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Perceived Social Status And Gender Role Beliefs Impact On Self-Efficacy And Quality Of Life Of Women Of Color, Dependent Visa Holders In The United States

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PERCEIVED SOCIAL STATUS AND GENDER ROLE BELIEFS IMPACT ON SELF-
EFFICACY AND QUALITY OF LIFE OF WOMEN DEPENDENT VISA HOLDERS
IN THE UNITED STATES

by

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Bachelor of Science, Bethune College, University of Calcutta, 2018

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This thesis, submitted by Surjya Bajpayee in partial fulfillment of the requirements for the Degree of Master of Arts from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

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This thesis is being submitted by the appointed advisory committee as having met all of the requirements of the School of Graduate Studies at the University of North Dakota and is hereby approved.

_____
Chris Nelson Dean of the School of Graduate Studies

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PERMISSION

Title	Perceived social status and gender role beliefs impact on self-efficacy and quality of life of women dependent visa holders in the United States.
Department	Counseling Psychology and Community Services
Degree	Master of Arts

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Surjya Bajpayee
04.23.21

Abstract

A large body of literature evaluates the impact of acculturation on immigrants in the U.S. but fails to capture the conditions of their spouses (F2/H4 visas). The gendered immigration policies restrict the spouses who are predominantly women from employment, higher education, and any privileges that come with it. To analyze what variable might impact their psychological health, this paper evaluates gender and class factors. The paper also explores how much these women are involved in household decision making process. Independent t tests and correlational analysis is used to assess the impact of perceived social status and gender role beliefs on the self-efficacy and quality of life of F2/H4 visa holders in the United States. The study results demonstrated a positive correlation between perceived social status and quality of life, and the participants with better quality of life had higher self-efficacy. No significant relationship was established between gender role belief and the dependent variables. The study discusses how the perception of social status can alter a dependent female spouse's state of being and ability to face future challenges. Research implications for service providers and researchers are discussed.

*Keywords***:** dependent female spouses, immigration, social class, gender role beliefs, quality of life, self-efficacy, household decision-making.

Effect of Social Status and Gender Role Beliefs on the Self-efficacy and Quality of Life of F2/H4 Visa Holders in the United States

The international population plays several vital roles in higher educational institutions, research fields, and other job sectors in the U.S. International workers and students arrive in the country on various visas, categorized based on the purpose of arrival, nationality, and duration of stay. According to the Department of State-Bureau of Consular Affairs, between the fiscal years 2016-2020, a total of 266,999 visas were issued for the dependent family members (spouses and children) of immigrants in the U.S. (*Bureau of Consular Affairs - United States Department of State 2021*). Family sponsored visas are given to the spouses and children of immigrants (alien residents) who come to the U.S. for work or education (*Bureau of Consular Affairs - United States Department of State 2021*). This paper will examine the impact of visa regulations on the lives of dependent female spouses, predominantly on the two major categories of F2 & H4 visas. USCIS (U.S. Citizenship and Immigration Services) issues F2 visas to the dependents of F1-visa-holders (students in the U.S.), whereas H4 visas are issued to the dependents of the H-1B population (employees who are skilled in specialized fields) (*U.S. Citizenship and Immigration Services* 2021).

Every year millions of foreign-born people travel to America hoping for a better life and future. But the restrictions that are imposed on dependent female spouses sometimes make it impossible to make their own life choices. The guidelines restrict dependent visa holders from engaging in any type of employment in the U.S. From May 26 of 2015, USCIS has allowed the dependent female spouses with H4 visas to file applications for Employment Authorization, only if their spouses have already started the process of seeking permanent resident status, allowance for F2 dependent female spouses remaining a distant possibility (*U.S. Citizenship and Immigration Services* 2021).

This paper focuses on analyzing the mental health of dependent female spouses. Several studies have coined this population as a "Ghost Population" due to its lack of presence in the research world (Ban & Lee, 2018; De Vertbelyi, 1995). The results from these studies show a correlation between unemployment and mental health. One such study demonstrates an adverse psychological impact on mental health due to unemployment (Frijters et al., 2004). While researchers from another study found that unemployment and acculturation without any organizational support brings more challenges to dependent female spouses (Martens & Grant, 2008). To gain a more in-depth perspective, qualitative studies have been conducted. These studies have brought to light some significant themes which include being left out of the initial decision-making processes, lacking institutional support, experiencing cultural barriers, visa restrictions, shifts in their relationship balance within their marriage, and language issues (Vogel, 1986). De Verthelyi's (1995) study found that work or family values and gender role orientation alters one's degree of cultural shock. The same result was found in Mitrushi's (2009) study when examining international students' wives from twenty different countries. Day (2003) noted that a perceived change in self-identity from being working to being unwaged wives intensifies the degree of adjustment. Similar to Day (2003), Yellig (2011) noted that previous professional identity makes the adjustment process more challenging for dependent female spouses. Yellig's study also focused on the importance of culture in the home country and found that people from spiritually oriented cultures found U.S. culture more contrasting.

The findings from the aforementioned studies support the assertions that poor mental health condition are related to several social and systematic challenges (Mahendra & Agarwal, 2016). However, while most of these qualitative studies focus on the present psychological state of the targeted group, few have studied the subjective experiences that might influence these

dependent spouses' state of being (Mahendra & Agarwal, 2016; Yellig, 2011). Additionally, how these transitions affect their views about their future self is still unknown. Literature supports their lack of involvement in the initial decision-making process but has no information about their current involvement in day-to-day decisions (Mitrushi, 2009). Dependent female spouses at times feel concerned about sharing their needs and difficulties to a foreign researcher in qualitative studies. Thus, it fails to capture genuine emotions and problems (Vogel, 1986). The language is an additional barrier that has made interviews in English more challenging (Martens & Grant, 2008).

Thus, it is crucial to conduct anonymous quantitative studies to examine the overall trends. The findings of this study will be an addition to the research pool and fill the present literature gap. It will also give mental health workers a glimpse of how belief systems and subjective experiences can alter an immigrant's adjustment journey. In order to develop a broader understanding of the causal factors, three independent variables are chosen here, namely, subjective social class, gender role belief, and household decision making, which will be assessed in this study to investigate how personal belief system and perceptions impact the psychological state (quality of life and self-efficacy) of a dependent female spouse in the U.S.

Literature Review

International Population and Visa Policies

According to the Immigration and Naturalization Service (INS), the majority of the population who arrive in the U.S. on F2/H4 visas are predominantly women (Martens & Grant, 2008). As a part of the guidelines for spouses of international residents, they are denied employment after arriving in the U.S. (Cline, 2003). These individuals are not allowed to obtain any Social Security Number, limiting their ability to open a bank account or obtain any credit

cards in their name (Balgamwalla, 2014). The visa regulation restricts the individual from having any control over their immigration status, getting a divorce, retaining custody of their children, and escaping domestic violence (Balgamwalla, 2014). Any flawed trial can put them at the risk of losing their visa status and return to their country of origin. They are only allowed to engage in recreational or voluntary activities and not pursue any degree or get involved in any work (Ban & Lee, 2020; De Verthelyi, 1995). De Vertbelyi (1995) reasoned, at the time, that the non-existence of dependent female spouses in the research literature indicated the marginalization of the spouses (Schwartz & Kahne, 1993; Vogel, 1986).

These guidelines force female spouses to go back to the stereotyped female roles where wives rely on their partners for basic amenities like food, clothing, and the other necessities of life (Melinda Cline, 2003). This study aims to explore how this power difference might have an impact on the dependent female spouses state of being. We examine the perceived qualities (gender role and social class) of the dependent female spouses and how they regulate their quality of life and self-efficacy. The study aims to create awareness and evaluate the standards of life of the population.

Subjective Social Status

Visa regulations bring a change in perceived social status and freedom for our targeted population. Subjective social status can be defined as how people perceive their social class relative to others (Diemer et al., 2013). Literature predicts the association of a higher level of subjective social status with better health (Ostrove, et al., 2000). Ostrove et al. (2000), in their study, found that subjective socioeconomic status was associated with education, household income, and occupation. The degree of adjustment in a new country is more for these individuals due to the perceived shift in self-identity and employment (Day, 2003). The loss of employment

not only takes a toll on their self-esteem and confidence but brings a sense of underachievement (Cui et al., 2017).

Several scholars indicated that acculturation stress, financial stress, and social support are the main barriers faced by international couples in the U.S. (Martens & Grant, 2008; Vaez et al.,2015). Especially for international students (F1 visa holders), university employment income can bring financial strain for a family (Arthur., 1997; Harman, 2003). In their study, Samit Dipon Bordoloi (2014) pointed out that along with unemployment, the targeted population is also adding a huge gap in their career journey, which can affect their long-term career prospects. There is a significant role transition for this population where a feeling of dependence comes in with other hurdles (Martens & Grant, 2008).

Literature supports that the well-being of a person is influenced by unemployment and perception of social class (Frijters et al., 2004; Garza et al., 2017; Navarro-Carrillo et al., 2019). Anderson (2009), in their study, stated that the experience of unemployed individuals depends on the social class where they belonged before unemployment, thus altering their well-being in the transition. The literature cites that financial strain is a barrier to adjustment for this population (Arthur., 1997; Harman, 2003) but does not address if the experience of those employed in their home country is different from those who were not employed in their home country. This study aims to examine how for the dependent female spouses, perceived social class impacts their state of being in the U.S. and if there is any difference in the experiences which result from their employment history.

Perceived Gender Role

Gender is a social construct that includes expectations, perspectives, and behaviors that vary from culture to culture (*Gender and health, 2021*). Perceived gender role encompasses a

range of behaviors and attitudes that are generally considered acceptable, appropriate, or

desirable based on a person's sexual identity (Levesque, 2011). The guidelines of the dependent

visas might impact the visa holders differently based on their past lived experiences and gender

role beliefs. There is evidence that their country of origin's culture affects the adjustment of the

dependent visa holders in the host country (Yellig, 2011). Additionally, some scholars have

stated that spouses' cultural shock is dependent on gender-role orientation and values related to

work and family (De Vertbelyi, 1995; Mitrushi, 2009).

Some women have very little to no knowledge about US culture and the gendered

immigration policies before entering the new country (Mitrushi, 2009). These women go through

this layered acculturation process independently, without any support from institutions or

organizations such as universities or international centers or work organizations (Martens &

Grant, 2008).

Another similar gender construct is self-perceived gender typicality which narrates

how typical one person is for their gender. Egan and Perry's (2001) study stated how this

perception affects the person's involvement in gender-stereotyped roles. The study found that

there is a positive correlation between gender typicality and a person's self-efficacy for gender-

typed activities and gender-typed traits. Thus, it is essential to assess the effect of such gender-

related perceptions on dependent female spouses' mental health in the U.S., where immigration

policies make them go back to a traditional role. In this study, we aimed to explore how

perceived gender role belief may influence their acculturation. There might be a disruption in

gender roles for some, but for others, there might be no changes in the belief system, and thus the

two categories will have different ways of viewing gender-stereotyped roles.

Household Decision-making

　　With the change in social norms, the strict identity roles in a couple may change over time, and thus household decision making roles may become less predetermined (Madill & Bailey, 1999). Research on international couples in the U.S. depicts a variation in this trend where dependency brings power differences. In their study, Cui et al (2017) state that the loss of professional employment brings identity confusion and a power dynamic in the couple. It contributes to unequal power distribution and unfair expectations, which negatively impact the person in the lower position of power. Those negative impacts can be depression or anxiety (Mirowsky & Ross, 1990), unhappiness (Lindhal & Malik, 1999), a sense of lack of control over one's life (Molm, 1985; Ross, 1991), and lack of self-esteem (deTurck & Miller, 1986).

　　The loss of role and transition of identity is challenging for those who have cherished independence and financial freedom in their native society (Chen, 2009). The disruption in roles has been noticed in many qualitative studies. Zhang et al. (2011) reported that participants had to cope with a change from an egalitarian gender ideology to a traditional one after their arrival to the U.S. The partners of these women also encounter a new position where they are the only earning member responsible for meeting everyone's needs. This starts the beginning of unequal power distribution, which can have consequences in their everyday life (Cui et al., 2017). Along with gender-based expectations, dependent female spouses might be considered a burden or even undervalued at home (Cui et al., 2017).

　　The literature cites that it is not even a choice for most women accompanying their husbands but rather an expectation from them (Bilus, 2017; De Verthelyi, 1995). They had very little to no idea about life in the U.S. and had less involvement in the decision-making process (Mitrushi, 2009). Considering their involvement in the immigration procedure, we are curious to

explore how involved they are in day-to-day choices. This study aims to explore their decision-making power at home for household activities and explore how it affects their self-efficacy and quality of life.

Quality of Life

Quality of life is a multidimensional concept where a person's score depicts their comfortability, level of participation, and enjoyment for different aspects of life. The World Health Organization (WHO) defines QOL as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" (*WHOQOL - Measuring Quality of Life| The World Health Organization*). In their study, Mahendra et al. (2016) analyzed the psychological state of dependent female spouses compared to their working partners. It was stated that compared to their working partners, individuals on dependent visas demonstrated higher scores on disability, depression, and anxiety and lower level of scores in life satisfaction (Mahendra,2016).

Past studies that focus on the quality of life among immigrant married women successfully demonstrate a low score (Huang et al., 2018; Mahendra et al., 2016). In addition, dependent visa holders scored high on the depression scale, anxiety scale, and disability scale (Mahendra,2016). The results are concerning when considering immigrants' documented reluctance to use mental health services (Abe-Kim et al., 2007). The availability of health insurance for the population is also questionable considering the financial condition of some families, especially those on student status. The causes behind the low scores for this unique population are yet unknown. The present study wants to explore the reasons that might be responsible for the change in the targeted population's quality of life.

Self-efficacy

Albert Bandura defined self-efficacy as a person's perspective on how well they will be able to take required actions to deal with future prospective situations. Bandura (1997) elaborated how a person's self-efficacy is developed by their experiences and shapes their future perception about themselves. The literature cites that dependent visa holders feel incompetent, especially in the first few years of moving to the United States (Myers-Walls et al.,2011). Moving to the U.S., being considered a significant experience or event in their life might as well affect their self-efficacy.

Nesdale & Mak (2003), in their study, focused on the psychological consequence of immigration on immigrants' self-esteem in Australia. The results demonstrated that the self-esteem of immigrants was influenced by their individual achievements and accomplishments. For dependent visa holders in the U.S., the sense of underachievement (Cui et al., 2017) can tentelively influence their self-esteem and self-efficacy. Myers-Walls et al. (2011), in their study, demonstrated that dependent visa holders feel incompetent as parents due to their language barriers. These everyday experiences can gradually alter self-perception, and the present study aims to evaluate which variables can cause this alteration.

Inter-relations

The literature depicts the status of the international wives where a low quality of life, change in status, and poor mental health is noted. But there is limited research about how their personal beliefs and background can make a difference in the process and thus overall well-being (Mahendra et al.,2016; Yelling, 2011). There is a discrepancy in the literature where one group perceived themselves as a burden (Anderson, 2008), whereas another group felt more relaxed in this role (Campbell & Prins, 2016). The difference might be attributed to personality differences

which might arise from their perceptions, beliefs, resiliency level, motivation, and other personal factors. In the present study, we explore beliefs and perceptions related to gender and class.

Gender role belief and dependent variables (Quality of life and Self-efficacy)

There are limited studies that explored the effects of gender role beliefs among immigrants. Coming from different backgrounds, dependent visa holders brings various experiences, expectations, and beliefs with them. Arends-Tóth & van de Vijver (2008) investigated the relation of gender role beliefs and well-being among different cultural groups in the Netherlands. They found that less egalitarian gender role beliefs (referred to as traditional role belief in our study) were associated with a lower level of well-being among immigrants in the Netherlands (Arends-Tóth & van de, 2008). Considering both subjective well-being and quality of life assess experience, capacities, states, behaviors, appraisals, and emotional reactions to circumstances (Skevington & Böhnke, 2018), this study investigates if the same relation is found between gender role belief and quality of life. No studies were found which addressed the interaction of gender role beliefs and general self-efficacy of the targeted population. Thus, to understand the interplay between these three variables, our study aims to explore the effects of gender role belief on the quality of life and self-efficacy of dependent wives in the United States.

Social class and dependent variables (Quality of life and Self-efficacy)

An F2/H4 Visa holder, based on immigration guidelines, is not allowed to obtain employment or receive a social security number (Balgamwalla, 2014). These restrictions impact the individual's social standing while living in the U.S. Thus, these individuals are dependent on their spouse for financial support and stability. Based on these concerns and impact on the social class status of F2/H4 Visa holder, it is essential to examine the literature related to these experiences.

In their study, Huang et al. (2018), reported how quality of life is related to monthly income for married women in rural China. Haring et al. (1984) noted that three constructs of social class - socioeconomic status, occupational status, and income have a significant impact on subjective well-being. For the targeted population, all three of them change as a result of their visa regulations. Considering the similarities between subjective well-being and quality of life (Skevington & Böhnke, 2018), this study investigates the relation between subjective social class and quality of life.

Literature shows a positive effect of subjective social class on a person's self-efficacy (Kraus et al., 2009; Quiroga-Garza et al., 2018). Kraus et al. (2009) discussed the relation of controllability and subjective social class, where people with a higher score on the subjective social class scale felt more in control of their situation, which made them feel more capable of handling future challenges (self-efficacy). Thus, the targeted population's unique financial situation might have an impact on their subjective social class, which in turn can impact their general self-efficacy. Therefore, to understand the interplay between these three variables, our study aims to explore the effects of subjective social class on the quality of life and self-efficacy of the dependent wives of F1 and H1B visa holders in the United States.

Household decision making and dependent variables (Quality of life and Self-efficacy)

No past research was found which discussed the relationship between the dependent variables and the household decision-making process. The literature cites that couples who make shared household decisions have more marital satisfaction (Whisman & Jacobson, 1989) and more equal power distribution. The present study examines the general trend in terms of household decision-making among these couples and investigates if it impacts the dependent wives' quality of life and self-efficacy.

Purpose of the study

While there are a limited number of studies on the spousal experiences of international residents, the focus is on their experiences at present. How their perceptions and subjective experiences are impacting the present and will affect their perception of future-self and abilities is still unknown. The purpose of this study is to investigate how perceived social status and gender role beliefs affect a person's quality of life and self-efficacy. The findings can help us create not only awareness but also fill this gap in the literature.

In this study, the variables under examination are gender role beliefs, subjective social class, household decision making, quality of life, and self-efficacy. We hypothesized that women with progressive gender beliefs would experience a significantly lower level of quality of life and higher degree (level) of self-efficacy than women with traditional gender beliefs. We also hypothesized that women with high or moderate perceived social status would have significantly higher self-efficacy levels and quality of life than women with lower levels of perceived social status. The study also aimed to evaluate the relationship between perceived household decision-making and one's quality of life and self-efficacy in the host country.

Methods

Participants

Current U.S. residents with either F2 or H4 visa were included in the study. Participants identified as women and were above 18 years of age. They were not excluded based on other demographic characteristics. The majority of the population were aged 25-30 years and are married for 5-10 years. More than half of the population were employed prior to arriving in the U.S. and had a bachelor's or master's degree in their home country.

Measures

  This study used several self-report questionnaires to measure social class status, gender role beliefs, decision making, self-efficacy, and the quality of life of the participants (e.g., MacArthur Scale of Subjective Social Status, Gender role Belief scale, Household Decision-Making Scale, General Self-Efficacy Scale, The Quality-of-Life Scale (QOLS).

The MacArthur Scale of Subjective Social Status

  The MacArthur Scale of Subjective Social Status is used for measuring the subjective social status of a person in their community (SSSc) and perceived status within the U.S. (SSSus). It uses two visual analog scales to measure class (Cundiff et al., 2013). For social ladder, the concurrent validity Kappaw = 0.55, and face validity indicates that the scale captures subjective social status across indicators of socioeconomic position. The scale has an adequate test-retest reliability (alpha reliability= 0.62). In this study, the alpha coefficient of the scale was 0.35.

Gender Role Belief Scale

  The short gender role belief scale intends to measure the participant's perspective beliefs about gender roles (Brown & Gladstone, 2012). It is a 10- items scale and has strong internal consistency (α = .81). The internal consistency for female participants is α = .81 and for male participants is α = .76. Adequate construct validity was reported by the authors (Brown & Gladstone, 2012). In this study, the alpha coefficient of the scale was 0.84.

Household Decision Making Scale

  The scale's objective is to measure household decision-making, as perceived by couples, men alone, and women alone (Nanda, 2011). It is three items scale and is self-reported. Adequate predictive validity was measured by multivariate logistic regression. The internal consistency for

wives is alpha = .71, for husbands' alpha = .50and for couples' alpha = .67. In this study, the alpha coefficient of the scale was 0.68.

Quality of life Scale

The scale's objective is to measure the quality of life in five domains of life: material, physical, psychological, social, family, and environmental. The self-measured scale is 16 items. The scale is internally consistent (α = .82 to .92) and has good convergent and discriminant validity (Burckhardt & Anderson, 2003). In this study, the alpha coefficient of the scale was 0.95.

Self-Efficacy Scale

The objective of the scale is to measure the self-efficacy of the participants. It is a self-report scale with ten items. The internal reliability is adequate (Cronbach's alphas between .76 and .90). The General Self-Efficacy Scale is valid and correlated to emotion, optimism, work satisfaction (Schwarzer & Jerusalem, 1995). In this study, the alpha coefficient of the scale was 0.88.

Procedure

The study was conducted in compliance with the Internal Review Board (IRB) of the University of the North Dakota. Participants for this study were recruited through social media and international student centers at universities and colleges across the United States. Flyers were circulated on the campus of the University of North Dakota and across social media platforms (Facebook groups, websites for immigrant population). Recruitment emails were sent to International centers of various Universities. The emails and flyers had a direct link address for the study, and there was no financial compensation upon completion.

Results

In the present study the independent variables that are used are – gender role belief scale (GRBS), perceived social status (SSS) and household decision making (HDMS). The impact of the IVs are measured on quality of life (QOL) and self-efficacy (SE). Correlational and independent T tests were used to analyze results. A Pearson product-moment correlation coefficient was computed to assess the relationship between all the variables used. An alpha level of 0.01 was used for the test.

Table 1

Demographics table

Demographics		Frequency	Percent
Current visa status	F2	17	38.6
Age	H4	27	61.4
	18-25 years	10	22.7
	25-30 years	16	36.4
	30-35 years	11	25
	35-40 years	5	11.4
Sexual orientation	40-50 years	1	2.3
	Female	2	4.5
Stay in the U.S.	Straight	1	2.3
	Less than 1 year	7	15.9
	1-3 years	16	36.4
	3-5 years	8	18.2
	5-7 years	3	6.8
	7-9 years	3	13.6
Married Years	More than 10 years	11.4	6.8
	Less than 1 year	6	38.6
	1-5 years	17	22.7
	5-10 years	10	13.6
	10-15 years	6	2.3
Number of children	15-20 years	1	9.1
	None	21	25
	1	11	20.5
	2	9	2.3
Age of youngest child	3	1	4.5
	1-5 years	16	13.6
Elderly person who needs care	5-10 years	6	50

Employment Status in the Home country	No	41	6.8
	Employed	25	40.9
Total household income in the U.S.	Not Employed	18	2.3
	Less than $5,000	6	9.1
	$5,000 through $11,999	4	4.5
	$12,000 through $15,999	2	13.6
	$16,000 through $24,999	6	9.1
	$25,000 through $34,999	4	2.3
	$35,000 through $49,999	1	11.4
	$50,000 through $74,999	5	11.4
	$75,000 through $99,999	5	11.4
	$100,000 and greater	5	4.5
	Don't know	2	4.5
Religion	No response	2	4.5
	Asian Folk Religion	1	72.7
	Hindu	32	18.2
	Muslim	8	4.5
Highest degree	Christian (Catholic protestant or any other Christian denominations)	2	2.3
	High school diploma or equivalency (GED)	5	45.5
	Bachelor's degree	20	36.4
	Master's degree	16	2.3
	Doctorate	1	2.3
Residential State in the U.S.	Professional (MD, JD, DDS, etc.)	1	2.3
	Arizona	2	2.3
	Arkansas	1	9.1
	California	4	2.3
	Delaware	1	2.3
	Florida	1	6.8
	Georgia	3	2.3
	Kansas	1	4.5
	Massachusetts	2	6.8
	Michigan	3	2.3

	Minnesota	1	4.5
	New Jersey	2	2.3
	North Carolina	1	22.7
	North Dakota	10	9.1
	Ohio	4	2.3
	Oklahoma	1	2.3
	Oregon	1	2.3
	Pennsylvania	1	2.3
	South Carolina	1	2.3
	Texas	1	6.8
	Washington	3	100

Table 2

Correlation table

	GRBS	SSS	HDMS	SES	QOL
GRBS	1				
SSS	0.265				
HDMS	0.309	-0.003			
SES	0.254	0.286	0.049		
QOL	0.175	.519**	-0.123	.532**	1
Mean	4.4747	5.2188	2.3229	3.0485	3.2421
Std. Deviation	1.43828	1.59605	0.7356	0.77808	1.51322

** Correlation is significant at the 0.01 level (2-tailed).

The participants with higher score on the subjective social status scale were expected to have higher quality of life and self-efficacy compared to participants who have lower scores on the scale. The correlational analysis depicted a linear relationship between subjective social status and quality of life. There was a moderate, positive correlation between perceived social status and quality of life that was significant, $r(29)= .52, p =.003$. There was also a moderate, positive correlation between the quality of life and self-efficacy that was significant, $r(27)= .53, p =.003$. A weak, positive correlation was found between the subjective social status and self-efficacy that was not significant, $r(29) = .29, p =.133$.

The participants with higher score on the gender role belief scale were expected to have higher quality of life and lower self-efficacy compared to participants who have lower scores on the scale. No significant relationship was found between the three variables. The household decision making scale had almost no correlation with self-efficacy, $r(27) = .05$, $p = .80$ and a weak negative relationship with quality of life that was not significant, $r(29) = -.12$, $p = .52$.

An independent-sample t test was conducted to evaluate the hypothesis that that women with progressive gender beliefs would experience a significantly lower level of quality of life than women with traditional gender beliefs. There was no significant difference in the quality-of-life scores for women with progressive ($M=3.06$, $SD=1.52$) and traditional ($M=3.5$, $SD=1.17$) views; $t(28)-.65$, $p=.52$.

An independent-sample t test was conducted to evaluate the hypothesis that women with progressive gender beliefs would experience higher degree (level) of self-efficacy than women with traditional gender beliefs. There was no significant difference in the self-efficacy scores for women with progressive ($M=3.17$, $SD=.84$) and traditional ($M=2.59$, $SD=.32$) views; $t(27)1.67$, $p=.11$.

An independent-sample t test was conducted to evaluate the hypothesis that women who experienced a change in employment status will have a significantly lower level of self-efficacy than women who experienced no change in employment status. There was no significant difference in the self-efficacy scores for women with a change ($M=3.22$, $SD=.90$) and no change ($M=2.75$, $SD=.36$) in employment status, $t(28)1.67$, $p=.11$

Discussion

The purpose of this study was to investigate how perceived social status and gender role beliefs affected dependent female spouses' (F2 & H4 visa holders) quality of life and self-

efficacy. The participants demonstrated lower quality of life and a general lower level of perceived social class. The results are consistent with the literature on quality of life of the dependent female spouses (Mahendra & Agarwal, 2016). Significant correlations were demonstrated between quality of life and perceived social status, which depicts the participants who felt more financially secure also had a better quality of life where their needs are met. This finding supports earlier research work on social class and quality of life (Huang et al., 2018).

Significant correlations were demonstrated between quality of life and self-efficacy of the dependent female spouses. Prior research work which elaborated how higher perceived social status brings controllability and thus increases the sense of self-efficacy (Kraus et al., 2009; Quiroga-Garza et al., 2018). Our findings suggest that when basic social needs are met which results in higher quality of life, a person will feel more secure for future challenges. Thus, in future quantitative needs assessment will be required to assess the dependent female spouses' necessities.

However, against expectations, there was no significant difference between the participants who had traditional gender role beliefs compared to those with progressive gender role beliefs in terms of self-efficacy and quality of life. Similar results were found when comparing means scores on perceived social status for individuals with traditional gender role beliefs and progressive gender role beliefs.

No significant relationship was established between household decision making and the dependent variables (self-efficacy and quality of life). However, participants' score on the household decision making measure seemed to suggest that household decisions were made together more often than by the male spouse. The findings give us some insight about the power dynamics in the couple and future investigation will be required to find the causal factors. Mental

health workers should keep this dynamic in radar while working with international families or dependent female spouses.

Implication

The findings provide information about the relationship between perceived class and the mental health of the dependent wives. The low scores for the participants' quality of life depict the possible need for supportive programs for the dependent female spouses, enhancing their well-being and self-efficacy. The Universities might consider separate orientation programs and support groups for the F2 visa holders. The study seemed of offer some insights into how diverse the background stories of an immigrant can be. Finally, mental health clinicians should understand this uniqueness of this populations' experience as well as remain mindful of their cultural background when working with dependent female spouses.

Limitations of the Study and Future Research

Despite the need for research on this population, this study had several limitations. First, the low number of participants in this study may have impacted scores and the relationships we found in the data. Additionally, the low number of participants in the study greatly limits our ability to make any generalizations to the larger population of individuals in this community. This might have been due to the impact of the ongoing COVID-19 pandemic, which restricted the international centers to circulate information which are not COVID related to the international community. Thus, any future studies will need to replicate this with a larger sample size. Second, Cui D. et al. (2017) stated that one cannot investigate the multilayered social oppression of the international wives in the host country by analyzing separate variables. Thus, in future if a multicultural design like the ADDRESSING model (age, developmental disabilities, acquired disabilities, religion, ethnicity, sexual orientation, socioeconomic status, indigenous

group membership, nationality, and gender) could be used then a better exploration could be done (Hays, 2009). Third, due to language barriers, several participants could not be reached. Thus, if multilingual scales could be used in the future, then the number of participants can be maximized. Finally, like most research in the field, this study fails to recognize the mental health condition of partners who identify as heterosexual males. Thus, future studies should explore their unique needs as well.

Future studies can also explore the impact of socialization and small groups on the population's mental health since qualitative interviews depicted a strong relation between them. In future researchers can take into consideration the role of religion, their sexual orientation and residential state in the U.S. Vogel (1986) found that Japanese sojourners' wives in the U.S. did not feel comfortable disclosing their problems with US-based researchers. Also, interviews in English decrease the number of participants. Thus, in the future a mixed method study can be used where along with interviews, anonymous quantitative surveys can help us win their confidence and connect us with a larger pool of participants.

Conclusion

This study provides an initial examination of dependent spouses' (F2/H4) perceived social status and gender role beliefs impact on aspects of their mental health. While this study yielded minimal understanding of these experiences, this study may serve as a guidepost of creating future studies of such an invisible population living in the US (Martens & Grant, 2008). We encouraged more future quantitative and qualitative studies on this population. It is our hope that through increased awareness and research, mental health clinicians will be better equipped to meet the psychological needs of this population.

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Appendix

Survey Questions

Current Visa Status

    F2
    H4
    Other

Gender

    Male
    Female
    Transgender

    Self-identity _____

Age

    18-25 years
    25-30 years
    30-35 years

    35-40 years

    40-50 years
    50 above

Sexual Orientation

    Heterosexual
    Lesbian

    Gay

    Bisexual

    Self-identify _____

How long have you been in the US?

    Less than 1 year
    1-3 years
    3-5 years
    5-7 years
    7-9 years
    More than 10 years

For how many years are you married?

   Less than 1 year
   1-5 years

   5-10 years

   10-15 years

   15-20 years

   More than 21 years

Number of children

   None

   1

   2
   3
   4+

How old is your youngest child?

   1-5 years

   5-10 years

   10-18 years

   18+ years

Do you have any elderly person in your home who needs care?

   Yes

   No

How would you characterize your social class growing up?

   At or below the poverty line

   Lower class

   Working Class

   Lower-middle class

   Middle class

   Upper-middle class

   Upper class

Other _____

What was your employment status prior coming to the United States?

Employed

Not Employed

In which category will be your total household income for the past 12 months in the United states?

Less than $5,000

$5,000 through $11,999

$12,000 through $15,999

$16,000 through $24,999

$25,000 through $34,999

$35,000 through $49,999

$50,000 through $74,999

$75,000 through $99,999

$100,000 and greater

Don't know

No response

What religious family do you belong to or identify yourself most close to?

Asian Folk Religion

Hindu

Jewish

Muslim

Christian (Catholic protestant or any other Christian denominations)

Other, I am not religious (please specify)

What is the highest degree you earned?

High school diploma or equivalency (GED)

Associate degree (junior college)

Bachelor's degree

Master's degree

Doctorate

Professional (MD, JD, DDS, etc.)

Other specify _____

None of the above (less than high school)

What is your country of Origin?

Afghanistan

Albania

Algeria

Andorra

Angola

Antigua and Barbuda

Argentina

Armenia

Australia

Austria

Azerbaijan

Bahamas

Bahrain

Bangladesh

Barbados

Belarus

Belgium

Belize

Benin

Bhutan

Bolivia

Bosnia and Herzegovina

Botswana

Brazil

Brunei Darussalam

Bulgaria

Burkina Faso

Burundi

Cambodia

Cameroon

Canada

Cape Verde

Central African Republic

Chad

Chile

China

Colombia

Comoros

Congo, Republic of the...

Costa Rica

Côte d'Ivoire

Croatia

Cuba

Cyprus

Czech Republic

Democratic People's Republic of Korea

Democratic Republic of the Congo

Denmark

Djibouti

Dominica

Dominican Republic

Ecuador

Egypt

El Salvador

Equatorial Guinea

Eritrea

Estonia

Ethiopia

Fiji

Finland

France

Gabon

Gambia

Georgia

Germany

Ghana

Greece

Grenada

Guatemala

Guinea

Guinea-Bissau

Guyana

Haiti

Honduras

Hong Kong (S.A.R.)

Hungary

Iceland

India

Indonesia

Iran, Islamic Republic of...

Iraq

Ireland

Israel

Italy

Jamaica

Japan

Jordan

Kazakhstan

Kenya

Kiribati

Kuwait

Kyrgyzstan

Lao People's Democratic Republic

Latvia

Lebanon

Lesotho

Liberia

Libyan Arab Jamahiriya

Liechtenstein

Lithuania

Luxembourg

Madagascar

Malawi

Malaysia

Maldives

Mali

Malta

Marshall Islands

Mauritania

Mauritius

Mexico

Micronesia, Federated States of...

Monaco

Mongolia

Montenegro

Morocco

Mozambique

Myanmar

Namibia

Nauru

Nepal

Netherlands

New Zealand

Nicaragua

Niger

Nigeria

North Korea

Norway

Oman

Pakistan

Palau

Panama

Papua New Guinea

Paraguay

Peru

Philippines

Poland

Portugal

Qatar

Republic of Korea

Republic of Moldova

Romania

Russian Federation

Rwanda

Saint Kitts and Nevis

Saint Lucia

Saint Vincent and the Grenadines

Samoa

San Marino

Sao Tome and Principe

Saudi Arabia

Senegal

Serbia

Seychelles

Sierra Leone

Singapore

Slovakia

Slovenia

Solomon Islands

Somalia

South Africa

South Korea

Spain

Sri Lanka

Sudan

Suriname

Swaziland

Sweden

Switzerland

Syrian Arab Republic

Tajikistan

Thailand

The former Yugoslav Republic of Macedonia

Timor-Leste

Togo

Tonga

Trinidad and Tobago

Tunisia

Turkey

Turkmenistan

Tuvalu

Uganda

Ukraine

United Arab Emirates

United Kingdom of Great Britain and Northern Ireland

United Republic of Tanzania

United States of America

Uruguay

Uzbekistan

Vanuatu

Venezuela, Bolivarian Republic of...

Viet Nam

Yemen

Zambia

Zimbabwe

In which state do you currently reside?</p>

Alabama

Alaska

Arizona

Arkansas

California

Colorado

Connecticut

Delaware

District of Columbia

Florida

Georgia

Hawaii

Idaho

Illinois

Indiana

Iowa

Kansas

Kentucky

Louisiana

Maine

Maryland

Massachusetts

Michigan

Minnesota

Mississippi

Missouri

Montana

Nebraska

Nevada

New Hampshire

New Jersey

New Mexico

New York

North Carolina

North Dakota

Ohio

Oklahoma

Oregon

Pennsylvania

Puerto Rico

Rhode Island

South Carolina

South Dakota

Tennessee

Texas

Utah

Vermont

Virginia

Washington

West Virginia

Wisconsin

Wyoming

I do not reside in the United States

Gender role belief scale

Plase mark the circle that best represents your opinion.

	Strongly agree	Agree	Somewhat agree	Undecided	Somewhat disagree	Disagree	Strongly Disagree
It is disrespectful to swear in the presence of a lady	○	○	○	○	○	○	○
The initiative in courtship should usually come from the man	○	○	○	○	○	○	○
Women should have as much sexual freedom as men	○	○	○	○	○	○	○
Women with children should not work outside the home if they don't have to financially	○	○	○	○	○	○	○
The husband should be regarded as the legal representative of the family group in all matters of law	○	○	○	○	○	○	○

Except perhaps in very special circumstances, a man should never allow a woman to pay the taxi, the tickets, or pay the check

○   ○   ○   ○   ○   ○   ○

Men should continue to show courtesies to women such as holding open the door or helping them on with their coats

○   ○   ○   ○   ○   ○   ○

It is ridiculous for a woman to run a train and a man to sew clothes

○   ○   ○   ○   ○   ○   ○

Women should be concerned with their duties of childbearing and house-tending, rather than with the desires for professional and business careers

○   ○   ○   ○   ○   ○   ○

Swearing and obesity is more repulsive in the speech of a woman than a man	○	○	○	○	○	○	○

Subjective Social Status Scale

Think of this ladder as representing where people stand in their communities. People define communities in different ways; please define it in whatever way is most meaningful to you. At the top of the ladder are people who have the highest standing in their community. At the bottom of the ladder are the people who have the lowest standing in their community. Where would you place yourself on this ladder? There are 10 rungs on the ladder, numbered from 1 (those with the lowest standing) to 10 (those with the highest standing); please select the number associated with the rung on the ladder which represents where you think you stand at this point in your life, relative to other people in your community

1 (Those with the lowest standing)

2

3

4

5

6

7

8

9

10 (Those with the highest standing)

Think of this ladder as representing where people stand in the United States. At the top of the ladder are those who are the best off - those who have the most money, the most education, and the most respected jobs. At the bottom are people who are the worst off - who have the least money, the least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom. Where would you place yourself on this ladder? There are 10 rungs on the ladder, numbered from 1 (those who are the worst off) to 10 (those who are the best

off); please select the number associated with the rung on the ladder which represents where you think you stand at this point in your life, relative to other people in the United States.

1 (Those who are the worst off)

2

3

4

5

6

7

8

9

10 (Those with are best off)

Household Decision Making Scale

	Respondent	Spouse or partner	Respondent and spouse/partner jointly	Someone else
Who usually makes decisions about making major household purchases?	○	○	○	○
Who usually makes decisions about making purchases for daily household needs?	○	○	○	○

| Who usually makes decisions about visits to family or relatives? | ○ | ○ | ○ | ○ |

Quality of life

Please read each item and circle the number that best describes how satisfied you are at this time. Please answer each item even if you do not currently participate in an activity or have a

	Delighted	Pleased	Mostly satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
Material comforts home, food, conveniences, financial security	◯	◯	◯	◯	◯	◯	◯
Health - being physically fit and vigorous	◯	◯	◯	◯	◯	◯	◯
Relationships with parents, siblings & other relatives-communicating, visiting, helping	◯	◯		◯	◯	◯	◯
Having and rearing children	◯	◯	◯	◯	◯	◯	◯
Close relationships with spouse or significant other	◯	◯	◯	◯	◯	◯	◯
Close friends	◯	◯	◯	◯	◯	◯	◯
Helping and encouraging others, volunteering, giving advice	◯	◯	◯	◯	◯	◯	◯
Participating in organizations and public affairs	◯	◯	◯	◯	◯	◯	◯

Learning-attending school, improving understanding, getting additional knowledge	○	○	○	○	○	○	○
Understanding yourself - knowing your assets and limitations - knowing what life is about	○	○	○	○	○	○	○
Work - job or in home	○	○	○	○	○	○	○
Expressing yourself creatively	○	○	○	○	○	○	○
Socializing - meeting other people, doing things, parties, etc	○	○	○	○	○	○	○
Reading, listening to music, or observing entertainment	○	○	○	○	○	○	○
Participating in active recreation	○	○	○	○	○	○	○
Independence, doing for yourself	○	○	○	○	○	○	○

General Self Efficacy Scale

Please mark the circle that best represents your opinion.

	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough.	○	○	○	○
If someone opposes me, I can find the means and ways to get what I want.	○	○	○	○
It is easy for me to stick to my aims and accomplish my goals.	○	○	○	○
I am confident that I could deal efficiently with unexpected events.	○	○	○	○
Thanks to my resourcefulness, I know how to handle unforeseen situations.	○	○	○	○
I can solve most problems if I invest the necessary effort.	○	○	○	○
I can remain calm when facing difficulties because I can rely on my coping abilities.	○	○	○	○

When I am confronted with a problem, I can usually find several solutions.	○	○	○	○
If I am in trouble, I can usually think of a solution.	○	○	○	○
I can usually handle whatever comes my way.	○	○	○	○