

Navigating Stigma: Implementing Mental Health and Parenting Support for Bangladeshi Immigrants

Ahmed Alif¹, Veera Mookerjee¹, Nadia Reedwan¹

¹Silver School of Social Work, New York University ²Capacity Sharing LCSW PLLC



Introduction

Population:

- Bangladeshi immigrant mothers in NYC

Key Challenges:

- Compounded Vulnerability: Gender inequity, language barriers, and cultural displacement intersect with economic dependence and controlling relationships, reducing mothers' autonomy and decision-making power.
- Limited Support & Access: Traditional gender roles in multigenerational households, strained in-law dynamics, low digital literacy, and limited parenting education restrict access to healthcare, legal aid, and essential services.
- Mental Health & Institutional Pressure: High rates of postpartum depression, anxiety, and burnout are exacerbated by stigma and emotional isolation; parenting knowledge is often reactive, shaped by crises or institutional interventions like ACS.

Focus:

- Investigates how household structure, caregiving history, interpersonal dynamics, and digital/language literacy shape parenting and mental health among Bangladeshi immigrant mothers in NYC.

Methods

Study Design:

- Phenomenological study using semi-structured interviews

Sample:

- 20 Bangladeshi immigrant mothers; 10 involved w/ child protection services (ACS); 10 not involved

Recruitment & Sampling:

- Partnerships with South Asian-serving organizations
- Purposive + snowball sampling
- Inclusion: Bangladeshi immigrants, parenting a child under 18, fluent in Bangla or English

Data Collection & Analysis:

- Interviews in Bangla or English; transcribed verbatim
- Multi-researcher coding for reliability

Thematic analysis focused on:

- Household structure
- Gender dynamics
- Parenting practices
- Service navigation

Research Question and Theory

Research Question:

- How do household structure, caregiving history, relationships, digital/language literacy, and gender norms shape the mental health and parenting of Bangladeshi immigrant mothers in NYC?

Health Belief Model (HBM):

- Explains how mothers perceive mental health and make decisions amid stigma, access barriers, and system involvement. Focus on perceived barriers, severity, and cues to action.

Resilience Theory:

- Examines how mothers cope with trauma, isolation, and structural pressures through individual and cultural resilience. Highlights protective, promotive factors and vulnerability.

Intersectional Cultural Lens:

- Analyzes how gender, migration, language, and religion intersect to shape mothers' experiences. Guides interpretation of how structural and interpersonal forces affect parenting and mental health.

Results

Key Interview Domains Assessed

- Geographic Context: Birth country and zip code provided locational background.
- Family History: Birth order, sibling dynamics, and early caregiver relationships informed attachment patterns and parenting models.
- Interpersonal Relationships: Explored relationships with partners, in-laws, and children to assess emotional support and conflict.
- Digital Literacy: Assessed computer and internet use as indicators of access to health, legal, and educational resources.
- Parenting: Examined formal versus informal pathways to acquiring parenting skills.
- Health & Structural Barriers: Investigated perceptions of wellness, mental health, and the impact of immigration-related challenges.

Emergent Themes

- Family & Emotional History: Early life attachments, intergenerational tensions, and strained household dynamics are central to parenting experience.
- Resource Access: Digital literacy and language barriers affect how mothers engage with parenting, legal, and healthcare systems.
- Cultural & Structural Constraints: Gender norms, cultural beliefs, and institutional barriers shape maternal roles and restrict autonomy.

Preliminary Findings

- Parenting Without Formal Support: Most mothers described learning parenting reactively—through lived experience or institutional mandates (e.g., ACS)—rather than formal training. Emotional isolation was common, even in multigenerational homes. "I just do what I think is right. Nobody really taught me."
- Limited Autonomy & Gendered Roles: Traditional expectations placed decision-making power in the hands of in-laws or partners, limiting mothers' control over parenting, finances, and health. My mother-in-law decides everything about the kids — not me."
- Access & Mental Health Barriers: Digital and English language limitations restricted service access. Emotional distress (e.g., stress, sadness, burnout) was frequently reported, yet mental health terminology was often avoided or spiritualized. "God tests us. I'm not sick; I just need to pray harder."

Conclusions

This study highlights the complex interplay of gender norms, language barriers, and systemic inequities shaping the mental health and parenting practices of Bangladeshi immigrant mothers in NYC. Preliminary findings underscore the need for:

- Culturally grounded parenting and mental health interventions
- Digital and language access as key equity tools
- Reforms in how systems like ACS engage immigrant families

By centering the lived experiences of Bangladeshi mothers, this research contributes to more inclusive, responsive, and justice-oriented service models. Future directions include piloting community-informed support programs and refining the interview tools for broader qualitative application.

Limitations

Sample Bias: Participants were primarily recruited through referrals from community-based organizations, which may limit the diversity of experiences and generalizability.

Exclusion Criteria: Individuals experiencing acute mental health crises or unable to provide informed consent were excluded, potentially underrepresenting the most vulnerable voices.

Language & Cultural Dynamics: Interviews were conducted in Bangla or English, which may have influenced how participants expressed sensitive topics like mental health or abuse.