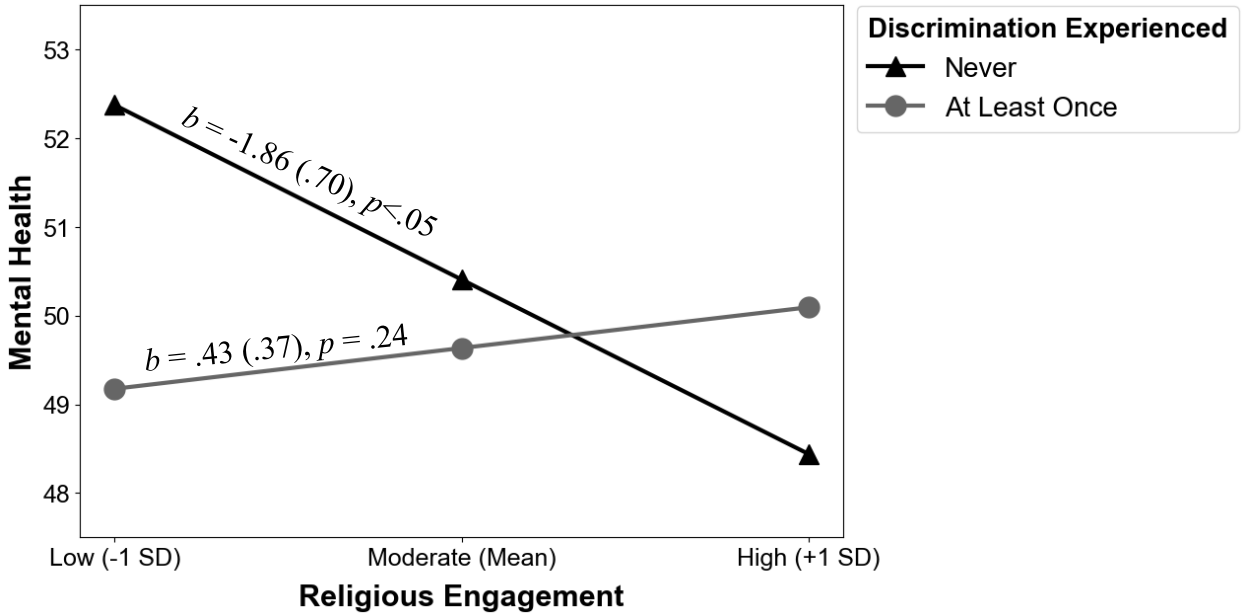
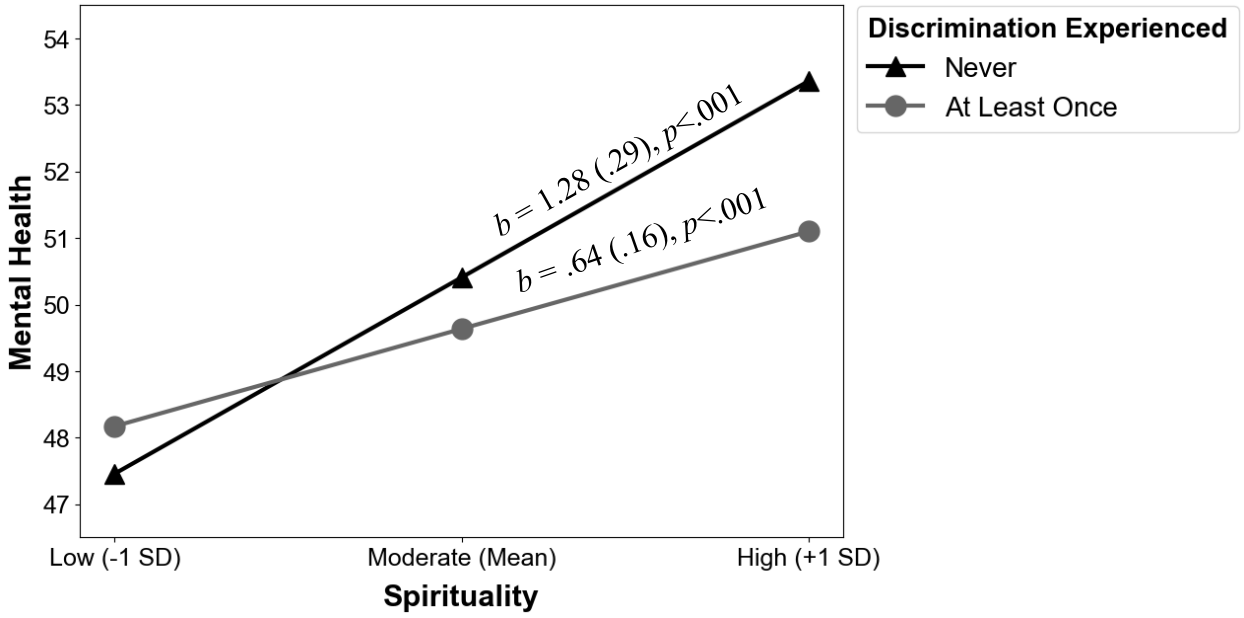


Figure 2.3

Mental Health as a Function of Everyday Discrimination and Spirituality in the MASALA Sample



Study 2B: Everyday Discrimination, Reserve Capacity, and Mental Health, India (LASI)

Sample

Descriptive Statistics

Table 2.5 reports the distribution of the sample sociodemographic characteristics and key variables. Since the sample remained the same across Studies 1B and 2B, the demographic breakdown is the same as in Study 1B. More than half (58%) of the sample were aged between 45 and 64 (M_{age} = 57.65; SD_{age} = 11.80). Most of the sample identified as women (79%), reported no formal education (54%), were unemployed (62%), and belonged to scheduled caste/tribe or other backward classes (72%). More than half (53%) of respondents reported having no chronic health conditions.

Table 2.6 reports the descriptive statistics for the key variables among the study sample. About 16% reported experiencing discrimination at least once. The mean score for religious engagement was relatively low and moderate for both spirituality and subjective well-being.

The unweighted correlations among the key study variables are presented in Table 2.6. Everyday discrimination was positively associated with religious engagement and negatively associated with both spirituality and subjective well-being. Religious engagement and spirituality were positively correlated with each other and subjective well-being. All associations were significant at p <.001.

Table 2.7 reports descriptive statistics for everyday discrimination by key study variables. There were no mean differences between those reporting vs. not reporting everyday discrimination for religious engagement and spirituality. However, those not reporting discrimination had significantly higher mean levels of subjective well-being than those reporting discrimination.

Table 2.5

Weighted Distribution of Selected Sociodemographic Characteristics of the LASI Sample (N = 41,270)

Characteristic	N	%	SE
Age, M (SD) [range = 20-110]	41,270	57.65	(11.80)
Gender			
Women	31,223	78.68%	.01
Men	10,047	21.32%	.01
Education			
No schooling	19,868	54.03%	.01
[a]Schooling	21,402	45.97%	.01
Employment Status			
Unemployed	25,569	61.86%	.01
Employed	15,656	38.03%	.01
Income			
Poorest	7,667	20.26%	.00
Poorer	8,124	20.52%	.00
Middle	8,316	20.82%	.01
Richer	8,616	20.07%	.01
Richest	8,547	18.33%	.01
Marital Status			
Married/Cohabitating	31,204	73.58%	.01
Single/Separated/Divorced/Widowed	10,065	26.42%	.01
Religious Affiliation			
[b]Other or unaffiliated	10,051	17.91%	.01
Hindu	31,217	82.09%	.01
Caste			
None	11,061	24.88%	.00
SC/T or OBC	28,789	72.41%	.00
Chronic Condition			
No	21,718	52.73%	.01
Yes (at least one)	19,451	46.72%	.01
Health Insurance			
Coverage	9,396	19.62%	.00
No Coverage	31,365	78.93%	.00
Region			
North	7,339	11.93%	.00

Characteristic	N	%	SE
Northeast	3,321	1.03%	.00
East	8,881	25.28%	.00
Central	5,816	19.11%	.00
West	5,923	16.59%	.00
South	9,990	26.06%	.01

Note. Percentages may not add up to 100% due to missing data. Missing data for the current study ranges between 0-3% across all variables. [a]Schooling categories include education levels ranging from less than primary (standard 1-4) to professional course/degree (e.g., B. Tech, MS, MBA, MD). [b]The Other category includes those identifying with any of the following religions: Muslim, Christian, Sikh, Buddhist/Neo-Buddhist, Jain, Jewish, Parsi/Zoroastrian, or other, and those not affiliated with any religious groups. SC/T or OBC = scheduled caste/tribe or other backward classes. SE = standard error.

Table 2.6

Correlations Among Key Study Variables in the LASI Sample (Unweighted)

	1	2	3	4
1. [a]Everyday Discrimination	-			
2. Religious Engagement	.02***	-		
3. Spirituality	-.03***	.19***	-	
4.Subjective Well-Being	-.14***	.08***	.22***	-
% or Mean (SD)	16.27%	1.53 (.91)	4.58 (3.51)	23.52 (7.48)
Range of scores		0-3	0-12	5-35
Alpha	.84	.52	.80	.89

Note. Pearson product-moment correlation coefficients are reported for correlations between continuous variables. Point-Biserial correlation coefficients are reported for correlations between continuous and dichotomous variables. [a]The reference group for the everyday

discrimination variable is 0 (i.e., never experienced discrimination). SD = standard error.

***p <.001.

Table 2.7

Weighted Means of Key Study Variables by Everyday Discrimination in the LASI Sample

	Reported Discrimination	*No Discrimination*	Adjusted-Wald Test
Characteristic	**M (SD)**	**M (SD)**	**p-value**
Religious Engagement	1.59 (.91)	1.52 (.90)	.0530
Spirituality	4.45 (3.02)	4.61 (3.61)	.0861
Subjective Well-Being	21.09 (7.32)	24.03 (7.39)	.0000

Note. M = mean. SD = standard deviation.

Multivariable Linear Regression

Table 2.8 reports the standardized estimates for the multivariable regression analyses. In Model 1 ("main effects model"), those who reported experiencing everyday discrimination at least once (vs. never experienced) reported lower levels of subjective well-being (β = -.12, 95% CI [-.152, -.092], p < .001). In Model 2 with both moderators (religious engagement and spirituality), higher levels of spirituality were associated with higher levels of subjective well-being (β = .19, 95% CI [.164, .214], p < .001). The positive association between religious engagement and subjective well-being was marginal (β = .02, 95% CI [.000, .039], p = .05).

In Model 3, which tested whether religious engagement and spirituality moderated the effects of everyday discrimination on subjective well-being, only spirituality emerged as a significant moderator (β = -.04, 95% CI [-.073, -.008], p < .05). The simple slope analyses revealed that those who indicated never experiencing discrimination, greater levels of spirituality were associated with higher levels of life satisfaction. The same trend was observed for those

reporting experiencing discrimination at least once, but the effects were less pronounced (see Figure 2.4 for the interaction plot).

The interaction between everyday discrimination and religious engagement in predicting subjective well-being was marginal (β = .03, 95% CI [-.002, .055], p = .07). Simple slope analysis was conducted and plotted to unpack this interaction. The simple slope for those who indicated never experiencing discrimination was non-significant. However, the simple slope for those who indicated experiencing discrimination at least once was significant, such that higher levels of religious engagement were associated with higher levels of subjective well-being (see Figure 2.5 for the interaction plot).

Table 2.8

Weighted Standardized Estimates for the Multivariable Regression Models Predicting Subjective Well-Being in the LASI Sample

	Bivariate	**Model 1**	**Model 2**	**Model 2A**	**Model 2B**	**Model 3**
	β [95% CI]	**β [95% CI]**	**β [95% CI]**	**β [95% CI]**	**β [95% CI]**	
Main Effects						
Everyday Discrimination						
Never experienced	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Experienced at least once	**-.15*** ** [-.178, -.115]	**-.12*** ** [-.152, -.092]	**-.12*** ** [-.152, -.090]	**-.12*** ** [-.153, -.091]	**-.12*** ** [-.152, -.092]	**-.12*** ** [-.153, -.094]
Religious Engagement	**.09*** ** [.066, .110]	-	.02+ [.000, .039]	.01 [-.006, .029]	**.02*** [.001, .039]	.01 [-.009, .025]
Spirituality	**.23*** ** [.211, .256]	-	**.19*** ** [.164, .214]	**.19*** ** [.164, .214]	**.20*** ** [.181, .225]	**.21*** ** [.183, .227]
Interactions						
EDxRE	-	-	-	.02 [-.008, .044]	-	.03+ [-.002, .055]
EDxSP	-	-	-	-	**-.04*** [-.065, -.006]	**-.04*** [-.073, -.008]
Covariates						
Age	.00 [-.022, .023]	**.06*** ** [.030, .080]	**.06*** ** [.032, .082]	**.06*** ** [.032, .083]	**.06*** ** [.033, .082]	**.06*** ** [.033, .082]
Gender						
Women	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
Men	**.02*** [.003, .046]	-.01 [-.033, .008]	-.02 [-.036, .007]	-.02 [-.036, .007]	-.01 [-.035, .007]	-.01 [-.036, .007]
Education						
No schooling	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
[a]Schooling	**.15*** ** [.127, .168]	**.12*** ** [.097, .146]	**.11*** ** [.080, .132]	**.11*** ** [.081, .133]	**.11*** ** [.080, .131]	**.11*** ** [.080, .131]
Employment Status						

	Bivariate	Model 1	Model 2	Model 2A	Model 2B	Model 3
	β [95% CI]	β [95% CI]	β [95% CI]	β [95% CI]	β [95% CI]	
Employed	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
		.00			-.01	-.01
	.00	[-.021, .018]	-.01	-.01	[-.027, .012]	
Unemployed	[-.275, .309]		[-.027, .012]	[-.027, .012]		[-.027, .012]
Income						
Poorest	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
	.03*	.06	.01	.01	.01	.01
Poorer	[.007, .058]	[-.009, .038]	[-.014, .032]	[-.013, .032]	[-.014, .031]	[-.014, .031]
	.06***	**.04***	**.03***	**.03***	**.03***	**.03***
Middle	[.030, .084]	[.009, .061]	[.009, .058]	[.009, .058]	[.008, .057]	[.008, .057]
	.08***	**.05****	**.04***	**.05***	**.04***	**.04***
Richer	[.046, .109]	[.021, .084]	[.012, .076]	[.013, .077]	[.012, .075]	[.013, .075]
	.05**	.03+	.02	.02	.02	.02
Richest	[.019, .089]	[-.003, .057]	[-.012, .045]	[-.012, .045]	[-.012, .045]	[-.011, .045]
Marital Status						
S/S/D/W	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
	.08***	**.08*****	**.07*****	**.07*****	**.07*****	**.07*****
Married/Cohabitating	[.053, .109]	[.053, .109]	[.043, .101]	[.044, .101]	[.045, .101]	[.046, .101]
Religious Affiliation						
[b]Other or unaffiliated	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
	.01	.01	.01	.01	.01	.01
Hindu	[-.018, .039]	[-.016, .031]	[-.011, .037]	[-.011, .037]	[-.011, .037]	[-.010, .037]
Caste						
SC/T or OBC	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
	.11***	**.03*****	**.03****	**.03****	**.03*****	**.03*****
None	[.090, .126]	[.016, .052]	[.014, .049]	[.013, .048]	[.014, .049]	[.014, .049]
Chronic Condition						
Yes (at least one)	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
	-.02	-.01	.00	.00	-.01	-.01
No	[-.041, .006]	[-.026, .014]	[-.024, .015]	[-.024, .015]	[-.025, .015]	[-.025, .015]
Health Insurance						

	Bivariate	Model 1	Model 2	Model 2A	Model 2B	Model 3
	β [95% CI]	**β [95% CI]**	**β [95% CI]**	**β [95% CI]**	**β [95% CI]**	
No Coverage	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
	-.02*	-.01	-.01	-.01	-.01	-.01
Coverage	[-.038, -.002]	[-.026, .010]	[-.029, .007]	[-.029, .007]	[-.029, .007]	[-.029, .007]
Region						
South	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**	**Ref**
	.08* **	**.08*** **	**.09*** **	**.09*** **	**.10*** **	.10
North	[.061, .108]	[.056, .100]	[.071, .117]	[.071, .117]	[.072, .117]	[.073, .118]
	.04* **	**.04*** **	**.04*** **	**.04*** **	**.04*** **	.04
Northeast	[.034, .050]	[.029, .046]	[.031, .048]	[.032, .049]	[.031, .048]	[.032, .049]
	.08* **	**.07*** **	**.13*** **	**.13*** **	**.13*** **	**.13*** **
East	[.045, .109]	[.044, .101]	[.096, .156]	[.096, .157]	[.098, .158]	[.099, .158]
	.07* **	**.09*** **	**.112*** **	**.12*** **	**.12*** **	**.12*** **
Central	[.042, .102]	[.065, .122]	[.091, .151]	[.092, .152]	[.091, .151]	[.093, .152]
	.28* **	**.27*** **	**.23*** **	**.23*** **	**.23*** **	**.23*** **
West	[.257, .311]	[.241, .292]	[.208, .258]	[.209, .259]	[.208, .257]	[.209, .258]
		2.33***	2.33***	2.32***	2.32***	.2.315***
Intercept	-	[2.144, 2.518]	[2.138, 2.512]	[2.134, 2.507]	[2.135, 2.508]	[2.129, 2.500]
		.89***	.86***	.86***	.86***	.86***
Residual Variance	-	[.879, .909]	[.844, .880]	[.844, .880]	[.844, .879]	[.843, .878]
R-Square	-	10.6***	13.8%***	13.8%***	13.9%***	13.9***

Note. [a]Some schooling categories include education levels ranging from less than primary (standard 1-4) to professional course/degree (e.g., B. Tech, MS, MBA, MD). [b]The Other category includes those identifying with any of the following religions: Muslim, Christian, Sikh, Buddhist/Neo-Buddhist, Jain, Jewish, Parsi/Zoroastrian, or other, and those not affiliated with religious groups. S/S/D/W = Single/Separated/Divorced/Widowed; SC/T or OBC = scheduled caste/tribe or other backward classes. CI = confidence interval. +p <.10 *p < .05; **p < .01; ***p < .001.

Figure 2.4

Subjective Well-Being as a Function of Everyday Discrimination and Spirituality in the LASI Sample

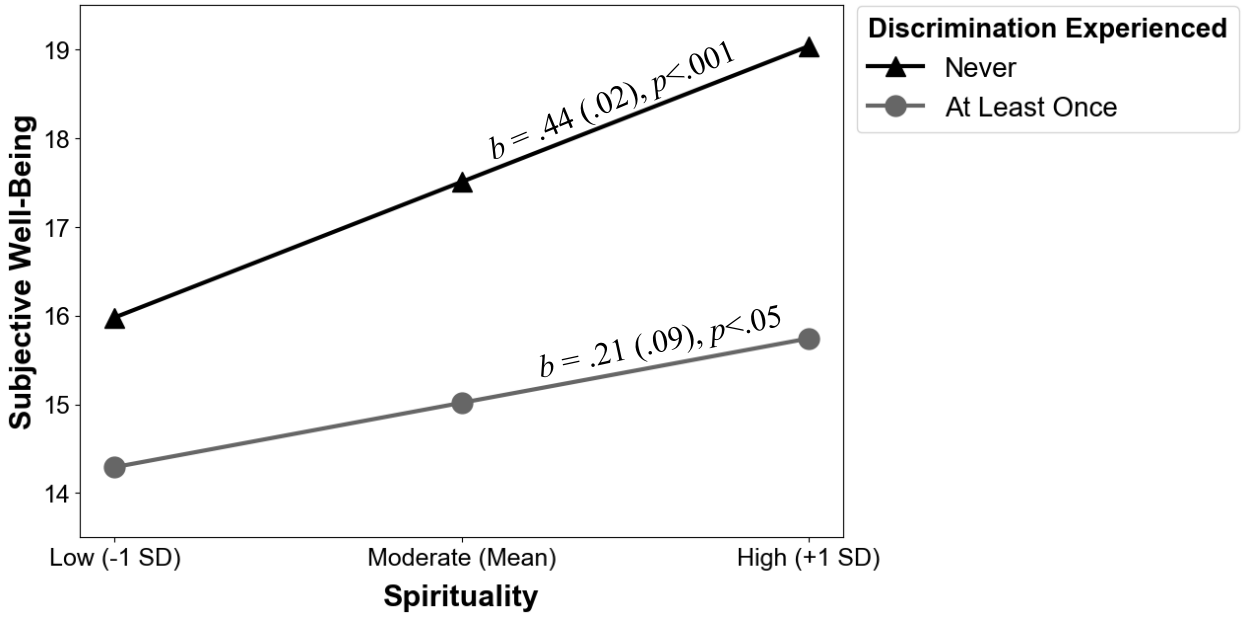
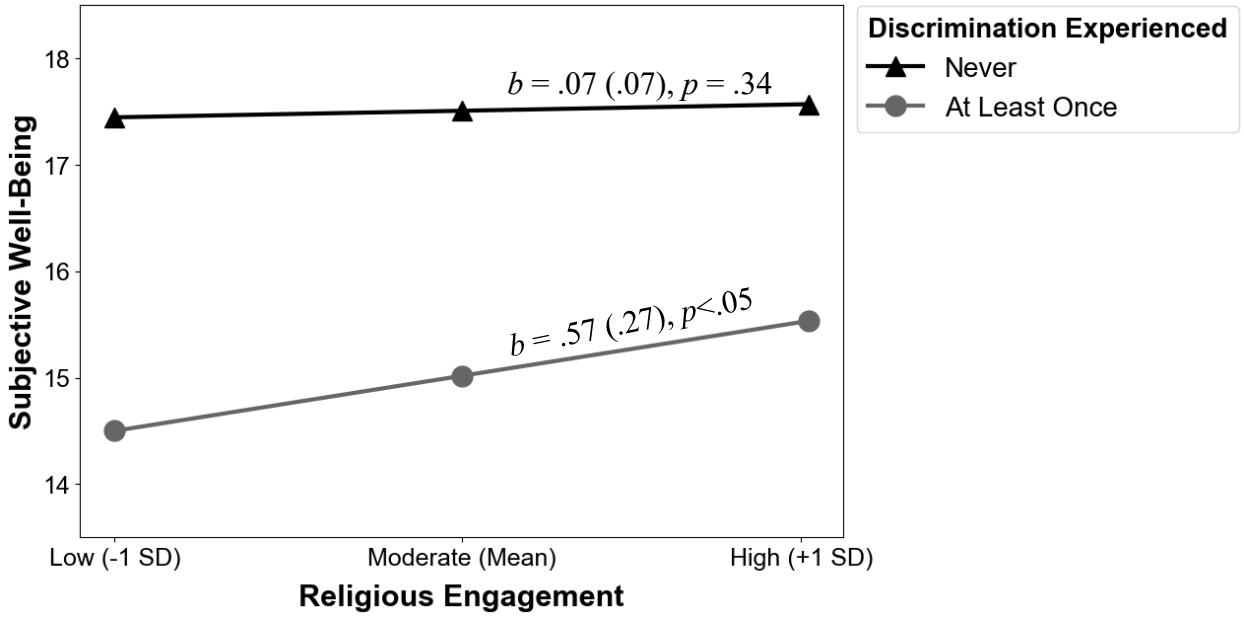


Figure 2.5

Subjective Well-Being as a Function of Everyday Discrimination and Religious Engagement in the LASI Sample



Discussion

Studies 2A and 2B examined the associations between everyday discrimination and mental health (2A) and subjective well-being (2B) among Asian Indians in the US and India, respectively. They also examined whether religious engagement and spirituality moderated these associations.

Discrimination and Mental Health/Subjective Well-Being

Contrary to hypotheses, everyday discrimination was not significantly associated with mental health in the MASALA (US) sample. However, the current findings align with existing literature on racism and discrimination. For example, in a systematic review study focused on self-reported racism (measured via perceived discrimination scales, experiences of race-related stress, and racist events) and health, it was found that 11 of the 25 studies analyzed (44%) did not observe significant associations with "general mental health" as the outcome measure (Paradies, 2006). However, it is worth noting that methodological differences between the current study and others may account for the lack of significant findings. Several meta-analytic and systematic review studies have shown consistent associations between experiences of discrimination and adverse mental health outcomes across samples of diverse racial/ethnic backgrounds (Gee et al., 2009; Paradies, 2006; Paradies et al., 2015; Pascoe & Richman, 2009; Priest et al., 2013; Schmitt et al., 2014). These studies primarily focused on specific mental health symptoms (e.g., depression and anxiety, suicide ideations, paranoia). Depression was the most common outcome, reported in nearly 40% of the studies. In contrast, findings related to general mental health were much less prevalent, observed in less than 4% of the studies (Paradies et al., 2015). These studies suggest that instances of discrimination are more likely to be associated with heightened vulnerability to specific mental health symptoms and particular clinically significant mental

health conditions (Pascoe & Richman, 2009) as opposed to broader assessments of mental well-being, as measured by the SF-12. However, the results from the moderation analyses shed light on the lack of statistical significance in the association between everyday discrimination and mental health in the MASALA study (as discussed in a subsequent section).

In the LASI sample, everyday discrimination was associated with worse subjective well-being among Asian Indians in India, as was hypothesized. Empirical evidence highlights the adverse effects of discrimination on life satisfaction, self-esteem, and positive affect across studies with individuals from different racial/ethnic groups (Paradies, 2006; Paradies et al., 2015; Pascoe & Richman, 2009), including studies conducted with Asian Americans (Gee et al., 2009) and Asian Indians in India (Bramhankar et al., 2023; Muhammad et al., 2022; Pengpid & Peltzer, 2021; Thasleema & Rajan, 2022). Overall, this finding aligns with conceptualizations of everyday discrimination as a chronic stressor and is consistent with theoretical models linking experiences of discrimination to decreased psychological well-being (Brondolo, Blair, et al., 2017; Clark et al., 1999; Harrell, 2000). Still, moderation analyses provide additional insight into the association between discrimination and subjective well-being among Asian Indians in India.

Discrimination and Mental Health/Subjective Well-Being: The Role of Coping Reserves

Religious Engagement

In the LASI sample, the interaction between everyday discrimination and religious engagement was nonsignificant. A possible explanation is that the low reliability of the religious engagement measure may have influenced the lack of significant findings. Existing measures of religious engagement tend to be biased toward Christian and Western religious beliefs and practices (Jayakumar & Verma, 2021). Dharmic/Indic religions, such as Hinduism, often involve individual religious practices such as pooja or prayer in the home rather than congregational

rituals (Sahgal et al., 2021; Singal & Chopra, 2023). However, in the current study, only one item focused on pooja, while the other centered around group rituals performed or activities outside the home. Another possible explanation is that psychosocial factors, rather than the frequency of participation, serve as a buffer against discrimination. In a community sample of Sikhs living in New Delhi, a sense of community mediated the effects of religious participation (i.e., *seva* or service at a Sikh temple) on social well-being (Sohi et al., 2018). Perhaps accumulated social resources from increased religious engagement would protect from potential mental health risks associated with discrimination.

In the MASALA sample, religious engagement moderated the association between everyday discrimination and mental health. Specifically, increased levels of religious engagements were associated with poorer mental health for those who did not report any instances of discrimination and, conversely, with better mental health for those who reported experiencing discrimination. However, simple slope analysis revealed that the level of religious engagement did not make a statistical difference in the mental health of those who experienced discrimination. Although this finding was unexpected, previous studies involving Asians, Asian Indians, and religious minority groups in the US (i.e., Hindus and Muslims) have shown that higher levels of religiosity and positive religious coping did not mitigate the negative health outcomes associated with discrimination (Ghaffari & Çiftçi, 2010; Ikizler & Szymanski, 2018; Nie, 2023).

However, the current findings for individuals who experienced discrimination suggest those affiliated with stigmatized religious groups may have driven the observed effect. For example, while there was no significant difference in levels of religious engagement between those who reported discrimination and those who did not, supplemental analyses in this study

(see Table A1 in Appendix A) indicated that individuals affiliated with Hinduism, Sikhism, or Islam reported higher levels of religious engagement compared to other religious groups or those with no affiliation. Some religious practices of these faith groups, such as specific grooming or attire requirements like keeping long hair or wearing headscarves or turbans, are often subject to racial stigma and violence in the US (Aidenberger & Doehne, 2021; Brewer et al., 2023; Joshi, 2006). Some research also documents higher rates of discrimination at the intersection of race and religion, such that Middle Eastern, Arab, and North Africans affiliated with Islam report more compared to Whites affiliated with Islam or other religions (Ferguson et al., 2023), thereby speaking to the racialization of religion. Qualitative evidence with Sikh samples also suggests this form of racialization can be cognitively taxing (Brewer et al., 2023). The concept of reserve capacity suggests that racially marginalized groups may use up their resources (cognitive, intrapersonal, and interpersonal) more quickly when coping with discrimination without sufficient opportunities to replenish them (Gallo et all., 2009; Myers, 2009). It is possible that religious engagement alone, especially among those affiliated with a stigmatized religion, may not be enough to counteract the negative impacts of chronic and uncontrollable discrimination. Another possible explanation is that the importance of religious practices and beliefs, rather than mere participation in them, serves as a buffer against discrimination. For example, a study on Arab Americans who identified as Muslims revealed that the value they placed on religious practices like attending Friday prayers and consistently reading the Quran, along with the significance of God in their lives, acted as a protective element, reducing the adverse effects of discrimination on psychological distress (Shah, 2019).

Concerning the significant negative association found for individuals who did not report experiencing discrimination, it is plausible that these individuals may have experienced an

increased level of stress from unrealistic expectations with meeting obligations tied to religious activities. Empirical work finds that reservations or doubts (Ellison & Lee, 2010) and religious service attendance (Stroope et al., 2022) are associated with more distress. Additionally, beliefs about being punished or abandoned by God are associated with more reported stress and increased symptoms of anxiety and depression, especially among Asian Indians (Nie, 2023). Thus, religious engagement may pose a risk to mental health through feelings of guilt and a sense of moral responsibility (Chatters, 2000). Another possible explanation may be that individuals who did not report discrimination, potentially influenced by social desirability or denial (Gee, Spencer, et al., 2007; Yoshihama et al., 2022), experienced heightened stress when regularly attending religious services out of concern for potential discrimination. For instance, in a qualitative study conducted with Sikh adults, a participant noted that, regarding their appearance, *"We do stand out a little bit, and we're not exactly fitting into what the norm is over here. So, it does play on your mind a little bit"* (Brewer et al., 2023, p. 6). In sum, it is conceivable that among Asian Indians residing in the US who do not disclose experiences of discrimination, heightened levels of religious engagement could potentially have negative effects on their mental health, specifically through emotional and cognitive processes such as appraisals, cognitions, and perceived stress.

Altogether, the moderation results pertaining to Asian Indian individuals in the US suggest that religious engagement may pose a potential risk for those who do not report discrimination. Additionally, it may not be enough to mitigate the negative impact on mental health that is often associated with discrimination.

Spirituality

In the LASI sample, spirituality moderated the association between everyday discrimination and subjective well-being. Higher levels of spirituality were associated with better subjective well-being among those who reported never experiencing discrimination and those who experienced discrimination at least once. However, the association was more pronounced for those who did not report being discriminated against. Assuming the absence of other risk factors, spirituality has the potential to enhance the well-being of individuals who are not subjected to discrimination. It is plausible that the more pronounced effects observed in individuals who did not disclose experiencing discrimination could be due to their greater capacity to actively participate and be mindful, as well as their use of spirituality as a form of self-care to support or improve their well-being (Adkins-Jackson et al., 2019). This contrasts with using spirituality solely as a means of resistance against oppression, or as a mechanism to cope with or alleviate the negative effects of discrimination (Wyatt & Ampadu, 2022). In general, these findings align with prior research that has connected spirituality to better mental well-being in India (Banerjee & Rao, 2021; Barman et al., 2023; Biswas & Jijina, 2022; Budhiraja & Midha, 2015; Kumar & Kumar, 2014).

On the other hand, higher levels of spirituality predicted higher levels of subjective well-being among individuals who reported discrimination. These results are consistent with both quantitative and qualitative data suggesting spirituality, particularly in times of stress, may help reduce negative emotions and promote positive emotions and inner strength (Bacchus & Holley, 2004; Diwan et al., 2004; Garssen et al., 2021). In a qualitative study involving Black women, participants noted utilizing spirituality as a proactive coping mechanism to navigate stressful work circumstances (Bacchus & Holley, 2004). One participant described spirituality as a form of emotional healing, likening it to a psychological balm *("[Spirituality] is like a psychological*

salve that can be applied to the emotional wounds…" Bacchus & Holley, 2004, p. 75). However, the association for individuals who reported discrimination was weaker than those who did not report discrimination. Research suggests that discriminatory experiences can impact social cognitions and worldviews (Brondolo et al., 2016) linked to life satisfaction and well-being (Lucas et al., 2016; Schaafsma, 2013), including distrust in others (Broudy et al., 2007) and a sense of the world as an unjust place (Adoric & Kvartuc, 2007; Major et al., 2007). The spirituality measure in the current study includes items assessing feelings of connection with others and inner peace. Thus, while spirituality may offer moments of solace and spiritual growth, it may not offer the same psychosocial benefits (or the same levels), such as a sense of belonging or spiritual harmony when individuals maintain mistrust of others and perceptions of the world as unjust due to discrimination (Worthington et al., 2010). A study on transgender individuals (hijras) in Pakistan showed that the association between discrimination and depression was weaker among those who had a stronger belief in the justness of the world (Sadiq & Bashir, 2015). Additionally, other studies find that just world beliefs mediate the association between blatant and subtle discrimination on well-being (Schaafsma, 2013). Perhaps spirituality provided Asian Indians in India with the strength to persevere through discriminatory experiences (Budhiraja & Midha, 2015; Ladusingh & Ngangbam, 2016; Singh et al., 2022), though it may not have fully addressed or healed the moral, spiritual, social, or psychological wounds of injustice (Barclay & Skarlicki, 2009; Jones, 2000).

Contrary to expectations, spirituality did not moderate the association between everyday discrimination and mental health in the MASALA sample. Limited research has examined associations between spirituality and mental health within the South Asian community, particularly in the context of oppressive conditions (see Davidson et al., 2023 for an exception).

It is possible that the results observed could be attributed to Asian Indians living in the US differentiating between religious and spiritual activities with a greater emphasis on religious practices. In fact, MASALA participants were more likely to engage in religious practices than spirituality. In the Western world, spirituality is often seen as separate from organized religious practices and as a personal connection to a higher power. However, holy persons or gurus in South Asia are usually viewed as spiritual (Singal & Chopra, 2023). Additionally, individuals who self-identify as Hindu and Muslim tend to report lower levels of spirituality than their Christian counterparts (Cohen et al., 2022). Hindus and Muslims comprised 77% of the MASALA sample. It is possible that there was not enough variation in levels of spirituality to observe significant differences in well-being between individuals who reported experiencing discrimination and those who did not. Lastly, a recent study (Stroope et al., 2020) found a curvilinear association between spirituality and mental health within a South Asian sample. Hence, it may be necessary to incorporate additional statistical considerations when modeling interaction terms involving spirituality among South Asians to identify a possible significant moderating effect.

Limitations and Future Directions

Several significant study limitations are discussed. First, the MASALA study did not concurrently assess discrimination, religious engagement, spirituality, and mental health measures. The time between experiencing discriminatory incidents, utilization of religious and spiritual practices, and mental health outcomes may have lessened some of the observed associations. Meta-analytic studies find that effect sizes are stronger for cross-sectional studies than longitudinal studies (Paradies et al., 2015; Schmitt et al., 2014). MASALA and LASI correlational data restrict the ability to make causal claims. Bidirectional associations may also

be possible. For instance, research has shown that poorer mental health and lower life satisfaction predict perceptions of discrimination (Ghaffari & Çiftçi, 2010). Additionally, there is evidence that greater frequency of perceived discrimination predicts more religious engagement (Ghaffari & Çiftçi, 2010). However, longitudinal studies find evidence of perceptions of discrimination predicting poor psychological health over time, but not for the inverse (T. N. Brown et al., 2000; Pavalko et al., 2003). Future longitudinal studies are needed to evaluate potential concurrent and lagged effects. Replicating findings with (quasi)experimental methods in future studies would bolster support for the current findings.

As discussed earlier, the discrimination measure used may not capture Asian Indians' specific experiences of unfair treatment. Some Asian Indian religious groups (e.g., Sikhs, Muslims) are more likely to face discrimination in the US (Ahluwalia & Pellettiere, 2010; NYCCHR, 2018) and India (Carswell et al., 2019; PBS, 2024). In one Indian survey, women's experience of discrimination included being prohibited from working outside the home, required to wear a face covering (i.e., ghunghat), and made to eat last or after men. In the same study, discriminatory experiences of Dalits included untouchability, prohibition of inter-caste marriages, and opposition to caste-based reservations or social policies (Coffey et al., 2018). Items assessing discrimination based on religious (e.g., turbans) and other salient markers of difference (e.g., caste) may have yielded higher reported discrimination. Future studies should adopt items or include measures specific to cultural contexts in which Asian Indians reside.

The measures of religious engagement and spirituality used in the present study also have certain limitations. First, they were not tailored to specifically address the use of religion or spirituality as coping mechanisms for dealing with discrimination, with particular attention to how members of minority religious communities from South Asian backgrounds utilize their

faith to cope with discrimination. Qualitative evidence suggests individuals may turn to faith-based values and beliefs about nonviolence or forgiveness to cope with discrimination (e.g., *"If [someone] throws a racial slur at you, just walk away..."*; Ahluwalia & Pellettiere, 2010, p. 311). A systematic review found that although both Christians and non-Christians used religious coping to deal with stress, the reasons for it differed. For example, Buddhists focused on cultivating mindfulness, Muslims read the Quran, and Hindus sought "a total spiritual awakening" (Abu-Raiya & Pargament, 2015). Studies find that positive religious coping (e.g., turning to religion/spirituality in times of stress) moderates the association between discrimination and mental health (Bierman, 2006; Brewster et al., 2016).

Additionally, the religious engagement and spirituality measures included only three items for each constructed scale. Too few items and their dichotomization may be a reason for the low reliability observed for the religious engagement measure and the non-significant interaction, particularly in the LASI sample. Also, the measures did not fully encompass the range of religious and spiritual practices observed among Asian Indians in the US and Indian contexts. Some scholars argue that scales assessing religious and spiritual practices developed based on Judeo-Christian religions may not apply to Indian religions, such as Hinduism (Tarakeshwar et al., 2003). Specifically, Western-religion-based measures do not consider ideological and behavioral components, such as Karma (i.e., the notion that actions in past life shape present conditions), which may be especially salient to Hindus and even more so among Hindus living in India (Tarakeshwar et al., 2003). For instance, beliefs about karmic justice may help individuals refrain from seeking retribution against the perpetrator of discrimination instead of trusting that the divine will exact consequences on the perpetrator in this or the next lifetime. Indeed, a study found that compared to Americans, Asian Indians were more likely to endorse

beliefs about "inevitable karmic justice" (e.g., believing that wrongdoers will be inevitably punished, and immoral actions beget negative consequences), which were inversely associated with intentions to seek revenge (Goyal & Miller, 2023). Practices related to community service and social justice-based advocacy among individuals of the Sikh faith (e.g., *"We like to help those in need, we like to go serve our community"*; Ahluwalia & Pellettiere, 2010, p. 311) were also not captured by the religious engagement measure. Thus, how religious engagement and spirituality were measured in the study could have contributed to several unexpected findings. Future studies should incorporate measures encompassing diverse religious and spiritual practices, values, and beliefs, including those from non-Western cultures, and ensure cultural relevance and validity in studies with South Asian samples (Oman, 2014; Oman & Paranjpe, 2018).

Lastly, the findings from the MASALA and LASI samples may not be generalizable to their respective contexts. For instance, the MASALA study may not generalize to all South Asians as the MASALA sample is predominately comprised of middle-aged, highly educated, and affluent individuals most of whom identify as Asian Indian and are affiliated with Hinduism and live in either the greater Chicago or San Francisco Bay Area. There is some evidence that Hindus are less likely to consider religion to be an important aspect of their identity and attend religious services less compared to Asian Indians affiliated with other religious groups (e.g., Muslims and Christians; Badrinathan, Kapur, Vaishnav, et al., 2021). Similarly, the LASI study may only generalize to some of India as it excluded Sikkim. While Sikkim is still predominately (58%) Hindu, its Hindu population has declined over time. Due to bordering Tibet, Sikkim also has a relatively large percentage (27%) of the Buddhist population (Kramer, 2021b). There is some evidence of variations in religious/spiritual practices across religious groups when dealing

with stress (see Abu-Raiya & Pargament, 2015 for a review). Further, a LASI-based study found that spirituality significantly predicted self-rated health for Hindus, but not individuals affiliated with non-Hindu religious groups (e.g., Muslim, Christian, and others; Roy et al., 2024). Research studies involving a wider representation of religious affiliations could allow for subgroup analyses, potentially providing valuable insights into how discrimination, religious engagement, spirituality, and mental health/well-being are interconnected and whether associations vary among different religious groups.

Strengths and Implications

Despite limitations, this study has several strengths and makes important contributions. The two studies utilized comprehensive epidemiological surveys to conduct a quantitative, cross-national investigation on the independent and synergistic effects of discrimination and religious engagement/spirituality on the psychological health/well-being of Asian Indians in India and the US. While these two studies were not directly comparable due to methodological differences, it is important to highlight the significance of focusing on these distinct settings for two reasons. First, outside of India, the US has the second largest population of individuals from the Asian Indian diaspora (World Economic Forum, 2019). Secondly, focusing on these two countries provided the opportunity to center the role of discrimination in two divergent racial contexts: India, where Asian Indians are the majority, and the US, where they are a racialized numerical minority group. Moreover, while there have been prior cross-national epidemiological studies of racially minoritized groups in the US and their counterparts in their native countries, US territories (e.g., Puerto Rico), or another racialized society (e.g., South Africa), the majority of these studies have centered on Latinx (Acevedo-Garcia et al., 2012; Bird et al., 2006) or Black populations (Bécares, 2014; Forsythe-Brown et al., 2017; Williams et al., 2012). This study

addresses the need to advance research on immigrant health by focusing on cross-national (Acevedo-Garcia et al., 2012) and intersectional (Viruell-Fuentes et al., 2012) frameworks that emphasize social determinants of health and racialization processes, which may impact or interact with culturally relevant factors (Acevedo-Garcia et al., 2012).

The findings from the two studies have significant implications that should be considered. In particular, the research highlights that religious engagement and spirituality in India and the US may not provide the same level of protection for individuals who have experienced discrimination. This suggests a need to further develop culturally specific stress-coping and reserve capacity frameworks that center the influence of cultural context, oppressive structures, and social positionality (e.g., ethnicity by religious affiliation). Additionally, research on the stress-buffering effects of religious engagement and spirituality has primarily focused on non-Asian populations (Kent, 2020; Nguyen, 2020) and has not considered how social positionality may intersect with these factors. Further research is needed to better understand the contexts in which Asian Indians use religious practices and spirituality in response to discriminatory experiences and how the nature, function, and level of use of these practices are influenced by cultural factors and stratification systems to impact mental health and well-being. Quantitative, qualitative, and mixed-methods studies grounded in critical and transformative frameworks can be useful for advancing theory, research, and social justice in these areas (Mahalingam, 2007b, 2019; Sweetman et al., 2010).

Additionally, the findings from both studies suggest that engagement in religious practices and spirituality may positively impact the mental health and overall well-being of Asian Indians who experience discrimination. This has important practical implications worth considering. Research indicates that interventions based on religious or spiritual practices have

shown potential in decreasing stress levels and improving the quality of life for individuals experiencing high levels of stress (Tuck, 2012), as well as promoting psychological well-being among marginalized populations (Singh et al., 2020). For example, a study conducted with older women residing in rural Northern India, a demographic facing economic disenfranchisement and gender-based discrimination, revealed that compared to those not engaged in religious/spiritual activities (e.g., singing devotional songs), those engaged in these practices had higher levels of happiness and life satisfaction (Singh et al., 2020). Furthermore, those who had not previously engaged in these activities had improved scores on some indices of health (e.g., self-care) after participating in a religion/spirituality intervention (Singh et al., 2020).

Additionally, meta-analytic research suggests that psychotherapeutic approaches which incorporate patients' religious or spiritual beliefs, such as religiously integrated cognitive behavioral therapy, spiritual self-schema therapy, and religious cultural psychotherapy, may be as or more effective in improving psychological (e.g., depression) and spiritual (e.g., meaning-making) well-being than standard psychotherapies (Captari et al., 2018). However, therapeutic approaches and mindfulness-based practices rooted in feminist, liberation, decolonial, and social justice frameworks that acknowledge and cultivate awareness of the impact of various forms of oppression on marginalized groups may be more effective in addressing oppression-based trauma and promoting radical healing and transformation (Adames et al., 2023; French et al., 2020; Mahalingam, 2019; Mahalingam & Selvaraj, 2022; Soundararajan, 2022; Williams et al., 2016). For instance, these strategies involve elements such as validating an individual's experiences, affirming their worth, encouraging critical awareness and self-understanding, cultivating radical hope, strength, and resilience, and promoting collective care and action in response to interpersonal discrimination and oppressive systems (Adames et al., 2023; French et

al., 2020; Mahalingam & Selvaraj, 2022). Faith-based interventions conducted in churches or other community venues (e.g., senior centers) with African Americans only (Hankerson & Weissman, 2012) and multiple racial/ethnic groups (Hays & Aranda, 2016) have been shown to improve various behavioral (e.g., substance use) and mental health outcomes, including depressive and anxiety symptoms. A radical healing community-based participatory research program (Roncoroni & Tucker, 2024), which included collaborations between multidisciplinary research teams and communities (e.g., pastors, church groups) to assess and address needs, culminated in tangible (e.g., free access to healthy foods, health clinics, transportation) and psychosocial (e.g., stress and symptom management, education on how structural racism undermines health via targeted fast-food ads) resources. Moreover, the program led to enhancements in physical and mental health-related quality of life, as well as reductions in loneliness and body mass index among older and low-income Black adults, which persisted for 3 months after the program (Roncoroni & Tucker, 2024). Thus, community-based programs that integrate sensitive elements of spirituality may be practical and cost-effective for enhancing the psychological well-being of Asian Indians impacted by discrimination.

Moreover, these approaches may also benefit individuals such as Asian Indians in the MASALA (US) sample who did not disclose experiences with discrimination but for whom higher levels of religious engagement predicted worse mental health. For instance, participation in religious activities can positively impact mental health. However, it is important to acknowledge that aspects of organized religion can sometimes limit personal freedom by enforcing strict moral guidelines (Ambroise, 1992). Empirical evidence shows religiosity (e.g., belief in God, prayer frequency) correlates positively with measures of oppression at the national level (e.g., lack of civil liberties and political rights, conservatism) across different religious

groups (Hansen et al., 2018). Therefore, social work practices based on empowerment principles inspired by liberation theology can potentially enhance psychological well-being (Evans, 1992). These interventions can help individuals strengthen their sense of control, foster personal and spiritual authenticity, decrease self-blame, and facilitate a better understanding of power dynamics within religious institutions, ultimately enabling individuals to challenge external expectations imposed by others (Evans, 1992).

Finally, it is important to address unequal treatment to mitigate negative health effects on individuals, communities, and the global population to promote health equity (Braveman et al., 2011). Discrimination and health inequities hinder marginalized groups from flourishing, participating fully in society, and achieving optimal health (Braveman et al., 2011; Jones, 2000). As such, it is crucial for health equity researchers, including critical psychologists, to examine the impact of unfair treatment on Asian Indian populations, identify resources to alleviate these effects, and advocate for a fair distribution of resources for optimal health in this underserved community (Braveman et al., 2011; Suri, 2023).

Conclusion

Asian Indians represent a large and growing population segment domestically and globally. However, there is a lack of comprehensive research on health inequities in this understudied population, even though they bear a greater burden of cardiovascular disease (CVD) in both the US (Kandula et al., 2023) and India (Nag & Ghosh, 2013), with discrimination recognized as a contributor of health inequities among this population (Nadimpalli, Dulin-Keita, et al., 2016). Cardiovascular disease-related morbidity and premature mortality result in a range of personal and societal impacts, including increased healthcare expenses, decreased workforce productivity, and loss of wages (Khavjou et al., 2016). In the

context of the workforce, Asian American and Pacific Islanders (AAPI), specifically Asian Indians who are the second largest Asian group with the highest median income, play a significant role in the US economy—collectively contributing nearly 170 billion dollars in federal income taxes and 73 billion dollars in state income taxes in 2019. Non-communicable diseases, particularly cardiovascular disease, pose a significant economic burden on India, with some estimating losses of 4.6 trillion US dollars (Bloom et al., 2014).

Overall, the results from the current study provide evidence of the adverse effects of discrimination on Asian Indians in the US and India. Despite being viewed as "model minorities" in the US or as the majority in India, Asian Indians still face discrimination. Discrimination experiences may also impact them in ways that contribute to poor mental health and reduce psychological well-being. Further research is required to uncover the underlying mechanisms that connect discrimination with the health and well-being of this demographic. The findings also suggest that engaging in religious practices (for Asian Indians in the US) and spirituality (for Asian Indians in India) may have positive impacts on mental health when dealing with discrimination, even if instances of discrimination are not disclosed (as seen in the Indian sample). Moreover, the results highlight the potentially negative effects that religious involvement may have on the health of Asian Indians in the US among those who do not report experiencing discrimination. Additional research is needed to further clarify the findings of the current study and to understand the significance of distinct religious and spiritual practices from more comprehensive stress and coping frameworks that consider resistance, radical healing, and collective care that center the experiences of racially marginalized groups within intersecting systems of oppression (Cowan et al., 2022; French et al., 2020; Roncoroni & Tucker, 2024). This is essential for advancing theoretical and empirical knowledge, particularly in developing and

implementing culturally sensitive interventions to mitigate the harmful impacts of discrimination on this population.

Conclusion

The primary objectives of the studies in this dissertation were to: 1) investigate the prevalence and manifestations of everyday discrimination, 2) determine the distribution of exposure across selected social identities and contextual factors, and 3) examine associations between discrimination and measures of mental health and overall well-being and whether religion and spirituality shape these associations. This study makes a significant contribution to several fields, including psychology (specifically social, health, and clinical psychology) and public health, by quantitatively assessing experiences of discrimination among Asian Indians across contexts where they are considered a minority and majority group within the respective population. The findings are particularly relevant to understanding social marginality, intergroup dynamics, religion/spirituality, and their contributions to the health of racialized groups in different societies.

The studies in this dissertation assessed the aims using secondary data from large epidemiological, population-based datasets of Asian Indians residing in two distinct cultural contexts, specifically the United States and India. While there are limitations to using secondary data, it can serve as a valuable tool in psychological and population-based health research for various reasons. For instance, the MASALA and LASI datasets offer advantages such as analyzing variance in perceptions of unfair treatment across different segments of the Asian Indian population, assessing geographic differences, and providing evidence regarding risks associated with discrimination and benefits of culturally relevant psychosocial factors (Chan et al., 2018). Additionally, although methodological differences between the MASALA and LASI datasets prevented a direct comparison of certain aspects, efforts were made to ensure as much

comparability as possible. Despite this limitation, the findings from these datasets provide valuable insights.

Assessing Discrimination Among Asian Indians

Consistent with other studies, the findings from both the US (i.e., MASALA) and Indian (i.e., LASI) samples suggest the five-item EDS is appropriate for assessing day-to-day unfair treatment. This study is one of the few to have assessed the psychometric properties of the EDS using samples from Asian Indian populations in different cultural contexts.

Recent geopolitical and societal events highlight the importance of ongoing research into the impacts of oppressive forces on racialized groups from the global south and those living in the US. Additionally, recent events in India concerning the Punjabi-Sikh community protests against oppressive agricultural policies (Dwivedi, 2024) and the assassination of Sikh leaders by the Indian State in the US (PBS, 2024) underscore the need to consider discrimination as well as other forms of violence experienced by Asian Indians in both India and abroad.

Measures such as the shortened version of the EDS can serve as a practical and cost-effective means for capturing the more "subtle," yet often chronic forms of personally mediated discrimination experienced by Asian Indians in cross-national population studies. Researchers have proposed using quantitative methodologies to quantify the prevalence and extent of inequities to inform social justice-oriented policies (Cokley & Awad, 2013). Monitoring the prevalence of discrimination in its varied forms, including everyday discrimination, is essential for tackling social and structural inequities and advancing social justice.

The Role of Social Positionality and Context

Overall, the findings from both studies support the use of an integrated socioecological and intersectionality framework to understand discrimination experiences, their correlates, and

individual differences and similarities concerning the impact of discrimination on mental health and well-being. For example, the results from Studies 1A & 1B regarding the social patterning of discrimination demonstrate how multiple interlocking social identities intersect to increase or reduce the frequency of reported interpersonal discrimination. In a similar manner, the findings from Studies 2A & 2B underscore the importance of individual differences in the association between discrimination and psychological well-being. These findings can help in identifying segments of the Asian Indian population who may be particularly vulnerable to discrimination and may benefit most from coping reserves.

Asian Indians' perceptions of discrimination can be shaped by the various social stratification structures in which they are embedded. For instance, qualitative evidence suggests that the internalization of colonialism in India and model minority stereotype in the US can influence perceptions of discrimination (e.g., Adem et al., 2023). Caste was found to be a significant predictor of discrimination in the Indian context in the current study. Caste permeates across public and private domains in daily life in India (Yengde, 2019), and caste-based hierarchies persist within the Asian India diaspora (Kumar, 2023). This suggests the need to examine how caste-based dynamics manifest to influence routine experiences of unfairness. In studies involving Asian Indians in the US, it is necessary to consider the role of caste- and other systems (e.g., internalized colonialism) and how they intersect with various social identities (e.g., caste) within cultural contexts to shape interpretations of and reactions to discrimination.

Additionally, there is limited research on the environmental privileges and forms of structural discrimination (e.g., residential segregation) that segments of the Asian Indian population may experience that can influence perceptions of interpersonal discrimination. Social structures, such as racial and caste systems, can influence where people are residentially located

and their living conditions, often because of biased institutional policies and practices. The findings from this dissertation showed that neighborhood factors (i.e., neighborhood safety and cohesion) were associated with perceptions of discrimination, underscoring the need to include contextual factors in research on unfair treatment and other intergroup dynamics. Research in this area would be enhanced by incorporating social psychological and structural perspectives.

The findings challenge assumptions of uniform experiences within the Asian Indian community, highlighting variations based on individual and contextual factors. Future research must prioritize investigating mechanisms that could shed light on how social identities and contextual factors shape perceptions of discrimination and, in turn, how perceptions of discrimination impact psychological health and well-being.

Discrimination, Coping Reserves, and Mental Health/Well-Being

The results from Studies 2A/2B showed an association between everyday discrimination and poor mental health and lower subjective well-being among Asian Indians. The findings also provide initial evidence indicating that religious engagement and spirituality play a moderating role in the relationship between discrimination and psychological well-being. This study is one of only a few that have explored these types of assets and resources within the Asian Indian community concerning experiences of discrimination. It will be important to focus on examining mechanisms connecting experiences of discrimination and mental health and measures of psychological flourishing. Additionally, it is important to identify potential factors that can help counteract or mitigate the adverse effects of discrimination. This work has significant implications for informing the development of culturally sensitive and contextually tailored interventions to enhance overall well-being and mitigate the harmful effects of discrimination.

In sum, the results of this dissertation represent an initial advancement toward a more detailed and contextual understanding of discrimination experienced by individuals of Asian Indian descent. This study sets the foundation for further research on a demographic that has received limited attention in psychological and health equity research. With the rise in size and significance of the Asian Indian population in the US and worldwide, this research has substantial relevance and implications for theory, empirical research, practical applications, and policy considerations.

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Appendix A

Supplemental Tables

A1. Prevalence of Discrimination and Means for Moderator Variables by Covariates in the MASALA (US) Sample

	Reported Discrimination	No Discrimination		Religious Engagement		Spirituality	
Characteristic	**N (%)**	**N (%)**	**[a]p-value**	**M(SD)**	**[a]p-value**	**M(SD)**	**[a]p-value**
Age			.038		.136		.873
39-44	68 (80.95)	16 (19.05)		1.38 (1.06)		7.76 (2.27)	
44-64	341 (80.61)	82 (19.39)		1.53 (1.05)		7.89 (2.31)	
65+	87 (70.16)	37 (29.84)		1.70 (1.07)		8.36 (2.26)	
Gender			.340		.017		.000
Women	216 (76.87)	65 (23.13)		1.66 (.99)		8.34 (2.29)	
Men	280 (80.00)	70 (20.00)		1.45 (1.10)		7.65 (2.26)	
Education			.384		.000		.054
Bachelor's degree or less	171 (76.68)	52 (23.32)		1.90 (.98)		8.22 (2.45)	
Graduate or professional degree	325 (79.66)	83 (20.34)		1.35 (1.05)		7.82 (2.21)	
Employment Status			.009		.022		.003
Unemployed	137 (72.11)	53 (27.89)		1.70 (1.06)		8.39 (2.25)	
Employed (full/part-time)	359 (81.41)	82 (18.59)		1.48 (1.05)		7.78 (2.30)	
Income			.522		.000		.189
$49,999 or under	56 (72.73)	21 (27.27)		2.40 (.88)		8.44 (2.65)	
$50,000-$99,999	92 (80.70)	22 (19.30)		1.75 (1.04)		8.14 (2.34)	
$100,000-$199,999	179 (80.27)	44 (19.73)		1.48 (1.01)		7.86 (2.11)	
$200,000 or over	156 (79.19)	41 (20.81)		1.20 (1.00)		7.80 (2.37)	
Marital Status			.099		.946		.218
Married/Cohabitating	465 (79.35)	121 (20.65)		1.55 (1.06)		7.92 (2.29)	
S/S/D/W	31 (68.89)	14 (31.11)		1.53 (1.12)		8.41 (2.43)	
Religious Affiliation			.245		.001		.179
Hindu, Muslim, or Sikh	421 (79.43)	109 (20.57)		1.61 (1.05)		8.02 (2.27)	

	Reported Discrimination	No Discrimination		Religious Engagement		Spirituality	
[b]Other	75 (74.26)	26 (25.74)		1.21 (1.05)		7.64 (2.47)	
Chronic Condition			.434		.701		.020
No	138 (80.70)	33 (19.30)		1.57 (1.04)		8.32 (2.25)	
Yes (at least one)	358 (77.83)	102 (22.17)		1.54 (1.07)		7.82 (2.31)	
Health Insurance			.023		.000		.004
Coverage	470 (79.53)	121 (20.47)		1.51 (1.06)		7.88 (2.67)	
No Coverage	25 (64.10)	14 (35.90)		2.14 (.85)		9.17 (2.48)	
Site			.437		.000		.293
UCSF	294 (79.67)	75 (20.35)		1.36 (1.05)		7.87 (2.29)	
NU	202 (77.10)	60 (22.90)		1.82 (1.01)		8.08 (2.31)	
Percent of Life lived in the US			.002		.001		.005
0-40%	119 (69.59)	52 (30.41)		1.73 (1.03)		8.45 (2.49)	
41-60%	249 (83.28)	50 (16.72)		1.59 (1.07)		7.86 (2.22)	
61-100%	128 (79.50)	33 (20.50)		1.26 (1.02)		7.63 (2.16)	

Note. [a]Chi-square test of difference was used for categorical variables and *t*-test (with unequal variances) or ANOVA were used for continuous variables. [b]Other religious affiliations (e.g., Buddhist, Jain) or affiliation with multiple or unaffiliated. S/S/D/W = Single/separated/divorced/widowed. UCSF = University of California, San Francisco; NU = Northwestern University. M = mean; SD = standard deviation.

A2. Weighted Means for Moderator Variables by Covariates in the LASI (India) Sample

	Religious Engagement	Adjusted-Wald Test	Spirituality	Adjusted-Wald Test
Characteristic	**M(SD)**	**p-value**	**M(SD)**	**p-value**
[a]**Age**	-.01 (.00)	.000	.00 (.00)	.108
Gender		.514		.000
Women	1.53 (.87)		4.48 (3.39)	
Men	1.51 (1.04)		4.98 (3.94)	
Education		.000		.000
No schooling	1.39 (.88)		4.14 (3.14)	
[b]Schooling	1.69 (.91)		5.11 (3.87)	
Employment Status		.115		.093
Employed	1.51 (.89)		4.65 (3.51)	
Unemployed	1.54 (.92)		4.54 (3.50)	
Income		.000		.000
Poorest	1.34 (.88)		4.12 (3.30)	
Poorer	1.47 (.91)		4.49 (3.44)	
Middle	1.54 (.89)		4.44 (3.42)	
Richer	1.62 (.89)		4.85 (3.58)	
Richest	1.68 (.93)		5.07 (3.74)	
Marital Status		.000		.000
S/S/D/W	1.36 (.89)		4.32 (3.35)	
Married/Cohabitating	1.58 (.91)		4.68 (3.56)	
Religious Affiliation		.978		.003
[c]Other or unaffiliated	1.53 (1.09)		4.81 (4.16)	
Hindu	1.53 (.87)		4.53 (3.35)	
Caste		.000		.006
SC/T or OBC	1.50 (.90)		4.54 (3.42)	
None	1.64 (.93)		4.73 (3.67)	
Chronic Condition		.002		.000
Yes (at least one)	1.55 (.91)		4.75 (3.64)	
No	1.49 (.90)		4.43 (3.39)	

	Religious Engagement	Adjusted-Wald Test	Spirituality	Adjusted-Wald Test
Health Insurance		.178		.004
No Coverage	1.53 (.90)		4.54 (3.40)	
Coverage	1.50 (.95)		4.74 (3.92)	
Region		.000		.000
South	1.71 (1.19)		4.31 (3.79)	
North	1.68 (2.49)		4.98 (9.52)	
Northeast	1.30 (.78)		3.03 (2.64)	
East	1.53 (.86)		3.82 (2.30)	
Central	1.70 (.79)		6.90 (3.40)	
West	1.55 (.82)		5.33 (3.63)	

Note. [a]Simple linear regression coefficient and standard error are reported. [b]Some schooling categories include education levels ranging from less than primary (standard 1-4) to professional course/degree (e.g., B. Tech, MS, MBA, MD). [c]The Other category includes those identifying with any of the following religions: Muslim, Christian, Sikh, Buddhist/Neo-Buddhist, Jain, Jewish, Parsi/Zoroastrian, or other, and those not affiliated with religious groups. S/S/D/W = Single/Separated/Divorced/Widowed; SC/T or OBC = scheduled caste/tribe or other backward classes. M = mean. SD = standard deviation.

Appendix B

B1. Everyday Discrimination Scale (EDS)

In your day-to-day life, how often have any of the following things happened to you?

Items in the MASALA (US) Study	Items in the LASI (India) Study	1 Almost everyday day	2 At least once a week	3 A few times a month	4 A few times a year	5 Less than once a year	6 Never
1. *You are treated with less courtesy than other people are.*	*1. You are treated with less courtesy or respect than other people.*	**6**	**5**	**4**	**3**	**2**	**1**
2. *You are treated with less respect than other people are.*	*2. You receive poorer service than other people at restaurants or stores.*	**6**	**5**	**4**	**3**	**2**	**1**
3. You receive poorer service than other people at restaurants or stores.	*3. People act as if they think you are not smart.*	**6**	**5**	**4**	**3**	**2**	**1**
4. People act as if they think you are not smart.	*4. People as if they are afraid of you.*	**6**	**5**	**4**	**3**	**2**	**1**
5. People act as if they are afraid of you.	*5. You are threatened or harassed.*	**6**	**5**	**4**	**3**	**2**	**1**
6. People act as if they think you are dishonest.	*6. You receive poorer service or treatment than other people from doctors or hospitals.*	**6**	**5**	**4**	**3**	**2**	**1**
7. People act as if they're better than you are.		**6**	**5**	**4**	**3**	**2**	**1**
8. You are called names or insulted.		**6**	**5**	**4**	**3**	**2**	**1**
9. You are threatened or harassed.		**6**	**5**	**4**	**3**	**2**	**1**

B2. Religious Engagement and Spirituality Measures

Religious Engagement

How often do you do the following?

Items in the MASALA (US) Study	**0 Several times a day**	**1 Once a day**	**2 More than once a week**	**3 Once a week**	**4 1 or more times a year**	**5 Several times a year**	**6 Never**
1. *Pray by yourself?*	**6**	**5**	**4**	**3**	**2**	**1**	**0**
2. *Pray in a group other than a religious service?*	**6**	**5**	**4**	**3**	**2**	**1**	**0**
3. Attend religious services?	**-**	**5 (Several times per week)**	**4 (once a week)**	**3 (2-3 times per month)**	**2 (about once a month)**	**1 (rarely)**	**0 (never)**

In the past year, how often have you…

Items in the LASI (India) Study	**1 Every day**	**2 More than once a week**	**3 Once a week**	**4 1 to 3 times a month**	**5 1 or more times a year**	**6 Not at all**
1. *Done pooja or prayer?*	**6**	**5**	**4**	**3**	**2**	**1**
2. *Attended religious services (at temple/mosque/church, etc.)?*	**6**	**5**	**4**	**3**	**2**	**1**
3. Involved yourself in satsang/bhajan/kirtan/any religious gathering?	**6**	**5**	**4**	**3**	**2**	**1**

Item responses ranging from 0 to 1 were categorized as 0 “never/rarely attend”
Item responses ranging from 2 to 5 were categorized as 1 “attend monthly or more”

Non-Theistic Daily Spiritual Experience Scale

How often do you experience the following:

Items in the MASALA (US) Study	**0** **Many times a day**	**1** **Every day**	**2** **Some days**	**3** **Once in a while**	**4** **Never**
1. I feel deep inner peace or harmony.	**4**	**3**	**2**	**1**	**0**
2. I am touched by the beauty of creation.	**4**	**3**	**2**	**1**	**0**
3. I feel a selfless caring for others.	**4**	**3**	**2**	**1**	**0**
Items in the LASI (India) Study	**1** **Every day in a week**	**2** **Some days in a week**	**3** **Once in a week**	**4** **Occasionally**	**5** **Never**
1. Do you think that you have a feeling of deep inner peace?	**4**	**3**	**2**	**1**	**0**
2. Do you think that you are spiritually touched by the beauty of creation?	**4**	**3**	**2**	**1**	**0**
3. Do you think that you are selflessly caring for others?	**4**	**3**	**2**	**1**	**0**

B3. Mental Health and Well-Being Measures

12-item Short Form Survey (SF-12) [MASALA]

In general, would you say your						
Excellent	**Very good**	**Good**	**Fair**		**Poor**	
Does your health now limit you in these activities? If so, how much?						
A. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.			**Yes, limited a lot**	**Yes, limited a little**	**No, not limited at all**	
B. Climbing several flights of stairs.			**Yes, limited a lot**	**Yes, limited a little**	**No, not limited at all**	
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?						
A. Accomplished less than you would like.			**Yes**		**No**	
B. Were limited in the kind of work or other activities.			**Yes**		**No**	
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?						
A. Accomplished less than you would like.			**Yes**		**No**	
B. Didn't do work or other activities as carefully as usual.			**Yes**		**No**	
During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?						
Not at all	**A little bit**	**Moderately**	**Quite a bit**		**Extremely**	
How much of the time during the past 4 weeks -						
A. Have you felt calm and peaceful?	**All of the time**	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
B. Did you have a lot of energy?	**All of the time**	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
C. Have you felt downhearted and blue?	**All of the time**	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**

Satisfaction with Life Scale [LASI]

Please say how much you strongly agree, somewhat agree, slightly agree, neither agree nor disagree, slightly disagree, somewhat disagree or strongly disagree with the following statements.

	1 Strongly disagree	**2 Somewhat disagree**	**3 Slightly disagree**	**4 Neither agree nor disagree**	**5 Slightly agree**	**6 Somewhat agree**	**7 Strongly agree**
1. In most ways my life is close to ideal.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
2. The conditions of my life are excellent.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
3. I am satisfied with my life.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
4. So far, I have got the important things I want in my life.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
5. If I could live my life again, I would change almost nothing.	**1**	**2**	**3**	**4**	**5**	**6**	**7**