



Ethnic Identity, Self-Esteem, Resilience and Mental Health Among Immigrant and Canadian-Born Pakistani Youth

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Abstract

This study presents select findings from the quantitative arm of a mixed-method community-based study. The study examines ethnic identity, self-esteem, resilience, and mental health in immigrant and Canadian-born Pakistani youth from a systems perspective. Sixty-one youth aged 18–24 years participated in a survey; among these, 28 completed the survey online and 33 completed the paper-based version. Youth reported on demographics, physical health, mental, and social health, and completed the 4-item Current Self-Esteem Scale (CSE), the 15-item Multigroup Ethnic Identity Measure (MEIM), and the Child and Youth Resilience Measure (CYRM-12). Descriptives' analysis was applied to the numeric items and content analysis was applied to open-ended questions. Among the sample, 34% youth were male and 66% females, 69% were Pakistani-born, and 20% were Canadian-born. About 36% of the youth had been in Canada for 5 years or less, and 10% reported 5–10 years of stay. Eighty percent of youth ($n = 46$) reported good to excellent mental health, and 74% felt stressed on most days. Scores for self-esteem (CSE) [6.5 (2.13 SD)], Ethnic Identity MEIM [3.14 (0.21 SD)], and resilience (CYRM-12) [4.23 (0.23 SD)] were moderate to high. Academic success and religious and family connectedness were found to have a positive effect on youth sense of self. Higher levels of ethnic identity and higher rating on mental health in our sample suggests the healthy immigrant effect.

Keywords Ethnic identity · Immigrant Pakistani youth · Resilience · Self-esteem · Mental health · Canadian-born youth

Immigrant populations in Canada are diverse in many aspects: While some differ in their country of origin, others differ in socioeconomic status, migration status, educational status, age of migration, religion, political ideology, and race and ethnicity. The South Asian

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population in Canada is an ethno-culturally diverse group; among the countries they originate from are India, Pakistan, Sri Lanka, Bangladesh, and other countries. Some have taken different pathways to migrate to Canada, settling after multiple migrations from the UK, South Africa, East Africa, and the Middle East (Awan 1989). The focus of this paper is on the mental health of immigrant and Canadian-born Pakistani youth, an understudied group of first- and second-generation immigrants in Canada. In this paper, we examine ethnic identity, self-esteem, resilience, and mental health among immigrant and Canadian-born Pakistani youth of residing in the Greater Toronto Area (GTA).

The Pakistani Diaspora

Pakistani immigrants are one of the largest foreign-born groups in Canada. Over fifteen years, the number of immigrants from Pakistan has multiplied from 80,000 in 2001 to 215,560 in 2016 (Statistics Canada, 2016). The earliest Pakistani settlements in Canada date back to the 1950s when a group of young men pursuing graduate and professional studies settled in Montreal and Toronto, and later sponsored their extended families (Awan 1989; Qureshi and Qureshi 1983). Pakistani communities began to emerge after the introduction of the Immigration Act in 1976, when well-educated urban Pakistani immigrants began to arrive in large numbers and settled in and around the major cities of Canada (Qureshi and Qureshi 1983). Today, 73% of immigrants of Pakistani origin reside in the province of Ontario, in the GTA, which is home to the largest Pakistani community in Canada, with more than a hundred thousand of them living in the district of Peel, and East York alone (Statistics Canada 2011). All immigrants upon arriving in a new country regardless of their documented or undocumented migration status when confronted by threats to their ethnic and cultural identity experience some degree of psychological stress (Bhugra 2004; Cobb et al. 2016). While this is true for most immigrants, for some groups, acculturative stress—the impact of adaptation to a new culture—can be more intense, pervasive, and often lifelong (Berry et al. 2006; Williams and Berry 1991).

Cultural and Ethnic Identity

Identity formation is an important aspect of healthy youth development, as they transition from adolescence to adulthood. From a developmental perspective, the process is a dynamic interaction between youth and their social environment (Erikson 1968). Ethnic identity is the shared sense of identity to the history, values, and culture of an individual's ethnic group. Ethnic identity (EI) is how youth can relate to their ethnicity and develop their commitment to their ethnic group (Phinney 1992). Cultural identity is a broader concept than ethnic identity; several ethnic groups can exist within one culture. Ethnic identity and cultural identity are context-bound; this construct becomes prominent in multicultural societies, where youth are continually interacting with other cultures, and their EI manifests in the presence of “culturally others” (Khanlou and Hajdukowski-Ahmed 1999). In this way, multicultural societies provide an opportunity for individuals to become aware of their ethnic and cultural identity (Berry and Hou 2016).

While recognizing the complex relationship between an individual and his/her biological, physical, and social environment, in this paper, we applied a systems

approach to guide the interpretation of open-ended survey questions and in light of demographic and contextual factors. Adapted from the Ecological Systems Model (Bronfenbrenner 1979), Khanlou et al. (2018) systems framework helps to conceptualize how youths' cultural identity is influenced by cross-cutting factors at individual, micro-, meso-, and macro-levels.

Immigrant youth and their families experience several psychological stressors when faced with settlement and adaptation challenges, such as financial restraints, academic difficulties, and minority status in the host country. In addition, barriers to immigrant youths' academic aspirations such as limited English proficiency, limited time to catch up to their native English-speaking peers before graduation, cultural and social adaptation and poverty, and family role-reversal (Morse 2005) not only impact academic success, but also affect their psychological development and transition to adulthood (Alva and de Los Reyes 1999; Blanco et al. 2008; Zivin et al. 2009). Ethnic identity is positively linked to self-esteem levels (Chavira and Phinney 1991; Phinney 1992; Roberts et al. 1999), and negatively to loneliness, depression, and other mental health problems in youth (Roberts et al. 1999; Phinney et al. 1997).

Ethnic identity is not merely having insight and comprehension of one' ethnic group (sense of affiliation to people with common history, values, and cultural practices), but is essentially a process constructed over time, through the actions and choices of individuals (Phinney and Ong 2007). From a developmental perspective, it can be seen as a multi-faceted construct with many dimensions (Ashmore et al. 2004), often accompanied with a sense of pride, attachment, belonging, and commitment to that identity (Phinney 1992; Phinney and Ong 2007). Cultural identity develops through the socialization process within a particular culture, and when one culture interacts with the other culture (Khanlou et al. 2018).

Migrant Youth and Mental Health

Immigrant youths' negative experiences of prejudice and discrimination at school and in the community can affect their cultural identity, and sense of belonging (Khanlou et al. 2008), lower their self-esteem (Edwards and Romero 2008), and initiate or worsen depressive symptoms (Umaña-Taylor and Updegraff 2007). Mental health problems among post-secondary students are a growing concern worldwide, and yet, many at-risk students do not seek psychological help (Blanco et al. 2008; Zivin et al. 2009). When compared to non-minority students, youth of racial and ethnic minority background are less likely to seek professional psychological help, or to use mental health resources or services (Loya et al. 2010; Masuda et al. 2009).

While researchers have used a variety of psychological scales and measures to assess the capacity of youth to overcome the barriers to their educational attainment and career aspirations (Alva and de Los Reyes 1999), but none to our knowledge have simultaneously examined mental health enhancing constructs ethnic identity, self-esteem, and resilience in immigrant and Canadian-born youth of Pakistani descent. The purpose of this study was to assess the ethnic identity, self-esteem, resilience, and mental health of Pakistani youth who are foreign-born and Canadian-born from a systems perspective.

Methods

This paper reports selected findings from the quantitative arm of a concurrent embedded mixed methods study (as described by Creswell et al. 2011; Green 2007) which was part of the first author's ongoing doctoral study (Khan Thesis in Progress). A mixed methods inquiry is an intentional mixing of both qualitative and quantitative approaches in a single research study to provide a more elaborate understanding of a phenomena under study (Creswell et al. 2011). One type is the concurrent embedded mixed methods in which one approach is given more weight over the other approach. In our study, the qualitative arm was embedded within the larger quantitative arm. In the first phase of the study, data collection and data analysis was conducted simultaneously but separately for the qualitative and quantitative arms. In the second phase, the findings of the two research arms will then be integrated. (See Fig. 1: concurrent embedded mixed methods research design.)

The objective of the quantitative arm of the study was to examine self-esteem, ethnic identity and resilience, health, and mental well-being of the sampled youth. Selected findings (mainly the descriptives) from the quantitative data are reported in this manuscript. The focus of the qualitative arm of the study was to investigate the perspectives and the experiences of immigrant and Canadian-born Pakistani youth regarding mental health and mental illness, but these are not addressed here. The ongoing qualitative study, where we apply the systems approach, includes focus groups discussion and in-depth interviews, with youth, parents and service providers.

After ethics approval by the Research Ethics Human Participants Review Sub-Committee Board, York University and in order to yield maximum information on the study's research questions, participants were recruited using non-random purposive sampling (Tashakkori and Teddlie 2003; Teddlie and Yu 2007), and volunteer sampling (Bassil 2014). The estimated sample size for the mixed methods study was 120 youth, and this was based on previous published research on immigrant mental health (Benoit et al. 2007; Khanlou et al. 2008). The findings reported here are drawn from the responses of 61 youth who completed the survey between July 2017 and July 2018.

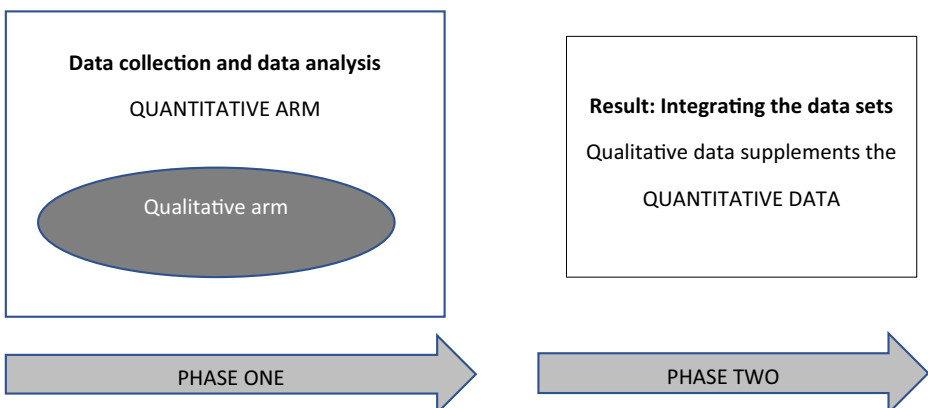


Fig. 1 Concurrent embedded mixed methods research design

Procedure

Recruitment was accomplished through multiple avenues including recruitment flyers emailed and posted on university campuses, places of worship, immigrant settlement agencies, and social media websites (e.g., Facebook, and Instagram) operated by college and university student groups and youth organizations committed to raising awareness on mental health. Recruitment flyers were also shared through research networks and community partners. The inclusion criteria was: Immigrant or Canadian-born Pakistani youths aged 18–24 years living in the GTA who can communicate in English. Youth is a recognizable developmental life-stage defined by the United Nations as those persons between the ages 15–24 (United Nations, 2019). In this study, we were interested in learning about the mental health of emerging adults including those in post-secondary education, and therefore, youth less than 18 years of age were not included. English was selected as the appropriate language to administer the survey to the youth, because generally, immigrant Pakistani youth in this age group can communicate well in English.

Sixty-one (61) youth completed the 10-min survey which was offered in paper-based and online format. The study recruitment flyer provided the researcher's contact email and telephone number and a link to the online survey. The survey was piloted in 5 youth, and their suggestions were noted and considered. The survey was offered on line as it increased accessibility (could be taken off-campus at any hour of the day), and also increased youth participation. The paper-based survey and online version were identical and self-administered. The likelihood of obtaining different results from the online and offline (paper-based) surveys was minimized through; the use of identical, anonymized, self-administered surveys; recruiting youth with similar education level (mostly undergraduate students), and having a narrow age range (18–24 years). Internet use and its access varies across age groups, gender, and education level; therefore, researchers recommend that the demographic characteristics need to be taken into account when conducting online surveys. Bandilla et al. (2003) found data gathered via the web and those obtained in a traditional self-administered mode were identical among survey respondents with similar and higher education. In our study, youth who completed the paper-based survey also included those who participated in the focus group and/or interview for the qualitative arm of the study. Informed consent was provided to participants taking the survey on-line or on paper. The instructions at the beginning of the survey explained the purpose of the study, about voluntary participation and withdrawal from the study, privacy, and risks, and benefits of participating in the study. Informed verbal consent was obtained for youth taking the paper-based survey, while completing the online survey was indication of consent to participate.

Survey Questionnaire

The survey collected important information on health, including demographic characteristics and psychological attributes of youth. The survey included items on self-rated physical health, mental health, social health, emotional health, and demographic such as gender, education level, annual household income, number of years lived in Canada, and country of birth. Standard psychological tests were used to assess the constructs of self-esteem, resilience, and ethnic identity. Self-esteem was measured using a Current Self-Esteem (CSE) scale which is a 4-item questionnaire (Khanlou 2004). To measure ethnic

identity, the 15-item Multigroup Ethnic Identity Measure (MEIM) scale was used (Phinney 1992), and to measure resilience, the 12-item Child and Youth Resilience Measure (CYRM-12) (Unger 2016) was utilized. These widely used psychological measures have demonstrated acceptable validity and reliability. Participants who completed at least 80% of the items on the scales were deemed eligible to receive a score. Higher scores on the scales predict higher levels of the construct.

Demographic Measures

In order to gather background information, youth were asked to report age in years, gender (female or male), number of years lived in Canada, annual household income, and highest level of education attained (attending high school, graduated from high school, attending college, completed college, attending university, and other). Annual household income was reported in Canadian dollars and was categorized by five income levels, (1) less than 30,000, (2) between 30,000 and 50,000, (3) between 50,000 and 70,000, (4) between 70,000 and 100,000, and (5) above 100,000.

Health and Well-being

Participating youth were asked to rate their general health and mental health using single question items “in general, how would you rate your general health?” and “in general, how would you rate your mental health as?” The items were scored on a 5-point Likert scale. A score of 5 for “excellent” health and a score of 1 for “poor” health was recorded. The single-item question for mental health is a reliable measure, as it has been widely used in population health surveys and health research such as the Canadian Community Health Survey (CCHS), the Short Form Health Status Survey, and the World Mental Health Clinical Diagnostic Interview Schedule (Ahmad et al. 2014). A review by Ahmad et al. (2014) found poor health, increased health problems, stress, and social determinants of health were linked to a poor rating on the single-item measure for mental health. On the survey social health was measured by asking youth “have emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?” Stress levels were assessed by asking “thinking about the amount of stress in your life, would you say that most days are stressful?” The responses were scored on a 5-level Likert-type scale; “not at all” received a score of 5, while “extremely” received a score of 1. Youth’s struggles with day to day challenges and stressors were captured using an emotional health question. Youth could choose one, two, or all three responses provided to describe how they felt every day. Lastly an open-ended question asked youth “if help was needed and if it was received.”

Self-esteem

The Current Self-Esteem (CSE) instrument developed by Khanlou (1999) has been used to measure self-esteem in immigrant youth (Khanlou and Hajdukowski-Ahmed 1999) and in East Indian Canadian female adolescents (Khanlou 2004). The CSE assesses one’s feelings toward the self over the previous week using a one-item scale that measures responses on a visual

analogue with a score of 1–10; a higher score denotes a higher feeling of self-contentment. Three open-ended questions further explore self-esteem by asking participants to report the things that make them “feel good” about themselves, and the things that make them “not feel good” about themselves.

The Child and Youth Resilience Measure CYRM-12

The original 58-item CYRM (Ungar and Liebenberg 2009) was designed to capture individual, relational, communal, and cultural resources that may bolster youth resilience. The newer 12-item CYRM measure (Ungar and Liebenberg 2011) contains items that are consistent across cultures and yet unique to specific cultures. The measure has been used in several studies for screening resilience in youth and comparing youth groups. The Cronbach’s alpha for the 12 items is satisfactorily reliable ($\alpha = 0.840$).

The Multigroup Ethnic Identity Measure

The Multigroup Ethnic Identity Measure (Phinney 1992) is widely used to measure ethnic identity in surveys. The measure consists of 15 items, including three items (13, 14, and 15) that specifically categorize a person’s ethnicity. Phinney and Alipuria (1996, p. 142) suggest “identity may be achieved gradually through a process of *exploration* and *commitment* to one’s own group.” Based on this concept, the first 12 items measure ethnic identity including two processes or subscales: (1) Subscale *Ethnic identity search* is the *exploration* of the meaning and implications of one’s ethnic identity and is measured by items 1, 2, 4, 8, and 10; and (2) Subscale *Affirmation, and belonging, is the sense of commitment* to one’s ethnic identity and is measured by items 3, 5, 6, 7, 9, 11, and 12. The overall strength of ethnic identity that is the degree to which ethnic identity is achieved is measured by averaging the combined score of the two processes. Higher scores indicate higher levels of ethnic identity achievement. The MEIM measure has consistently shown good reliability (alphas $> .80$) across a wide range of ages and ethnic groups.

Analysis

Gender was coded as a binary variable. Household income in dollars was recoded to a binary variable as well (< 50 K, and > 50 K). Place of birth was re-categorized as Pakistani-born, Canadian-born, and other-born (those born in the USA, Middle East, and Australia). Descriptive statistics were generated, and average scores and standard deviation for MEIM, Current Self-Esteem, and CYRM-12 were calculated and charted. Content analysis was applied to the open-ended questions on CSE, and themes were identified. We applied a systems approach to thematically organize and interpret the responses to the open-ended questions on CSE (see Table 3: current self-esteem open-ended questions: systems approach to responses). The systems approach is based on Bronfenbrenner’s Ecological Systems Model (1979) and explained by Khanlou et al. (2018). This method of analysis helps to draw attention to the usefulness of considering the contextual variations surrounding people, and often considers the family system and sociopolitical environments (Darling 2007). The systems approach helped to recognize the interrelationship of different processes that influence youth’s ethnic identity,

mental health, self-esteem, and resilience. Guided by the systems approach (Khanlou et al. 2018), the complex and dynamic interaction of contextual variables such as gender, educational level, household income, and number of years lived in Canada was closely examined in relation to youths' health and identity development. Comparative statistics were not conducted for this sample of 61 youth. This was not possible given the small sample size (less than 5) in some of the cells in each category for youth (see Table 1: characteristic of participating youth by birth category ($N = 61$)).

Results

Demographics showed that participation by female youth ($n = 40$; 66%) was twice the participation by male youth ($n = 21$; 34%). Regarding the place of birth, more than two thirds of sampled youth (69%) were Pakistani-born, 20% were Canadian-born, and 11% were born in other countries (4 youth were born in the Middle East, 2 in the USA, and 1 in Australia). The mean age of survey takers was 21 years (SD 2.3). Of those who participated, 11 had just completed or were attending high school, 11 were enrolled in College, and 38 were attending university. The data showed that 36% of the youth were newcomers, that is, they had lived in Canada for 5 years or less, and 10% had been living in Canada between 5 and 10 years. (See Table 1: characteristics of participating youth by birth category.)

Out of the 61 youth, 52 youth responded to the question on household income, and 9 youth did not report income. To simplify the analysis, the five income categories were collapsed into two categories, *low income* (annual household income less than 50,000) and *high income* (annual household income greater than 50,000). The cut off value for low income was estimated as 50 K. This income level was based on the average family size (5 members) in our sample. Based on the two-level income categories, 67% youth ($n = 35$) belonged to a household with an annual income of less than 50 K (low income), and 33% ($n = 17$) belonged to a household with an annual income of greater than 50 K (high income). The proportion of youth who were Pakistani-born and belonged to a low household income was 56% ($n = 29$) of the sample.

Within the health domain, 89% of youth ($n = 54$) perceived their *general health* as excellent, very good, or good, and 80% of youth ($n = 46$) reported their *mental health* to be

Table 1 Characteristics of participating youth by birth category

	Pakistani-born $n = 42$ (69%)	Canadian-born $n = 12$ (20%)	Other-born $n = 7$ (11%)
Gender ($N = 61$)			
Male	15 (25%)	3 (5%)	3 (5%)
Female	27 (44%)	9 (15%)	4 (7%)
Level of education ($N = 60$)*			
High school	10 (17%)	1 (2%)	
College	6 (10%)		5 (8%)
University	26 (43%)	10 (17%)	2 (3%)
Household income ($N = 52$) #			
< 50,000	29 (56%)	4 (8%)	2 (4%)
> 50,000	7 (12%)	8 (15%)	2 (4%)

* Level of education: 1 missing

Household income: 9 missing

excellent, very good, or good. In the same manner, 28% youth ($n = 17$) thought that *emotional problems interfered* moderately, severely, or very severely with their day to day social activities. In contrast, three out of four youth (74%) felt *stressed* on most days of the week.

Mean scores for the mental health attributes were moderate to high, for example, Current Self-Esteem (CSE) was 6.5 (2.13 SD). Open-ended questions on the current self-esteem scale allowed youth to share their feelings about the things that *made them feel good* and the things that *did not make them feel good*. Both female and male youth expressed that higher academic performance such as achieving good grades and keeping on track on their studies made them feel good about themselves. Having supportive friends, and family, and being able to establish healthy relationships in their life brought contentment and happiness. These themes overlap with Khanlou's (1999) original coding on Current Self-Esteem. Several youth reported spiritual connectedness, such as Islamic teaching and saying prayers was important for bringing peace and contentment. Youth also felt accomplishing tasks on time and physical exercise promoted happy feelings and lessened stress.

The things that made youth *feel not good about themselves* were increasing school stress, and not being able to get enough done and their lack of control over their actions. Laziness, procrastination, and doubts about their future were accompanied by unhappy feelings about themselves. Youth also identified body image issues, and social anxiety, and dealing with anger issues as unpleasant things in their life. At the macro-level, youth felt thinking about tuition costs, transportation to university campus, getting rejection at jobs interviews, and receiving rejection to sought after university programs brought unpleasant feeling (see Table 3: systems approach to responses to open-ended questions: current self-esteem).

Youth recorded their responses on the CYRM-12 on a 5-point scale, ranging from “not at all” assigned 1 point to “a lot” assigned 5 points. Average scores on the items of CYRM-12 were also obtained. The average score for sampled youth was high at 4.23 (SD: 0.23). Higher scores indicate higher levels of characteristics associated with resilience.

Similarly, the subscales and the overall Multigroup Ethnic Measure (MEIM) average scores were calculated. The strength of the measure was given by the overall average score 3.14 (SD 0.21). MEIM subscale Ethnic Identity Search/Exploration was 3.02 (SD 0.24), and score for subscale Ethnic Identity Affirmation/Belonging/Commitment was 3.23 (SD 0.13). (See Table 2: psychological constructs: mean and standard deviation ($N = 61$))

Discussion

The aim of the present study was to examine ethnic identity, self-esteem, resilience, and mental health of immigrant and Canadian-born Pakistani youth and interpret the findings from a

Table 2 Psychological constructs: mean and standard deviation ($N = 61$)

Scale or subscale	Sample mean score	Maximum score	SD
Multigroup Ethnic Identity Measure (MEIM) (item 1–12)	3.14	4	0.21
Ethnic Identity Search	3.02	4	0.24
Ethnic Identity Affirmation	3.23	4	0.13
Current Self-Esteem (CSE)	6.5	10	2.13
Resilience (CYRM-12)	4.23	5	0.23

systems perspective. The systems approach specifically guided interpretation of the open-ended questions on CSE (Table 3).

Ethnic Identity and Self-esteem

Ethnic identity is a multidimensional, multi-faceted, and fluid construct (Ashmore et al. 2004; Phinney and Alipuria 1996). Ethnic identity and racial identity are reported as central to the normative development of ethnic and racial minority youth (Lee Williams et al. 2012). New research proposes examining ethnic and racial identity together as a meta-construct that can capture the racialized experiences of individuals with an ethnic background in a specific sociohistorical context (Umaña-Taylor et al. 2014). The complex construct reflects the beliefs and attitudes that individuals have about their ethnic-racial group memberships, and how these beliefs and attitudes developed over time (Umaña-Taylor et al. 2014). Ethnic identity according to Phinney (1992) is developed through two processes: (a) identity search, or exploration, the process in which youth explore and resolve uncertainties about their group; and (b) identity affirmation, which entails youth feeling content with their ethnic identity and committed to that group.

A large portion of participating youth self-identified as South Asian rather than as Pakistani, when responding to the MEIM question “in terms of ethnic group, I consider myself to be ____.” This can be related to a phenomena researchers describe as “group membership” to a larger group. Youth’s affirmation with an ethnic group manifests self-confidence, higher self-esteem, and the development of future goals and assumption of life roles. “Group

Table 3 Current self-esteem open-ended questions: systems approach to responses

Systems level themes	Males	Females
Question: WHAT THINGS MADE YOU FEEL NOT GOOD ABOUT YOUR-SELF?		
Individual-level	Wasting time, laziness, lack of self-control, anger issues, past experiences, feeling lost, lot of pressure overall, doing poorly on studies, not quitting drugs.	Acne, social anxiety, procrastination, body image & eating habits, shyness, lack of energy, doubts about the future, anger, anxiety, depression.
Micro-level	Family relations, relationship problems.	Stress at home, responsibilities at home, stress of socializing.
Macro-level	School work pressure, eating non-halaal food.	OSAP, tuition and transportation cost, rejection from universities, not getting job, job rejections, too much pressure/stress at school, disrespect.
Question: WHAT THINGS CAN YOU DO TO FEEL GOOD ABOUT YOUR-SELF?		
Individual-level	Playing games, sports, fitness, perseverance-to follow religion (prayers & Islamic learning), staying on track on studies, being grateful and appreciating life, learn to deal with problems.	Writing, music, relax, sleep, eat healthy, exercise, most important are grades, do well at school, accomplishing goals, clean environment, completing tasks on time, spiritual connectedness, having a positive self-image.
Micro-level	Be more supportive to family and parents, and get their support too, friends (improving old friendships and establishing new relationships), socialize more.	Most important family and friends, parents pride toward self, hanging out with friends.
Macro-level	Transportation, get employment, time for recreation.	Get easier transport for school, get admission in a good university, time for vacation.

membership” (especially to a larger group) is a protective strategy that youth use to combat racism and discrimination. Through group membership, youth often foster positive attitudes toward their ethnic group presented as ethnic pride, and enhanced sense of security, and belonging (Phinney and Alipuria 1996).

Pakistani youth reported moderately high levels of ethnic identity exploration, very high levels of subscale ethnic identity commitment, and moderate levels of current self-esteem. As observed, our findings showed that collectively, immigrant and Canadian-born Pakistani youth scored higher on ethnic identity (3.14, SD 0.21) as compared to other similar studies. For example, a study conducted by Phinney (1992) with 136 college students showed an average ethnic identity score of 3.04 (SD 0.59) and Brouillard and Hartlaub’s sample of 516 college students showed average ethnic identity score as 2.95 (SD 0.54). These findings are further supported by youths’ response to “I consider myself to be” as feelings of belongingness to their ethnic group. Fifty percent of youth wrote they were South Asian, and 20% wrote that they were Pakistani in response to the question. A South Asian group membership was preferred over Pakistani group membership; this may be due to greater sense of belonging to South Asian identity, and may be perceived as a greater source of security and protection by the youth. Several primary studies and a meta-analysis have shown individuals who feel positively about their ethnic identity have elevated self-esteem (Chavira and Phinney 1991; Phinney 1992; Roberts et al. 1999; Smith and Silva 2011; Umaña-Taylor and Updegraff 2007). Ethnic identity was found to be negatively related to loneliness and depression and other mental health problems (Roberts et al. 1999; Phinney et al. 1997). Current self-esteem levels strongly predicted minority youth self-esteem (Umaña-Taylor and Shin 2007). The possibility of a positive link between self-esteem and ethnic identity exploration will be explored in the ongoing study.

Several studies report that perceived personal discrimination (Verkuyten 1998) and parent-child conflict have been associated with higher depression rates, acculturation and psychological adjustment, and lower self-esteem (Rumbaut 1994). Lack of specified goals, academic achievement, and doubtful future made Pakistani-origin youth not feel good (lowered self-esteem) while family and spiritual connectedness (Islamic learning and praying) and good grades made Pakistani-origin youth feel good (boosted self-esteem). Our findings suggest spirituality nurtured youths’ inner strength: Spiritual health is an avenue through which a person can create the new and more complete self that leads to individual “betterment” and creating of resilience (Chandler et al., 1992). Proponents of spirituality assert individuals with religious beliefs appear to have higher social self-esteem (Aydin et al. 2010; Rivadeneyra et al. 2007) and greater spiritual health and immunity to stressful situations (Graham et al. 2001), and are better psychologically adjusted (Smith et al. 2003) than non-believers.

Resiliency in Pakistani Youth

Immigrant youth face many challenges in their new environment, and despite these difficulties, they tend to adapt well; however, variation in adaptability has been reported (Motti-Stefanidi and S. Masten A. 2017; Rivas-Drake et al. 2014). Resilience is generally understood as the ability of an individual to bounce back from stressful experiences—the capacity to re-establish one’s own balance. A combination of factors is responsible for development and maintenance of resilience in youth including an individual’s traits such as competence, coping skill, coherence and self-efficacy and their academic and social competence, and sense of

connectedness to family, school, peers, and community (Resnick 2000; Ungar et al. 2007). During the process of settlement and adjustment in the host country, a sense of trust, closeness, safety, confidence, and strong bonding to people, family, and peers can counter the social stratification and socioeconomic well-being of immigrant youth (Juang et al. 2018). In our study, a large segment of surveyed youth belonged to the lower-income household group (< 50 K), but they reported their mental health was good to excellent; this may be explained through the healthy immigrant effect. Resiliency levels were high in the sampled youth. Youth expressed that diligently practicing their religious beliefs through prayer and learning Islam, finding support from family and friends, and efficient management of their time and academic success made them happier, boosted self-confidence, and prepared them to take on challenges. Youth's enrollment in post-secondary education may also be linked to the overall higher levels of resilience observed in our study sample.

Based on the systems perspective, the influences acting on immigrant Pakistani youths' cultural and ethnic identity can be better understood by organizing them as three levels of system, the macro-level (which includes educational institutions, language, religion, culture), micro-level (family, friends, and community), and individual-level factors (gender, resilience, self-esteem). Immigrant Pakistani youth's ethnic and cultural identity is complex, and fluid in nature, yet fixed on some beliefs and values surrounding religion, culture, and relationships. Youth's self-evaluations were influenced by individual factors, family, environmental factors, school systems, and intergenerational and cultural-clash, and they appeared to come out strong and resilient.

Limitations

One of the methodological limitations of this study was that sampling was purposive and not random. This sampling technique was aligned to the goal of our study, to ensure inclusion of adequate number of youth that match the inclusion criteria. The study's non-random sampling technique was balanced by (1) recruiting youth from a variety of populace such as university, immigrant serving agencies, and mosques, and (2) the qualitative data collected through open-ended responses in the survey, and (3) applying a systems approach to the open-ended questions and interpretation of results. All the above will increase transferability of results. The unequal representation of male and female survey participants was another limitation of the study; however, this is in line with other research. It is often observed in community-based research that female participation is more as compared to male participation. Future research should explore other methods of data gathering such as using arts-based methodology, to increase the participation of male youth.

Conclusion

This study is amongst the few studies to look at immigrant and Canadian-born Pakistani youth's mental health. High ethnic identity, and high resilience were key findings of our study on youth. The results presented here reinforce earlier findings on ethnic identity and its importance in healthy development of minority migrant youth in diverse multicultural societies. Academic success, religious connectedness, and family connectedness were a positive influence on immigrant youth of both genders. Furthermore, our overall findings further

support the “healthy immigrant effect.” Statistical comparison of youth groups (Canadian-born versus Pakistani-born, versus other-born.) from a larger youth sample can further establish these findings. Our study adds important knowledge in the literature on mental health amongst immigrant youth. The results can inform the training and practices of youth counselors, and agency personnel working with immigrant youth. The findings will also help to raise awareness on mental health among educators, parents, and youth themselves.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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