

# **A Systematic Review: Mental Health Impact of Stigma and Discrimination against South Asian Religious Minorities**

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Abstract

**A Systematic Review:  
Mental Health Impact of Stigma and  
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South Asian Religious Minorities**

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We conducted an in-depth, systematic review using content analysis to investigate the mental health impact of religious-based stigma and discrimination among members of South Asian religious minority groups residing in predominantly white, Christian countries: the United States, Canada, member states of the United Kingdom and Australia. We defined South Asians as any member of the diaspora originating from the following countries: Afghanistan, Bangladesh, Bhutan, India, Pakistan, Nepal and Sri Lanka. The aim of this review is to identify and describe the mental health outcomes, including risks for and protective factors against poor mental health outcomes associated with stigma and discrimination faced by South Asian religious minorities

## Introduction

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Considerable research has shown there is a direct link between racism and health, and that racism is a key driver of health disparities across racial and ethnic groups. Research points to poorer physical and mental health outcomes associated with exposure to racial discrimination, including high blood pressure, cardiovascular disease, depression, anxiety and chronic stress, in addition to increased barriers in access to care and poorer patient experiences.[1][2]

While most studies examine and compare either physical or mental health outcomes across races and ethnicities, the addition of religious discrimination and its link to health has not been equally investigated. In countries such as the United States and Canada, religious minorities with visible manifestations of faith— such as the turban for members of the Sikh religion, the hijab for Muslim women, or those racialized to be a member of a South Asian religious minority— have been the target of documented stigma, xenophobic hostility, and hate crimes.[3] Research has documented how these factors have a direct impact on mental health.[4, 5] Yet, insufficient research attention has been paid to this issue and the resulting state of mental health for this particular group.

In order for mental healthcare to be effective, it must consider cultural scripts and practices of the patients being served; including family structures, tight-knit communities, valuing privacy and confidentiality, prioritizing preservation of honor, and protection against collective shame.[6] These factors especially come into focus for South Asian populations. Providers that do not speak the language or understand these cultural dynamics, that may adopt stereotypes of South Asian communities or hold anti-religious minority beliefs, may have difficulty being effective in supporting the mental health needs of ethnic minority populations.[4] The current body of research demonstrates that mostly white, dominant-culture providers working with South Asian patients hold stereotypes that discount members of South Asian communities and ultimately, have the potential to misdirect diagnosis and treatment options.[4]

Culturally-linked mental illness stigma is also high in South Asian cultures, which can pose an additional barrier to health-seeking behavior.[7] The disclosure of mental illness can come with a sense of bringing shame upon the family or seen as a sign of weakness, which can deter individuals from pursuing professional support. Additionally, tight-knit family structures give more importance to keeping struggles with mental health within the immediate family. Studies examining the role of mental health stigma within South Asian diasporic communities are limited.[8]

Acculturative stress is defined as the reactions to the process of cultural adaptation, by which “individuals grasp and absorb values, beliefs and behaviors of the host culture in to their natal perspective”.[5] Acculturative stress offers an additional layer of potential negative mental health consequences for members of South Asian religious minority groups, as the experiences of immigration and resettlement can be paired with anti-immigrant and xenophobic sentiment, an inability to build community and access strong social support and pressures of learning a

new language. Existing research has shown that experiencing both daily discrimination and major racist events can significantly predict acculturative stress, with religious identity, perceived or real, also being a target for discrimination.[6]

To address these gaps mentioned here, our systematic review seeks to examine the connection between exposure to interpersonal and systematic religious discrimination and stigma of South Asians residing in predominantly white, English-speaking, Christian countries and to highlight the actual barriers and perceived barriers to adequate mental health services. This work is integral to the goals of health equity and the fundamental right to health.

## **Research Aims**

We conducted an in-depth, systematic review using content analysis to investigate the mental health impact of religious-based stigma and discrimination among members of South Asian religious minority groups residing in predominantly white, Christian countries: the United States, Canada, member states of the United Kingdom and Australia. We defined South Asians as any member of the diaspora originating from the following countries: Afghanistan, Bangladesh, Bhutan, India, Pakistan, Nepal and Sri Lanka. The aim of this review is to identify and describe the mental health outcomes, including risks for and protective factors against poor mental health outcomes associated with stigma and discrimination faced by South Asian religious minorities

## **Methods**

This review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews (PRISMA) guidelines.[9] We included studies that focused on mental health and South Asian populations in predominantly white, English-speaking countries. The overall purpose of the review was descriptive, rather than evaluative. Thus, for each study, we provide basic study descriptions and study population demographic information.

We used a Framework Approach[10] to conduct a content analysis, first reviewing the articles several times to become familiar with the data and creating a rough codebook to identify initial themes. This approach allowed for a combination of deductive and inductive coding in piloting of the codebook and ongoing refinement of the codebook during later-stage coding. We developed the codebook using a social determinants of health framework, utilizing codes to capture socioeconomic position, social and community context, neighborhood and physical environment, and health and health systems pertaining to the study population.

### **Search terms**

For our systematic review, we input search terms into five electronic database sources (Embase, Scopus, PsycINFO, PubMed, and Web of Science). We looked for all papers with the term “South Asian” or “India” or “Pakistan” or “Sri Lanka” or “Nepal” or “Bangladesh” and

“discrimination” or “stigma” or “prejudice” or “islamophobia” or “Sikh” or “Muslim” plus “Mental health” or “stress” or “depression” or “anxiety”, and “Canada” or “United States” or “American” or “United Kingdom” or “England” or “Australia” or “Ireland” or “Scotland” or “Wales” or “Great Britain”. We used the Covidence database[11] to extract and organize information from articles. Because of our focus on mental health impact, we used primarily health-based databases in our search.

### Inclusion Criteria

We used the following eligibility criteria for inclusion: (1) peer-reviewed, (2) published after the year 2000, (3) focus on South Asian immigrant (outside of South Asia) population (4) examined mental health impact as an outcome, (5) study conducted within predominantly white, Christian, English-speaking country.

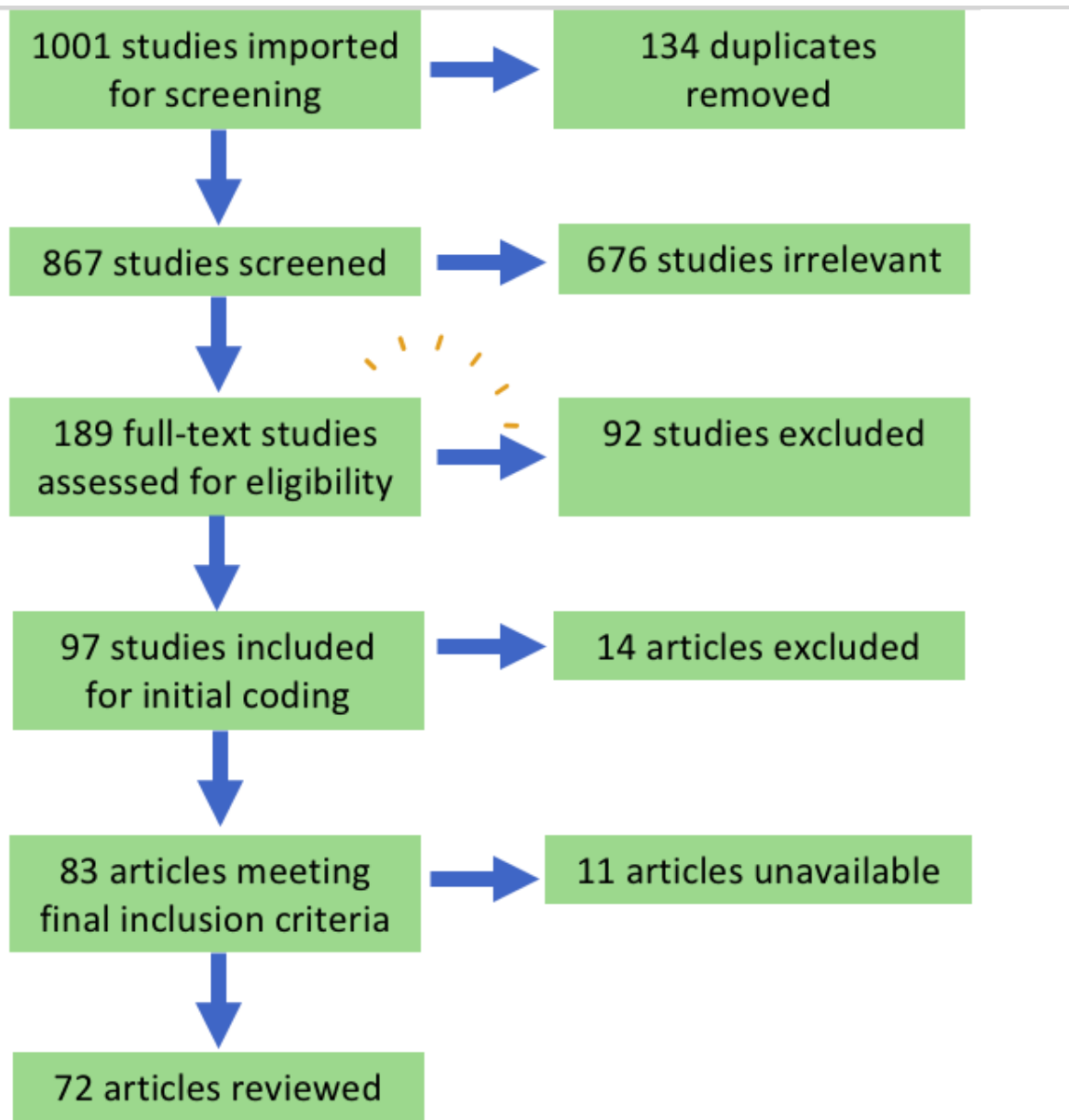
### Exclusion Criteria

We excluded other systematic reviews, theory articles, single case-studies, thesis and dissertations, papers published in languages other than English, abstracts without full texts available, studies focused on non-South Asian populations, studies with data collected within country of origin in South Asia, studies with a primary focus on physical illness, scale validation studies, and studies published before the year 2000.

### Data extraction

After identifying a list of all relevant records and removing duplicates, 867 titles remained for title, abstract and full-text screening. The abstract/title review and subsequent full-text review of the selected studies were conducted independently by two investigators (FK and AG). Discrepancies were resolved over discussions with an additional investigator (DR). The investigators retained 191 articles after abstract screening and 99 articles after full-text screening based on the inclusion/exclusion criteria above. Ninety-two articles were excluded during full text screening because we found the article met exclusion criteria after reviewing the full text. This process is depicted in Figure 1. In the later-stage process of coding, we found articles that were either unavailable to review or further met the exclusion criteria, resulting in 72 articles for the final coding.

Fig. 1



#### Data Analysis

We used content analysis[12] to organize the selected qualifying studies. Two coders, FK and MR, achieved high agreement (80%) through initial consensus coding and ongoing refinement of the codebook before splitting the remaining articles 50-50 and independently coding them. We read through each article and systematically created and collapsed categories. When FK and MR encountered discrepancies, the codes and respective definitions were discussed and adjusted. An excel matrix was used to organize the descriptive and conceptual codes and capture key themes. During consensus coding, we refined, specified and strengthened definitions of the codes together before moving onto individual coding. Both coders simultaneously noted limitations to include in the study discussion regarding gaps in

information, potential errors and unseen influences in code application and exclusion errors. In order to draw thoughtful conclusions from the articles in support of our research question, we reviewed the articles multiple times to confirm the findings.

The themes identified from the articles included the following: acculturation stress (e.g., language barrier, shifting gender dynamics, daily life stressors, shifting family structure and raising children), risks for and protective factors against psychological distress (e.g., religious/cultural practice, family presence, beliefs around shame, traditional healing practice, economic stability, and social agencies), stigma and bias (e.g. islamophobia, policies and sentiments, microaggressions - interpersonal, and stereotypes – ecological), and mental health challenges (e.g. coping strategies, depression, anxiety, stress, access to services, and suicide/self-harm). We also captured the condition and population studied, the country of origin of the South Asian study population, the religion of the study population, the country that served as the setting for the study, and the study design.

## Results

### Article Descriptive Information

Of the 72 studies reviewed, approximately half ( $n = 37$ ) were quantitative. The remaining studies utilized primary data collection for qualitative ( $n = 28$ ), or mixed methods analysis ( $n = 6$ ) and included 1 intervention study. A third of the studies were published between 2016 and 2020 ( $n=25$ ), 17 were published between 2011 and 2015, 18 studies were published between 2006 and 2010 and 12 articles were published between 2000 to 2004.

Forty-five articles examined populations from India, 37 Pakistan, 30 Bangladesh, 13 Sri Lanka, 9 Nepal, and 1 Bhutan. The majority of studies were conducted in the United States ( $n = 32$ ), followed by a large proportion from the United Kingdom ( $n=26$ ). The remaining studies were from Canada ( $n=11$ ), and Australia ( $n = 3$ ). Six studies used samples from London, England, and 5 studies used samples from California and Toronto, Canada. Almost half of the studies reviewed had population samples between 100 and 1,000 people ( $n=32$ ).

In terms of the populations studied, most studies focused on South Asian community members, including first- and second-generation immigrants ( $n=49$ ), with 12 studies focusing on college and university students, 6 studies each focusing on health providers and South Asian youth, 5 studies focusing on informal carers and family members, and 2 studies focusing on clergy or religious leaders. Three studies targeted both affected populations and healthcare providers. Of the 48 studies focusing on South Asian community members and many focused on women ( $n=16$ ). The most common religion of study participants was Islam ( $n=32$ ), followed by Hinduism ( $n=20$ ), Sikhism ( $n=14$ ), Christianity ( $n=5$ ), Jainism ( $n=4$ ), and “other” ( $n=5$ ). Several studies focused on more than one religious identity and there were several other studies that did not specify the religious identity of participants ( $n=30$ ).

With respect to social stressors, 20 studies explicitly studied the role of discrimination or social stigma towards South Asians, with 13 studies examining racial or religious discrimination, and perceived discrimination, 4 studies examining coping strategies in the face of discrimination, 2 studies directly examining stigma and discrimination of Muslims, and 1 study directly examining stigma and discrimination of Sikhs.

Acculturation stress, as outlined by the researchers, was discussed in 45 of the articles. The most common sources of acculturation stress in the research were language barriers, discussed in 25 studies, and daily life stressors (such as financial stress, a lack of understanding systems in a new country and stress around social norms), also discussed in 25 studies. Acculturation stress related to shifting gender dynamics was found in 17 of the reviewed studies, shifting family structure in 18 studies and acculturation stress related to raising children discussed in 16 of the studies.

Stigma and bias towards South Asian populations was discussed in more than half (n=50) of the reviewed studies. Stereotypes and ecological-level discrimination, came up the most in the literature, with 39 studies discussing stereotypes of South Asians, exclusion from social or political affairs, and experiences of insecurity or fear in public due to racial or religious identity. Microaggressions and interpersonal-level discrimination was discussed in 41 of the studies, denoting intimidation experienced by South Asians, including, direct discrimination, insults, or targeting due to wearing of religious garb (hijab, veil, turban, etc.). Islamophobia appeared in 8 of the studies and policies and sentiments (mass surveillance, incarceration, disenfranchisement or political/institutional practices and rhetoric) were discussed in 5 of the studies.

All of the reviewed studies examined aspects of mental health of South Asian populations, with the majority of studies examining unspecified or multiple aspects of psychological distress, stress and/or factors affecting wellbeing (n=51). The remaining studies primarily examined depression (n=5), 3 studies examined self-harm and suicide, 3 studies examined dementia and age-related mental illness, 3 studied eating disorders, 2 studied psychosis, and 1 study examined stigma associated with mental illness. Four studies specifically studied factors affecting access to mental health services.

Sixty one articles discussed at least one risk factors or protective factor for psychological distress. The most common factor that either intensified or buffered against psychological distress was religious or cultural practice, discussed in 33 of the articles. Family presence was discussed in 32 of the studies, social agencies in 22, economic security/insecurity in 21 studies, beliefs around shame in 19 studies, and traditional healing practices discussed in 13 studies.

Content Themes

Four major themes emerged in our analysis of the data. The first theme is regarding the role of discrimination and stigma in exacerbating acculturative stress for South Asian immigrants. The second theme posits that social supports that allow for preservation of cultural and religious practices provide a buffer to the psychological distress related to experiences of discrimination and stigma. The third theme describes the increase in mental health challenges for South Asian religious groups as there is an increased interpersonal, ecological and institutional forms of discrimination and stigma towards this population in the studied countries, which negatively influences coping styles. The final theme describes religious discrimination, including stereotypical attitudes of the provider, xenophobic hostility and other forms, to be a barrier to accessing mental healthcare for South Asian religious groups.

Theme 1: Acculturative Stress, more than a response to adapting to a new culture, is in-part caused by and exacerbated by experiences of discrimination and being stigmatized.

Acculturation was identified as a key determinant of health outcomes for immigrant populations, and specifically for South Asian immigrants, as they make one of the largest ethnic groups in the countries of interest, particularly in the United States. One study which examined acculturation strategies as a predictor of mental health outcomes, specifically depression, showed discrimination of South Asian immigrants was positively associated with high scores on the Center for Epidemiological Studies – Depression scale.[13] Separation and marginalization, two strategies identified by the acculturation framework in one of the studies[14] represent attitudes and behaviors of South Asian immigrants in the face of acculturation pressures that involve a rejection of host country cultures or traditions. Interestingly, study participants that noted experiencing discrimination or perceived discrimination, fell into these two classes of acculturation strategies had more symptoms of depression than those utilizing integration and assimilation strategies. The codes used to identify this theme include, coping strategies, language barrier, daily life stressors, shifting family structure, microaggressions -interpersonal, and islamophobia.

Theme 2: Social supports, including bonds to community, strong family structure and preservation of cultural and religious traditions, buffer the effects of discrimination that contribute to psychological distress.

The findings of this study suggest that social support may provide protection against elevated depression in South Asian immigrants. Social support was inversely associated with symptoms for depression.[13] A strong family structure is commonly cited as both a common cultural element among South Asian immigrants and a protective buffer to discrimination received by members of this group. This can be attributed to families attempting to preserve traditional practices, such as visits to mosques or temples, daily prayer, speaking native languages in the household and participating in religious and cultural events. It is also understood that experiences with religious discrimination and stigmatization are common experiences and having a more positive and frequent interaction and identification with an in-group allows for shared healing and resilience building.[15] The codes used to identify this theme include, family

presence, beliefs around shame, traditional/cultural practices, microaggressions-interpersonal, stereotypes - ecological, and social agencies.

Theme 3: Mental health challenges increase as social stigma, discrimination of South Asian religious groups and prejudice becomes increasingly normalized.

The current sociopolitical context involves an increased normalization of anti-Muslim prejudice as governments institutionalize Islamophobic practices, including the “Muslim ban” on immigrants of certain countries, the infiltrating of Muslim communities, associations and student groups by Homeland Security and the saturation of everyday media with images of conflict and violence in Muslim countries. These events have evoked significant stress and anxiety in Muslims living in predominantly white, Christian countries, like the United States, who have been increasingly stigmatized and victims of targeted hostility. Due to this stigmatization, it is understood from the data that there is an unmet need for mental health support for South Asian religious groups, including Muslims, or those perceived or racialized to be Muslim. In one study examining the association of discrimination and health of Sikh Indians in the United States, participants who wore religious coverings such as turbans or scarves reported higher levels of discrimination than those who did not, and the analysis supported discrimination to be significantly associated with poorer self-reported mental health.[16] Ongoing concern over identity and how that may compromise safety can lead to significant vulnerabilities to depression, anxiety and chronic stress. The same public stigmatization and scrutiny towards South Asian religious minorities in these studied countries can manifest in care settings, posing an additional barrier and contributing to the likelihood that screening for mental illness is delayed or incomplete. The codes used to identify this theme include, islamophobia, policies and sentiments, microaggressions - interpersonal, stereotypes - ecological, coping strategies, depression, anxiety, and stress.

Theme 4: Religious stigma, perceived discrimination and encountering stereotypical attitudes of providers pose a barrier to seeking mental health services.

Several studies linked discrimination, religious stigma, and perceived discrimination to reduced mental health care-seeking behaviors, lessened confidence in recommendations made, and lower satisfaction with communication in patient-provider relationships. One qualitative study, conducted with South Asian Muslim women in the UK who had attempted suicide or self-harm, found that many survivors experienced stereotypical and unhelpful judgments from their white practitioners and expressed preference for South Asian service providers.[17] Another study conducted with Sikh caregivers caring for family members with dementia found their experiences with services were “strongly connected to experiences of social exclusion and possible institutionalized racism.”[18] A study conducted in Scotland with Hindu, Muslim and Sikh families regarding mental health support for adolescent children, noted that discrimination by health, education and social care professionals exacerbated their child's difficulties [19], further highlighting the need for culturally competent mental health services for these populations. Overall, most of the reviewed studies analyzed racial and/or ethnic discrimination as a barrier to accessing mental health services and not as often deliberately included religious

discrimination in the analysis, further highlighting the gap in research capturing stigmatized religious status in connection to accessing mental health services.

## **Discussion**

Overall, the articles reviewed pointed to experiences of religious discrimination and stigma having a negative effect on the mental health of South Asian religious minorities in the studied countries. More specifically, for recent or first-generation immigrants, acculturation stress seemed to be exacerbated by experiences of social exclusion, perceived discrimination, and stereotyping and microaggressions in relation to their religious, racial and ethnic identity. The increasing number of studies published over the past decade also indicates that mental health challenges are on the rise for this population as there are increasing concerns over hate crimes and discriminatory targeting of South Asian religious members. This social stigma and discrimination increases mental health symptoms and also proves to be a barrier to accessing mental health treatment.

Acculturation stress seemed to be compounded by discrimination and stigma-related stress, including the loss of community many South Asian immigrants, especially Muslim and Muslim-like communities, are facing with the rise of institutionalized islamophobia in the studied countries. Abu-Ras et al [20] point out in their study of the mental health impact of religious discrimination and Islamophobia during the 2016 United States presidential election, that communities have been broken apart due to the 'War on Terror', the equation of war against predominantly Muslim countries and viewing Muslim Americans and residents as enemies. Examining stressors such as shifting family structure and raising children suggested that younger South Asians in the studied countries are abandoning cultural and religious traditions and practices, similarly mirroring aforementioned assimilation and integration strategies in response to acculturation stress and discrimination. These findings also suggest that acculturation stress can potentially be alleviated by reducing experiences of stigmatization.

South Asian religious members that held strong family ties and maintained traditional practices, such as attending ceremonies, taking part in fasting, and living in joint family households, experienced less vulnerability to discrimination and stigma-related psychological distress. This highlights the need for continued social programming for immigrant populations that encourage shared skill building, such as job support and language acquisition, and the importance of healthcare providers to accept and understand the role that social support and cultural traditions play in shaping coping strategies and protecting against the negative effects on mental health.

## **Limitations**

The limitations of this systematic review are first, that the generalizability of the findings may be restricted due to the process of article selection, number and types of databases used, the

non-inclusion of theses and dissertations, and the non-inclusion of studies not reported in English. Although there were a number of community based studies included in the review, most studies were based in the healthcare sector, and the scope of inclusion/exclusion criteria evolved throughout the article screening and review process, which may have resulted in selection biases. This study did not assess the role of mental health stigma within S. Asian populations, which likely also influences mental health impact. Lastly, the parameters of the search for articles was difficult to establish considering the racialization of religion which makes it difficult to define Muslims and non-Muslim groups who experience Islamophobia.

## **Conclusion**

Despite the aforementioned limitations, this study adds to the existing literature of imperative research on discrimination, religious stigma and racialization of religion, specifically attempting to fill in the gap of research focused on South Asian diasporic populations. Although this is an area of health research that is new and developing, the increasing number of studies in the past decade coincides with a rise in religious discrimination and stigma against South Asian religious groups, associated with an increase in mental health challenges. Much of the research does not take into consideration the heterogeneity of South Asians. Future studies should adopt an intersectional approach that examines differences in sub-populations of migration history, religion, language, caste and country of origin. The findings of this research highlight a dire need for more culturally responsive training for mental health providers and better investment in engaging recent immigrant populations in job support, language acquisition and social programming, per a social determinants of mental health framework. These findings may also enable providers and community organizations to create targeted plans for South Asian patients of various faiths to assess who is and who is not accessing supportive services in order to consider ways to increase this access. Additionally, this review serves as a resource for mental health and public health practitioners seeking to adopt an anti-oppression lens in their service provision.

**Article Description Table:**

| Author & Year  | Title   | Country Study Conducted in | Country of Origin   | Participant Group  | Religion     | Condition                            | # of Participants | Study Design  |
|--|---|----------------------------|---|--|--------------|--------------------------------------|-------------------|---|
| Joy Merrell, Faye Kinsella, Fiona Murphy, Sue Philpin, Amina Ali, 2006 | Accessibility and equity of health and social care services: exploring the views and experiences of Bangladeshi carers in South Wales, UK | United Kingdom             | Bangladesh  | Bangladeshi informal carers caring for dependent adults  | Islam        | Factors affecting access to services | 20                | Qualitative, exploratory study, focused interviews                  |
| Aneela Pilkingtona, Rachel Maria Msetfia, Ruth Watsonb, 2011           | Factors affecting intention to access psychological services amongst British Muslims of South Asian origin                                | United Kingdom             | India, Pakistan, Bangladesh                                 | Males and females over the age of 18, identified as Muslim and of "South Asia origin" (including those born in UK) | Islam        | Factors affecting access to services | 94                | Questionnaires  |
| Natasha Thapar-Olmos, Hector Myers, 2018                               | Stigmatizing attributions towards depression among South Asian and Caucasian college students   | United States              | India, Sri Lanka, Pakistan, Bangladesh                      | College students, 18 years and older   | Unspecified  | Depression                           | 542               | Questionnaires/Case Vignettes                                       |
| Ross-Sheriff, Fariyal, 2001  | Immigrant Muslim Women in the United States: Adaptation to American Society   | United States              | Bangladesh, Burma, India, Pakistan, Kenya, Uganda, Tanzania | First generation South Asian Muslim women resettled in the USA   | Islam (Shia) | Unspecified                          | 40                | Qualitative (semi-structured interviews and focus groups)           |
| Erikca Burman, Khatidja Chantler, Janet Bastleer, 2002                 | Service responses to South Asian women who attempt suicide or self-harm: challenges for service commissioning and delivery                | United Kingdom             | Indian subcontinent (does not specify ethnicity)            | Senior managers service providers, South Asian women   | Islam        | Suicide/self-harm                    | 33                | Qualitative (taped interviews, discussion groups, community groups) |

|   |  |                |                                    |   |                    |                                      |     |   |
|---|--|----------------|------------------------------------|---|--------------------|--------------------------------------|-----|---|
|   |  |                |                                    | survivors of attempted suicide and self-harm                              |                    |                                      |     |   |
| Belinda L. Needham, · Bhramar Mukherje, Pramita Bagchi, Catherine Kim, Arnab Mukherjea, Namratha R. Kandula, Alka M. Kanaya, 2017 | Acculturation strategies and symptoms of depression: The Mediators of Atherosclerosis in South Asians Living in America (MASALA) study   | United States  | India                              | South Asian-identified community members from Chicago and the SF Bay Area | Hindu, Jain, Other | Depression                           | 856 | Cross-sectional, quantitative                         |
| Lalita Kumari Sah, Rochelle Ann Burgess & Rajeeb Kumar Sah, 2018  | 'Medicine doesn't cure my worries': Understanding the drivers of mental distress in older Nepalese women living in the UK  | United Kingdom | Nepal                              | Older Nepalese women (over 60 years of age)                               | Hinduism           | Unspecified                          | 20  | In-depth narrative style interviews and focus groups  |
| Karan Jutla, 2014   | The impact of migration experiences and migration identities on the experiences of services and caring for a family member with dementia for Sikhs living in Wolverhampton, UK | United Kingdom | Punjab, India                      | Members of Sikh community caring for their family member with dementia    | Sikhism            | Dementia                             | 12  | Narrative interview and in-depth narrative interviews |
| Muhammad Zakir Hossain, Hafiz T.A. Khan, 2019   | Dementia in the Bangladeshi diaspora in England: A qualitative study of the myths and stigmas about dementia   | United Kingdom | Bangladesh                         | Family caregivers   | Islam              | Dementia                             | 6   | Qualitative study; semi structured interviews         |
| Milkie Vu, Alia Azmat, Tala Radejko, Aasim I Padela, 2016   | Predictors of delayed healthcare seeking among American Muslim women   | United States  | India, Jordan, Pakistan, Palestine | Muslim women attending mosque and community events in Chicago             | Islam              | Factors affecting access to services | 254 | Community-based participatory research approach       |

|   |  |                |                                     |   |                          |  |     |   |
|---|--|----------------|-------------------------------------|---|--------------------------|--|-----|---|
| Roland Littlewood, Simon Dein   | The doctor's medicine and the ambiguity of amulets: life and suffering among Bangladeshi psychiatric patients and their families in London--an interview study--1. | United Kingdom | Bangladesh                          | Bangladeshi patients and relatives in London  | Islam (Sufi)             | Mental distress                        | 44  | Audio-taped interviews in Sylheti and 2 in English    |
| Savita Katbamna, Waqar Ahmad, Padma Bhakta, Richard Baker, Gillian Parker, 2004       | Do they look after their own? Informal support for South Asian carers.   | United Kingdom | Punjab, India, Bangladesh, Pakistan | Male and female carers from Punjabi Sikh, Gujarati Hindu, and Bangladeshi and Pakistani communities;                  | Sikhism, Hinduism, Islam | Unspecified                            | 105 | Focus groups and in-depth interviews                  |
| Jenny La Fontaine, Jyoti Ahuja, Nicola M Bradbury, Sue Phillips, Jan R Oyeboode, 2007 | Understanding dementia amongst people in minority ethnic and cultural groups.  | United Kingdom | Northern Indian (Punjab)            | English-, Hindi- and Punjabi-speaking British South Asians, aged 17–61  | Sikhism, Hinduism,       | Dementia, age-associated mental health | 49  | Focus group study; vignettes                          |
| Jackie Wales Nicola Brewin Raghuraghavan, 2017  | Exploring barriers to South Asian help-seeking for eating disorders  | United Kingdom | Unspecified                         | S. Asian community members, clinicians working within the local specialist ED service; young people aged 18-25 years, | Unspecified              | Eating disorders                       | 28  | Qualitative; focus groups, semi-structured interviews |
| Simon Dein, 2013  | Magic and Jinn among Bangladeshis in the United Kingdom suffering from physical and mental health problems: Controlling the uncontrollable                         | United Kingdom | Bangladesh                          | Users and care givers; members of the East London Bangladeshi   | Islam                    | Unspecified                            | 50  | Qualitative study; interview and focus groups         |

|  |   |                                      |   |   |             |             |  |                      |
|--|---|--------------------------------------|---|---|-------------|-------------|--|----------------------|
|  |   |                                      |   | community : including students, shopkeepers, restaurant workers, elderly day center attendees, and imams  |             |             |  |                      |
| Riddhi Sandil·<br>Matthew Robinson ,<br>Melanie E Brewster·<br>Stephanie Wong·<br>Elizabeth Geiger, 2014                       | Negotiating multiple marginalizations: experiences of South Asian LGBTQ individuals.  | United States                        | India, Pakistan, Bangladesh, Sri Lanka, other | South Asian American LGB participant; age from 20 to 55 years old   | Unspecified | Unspecified | 142  | Online questionnaire |
| Kenneth Po-Lun Fung·<br>Jenny J W Liu,<br>Rick Sin· Amy Bender ,<br>Yogendra Shakya, Naila Butt, Josephine Pui-Hing Wong, 2019 | Exploring mental illness stigma among Asian men mobilized to become community mental health ambassadors in Toronto, Canada  | Toronto, Calgary , Vancouver, Canada | East Asia, South Asia                         | East Asian and South Asian men (does not specify country of origin/ethnicity) men living with or affected by mental illness (LWA) as well as community leaders (CL) | Unspecified | Unspecified | 609  | Mixed-methods        |
| Josefine Antoniades,<br>Danielle Mazza· Bianca Brijnath, 2018  | Agency, activation and compatriots: the influence of social networks on health-seeking behaviours among Sri Lankan migrants and Anglo-Australians with depression | Australia                            | Sri Lanka                                     | Sri Lankan migrants and Anglo-Australians over 18 years,  | Unspecified | Depression  | 30 Anglo-Australians (Anglo-Australian) and 18 Sri Lankan migrants | In-depth interviews  |

|   |  |                |  |   |                          |  |                            |  |
|---|--|----------------|--|---|--------------------------|--|----------------------------|--|
|   |  |                |  |   |                          |  |                            |  |
| Neharika Vohra, John Adair, 2000  | Life satisfaction of Indian immigrants in Canada   | Canada         | India  | Indian immigrants   | Unspecified              | Unspecified                            | 189                        | Quantitative survey                                |
| Dana Sahi Iyer, Nick Haslam, 2003   | Body image and eating disturbance among south Asian-American women: the role of racial teasing.                                  | United States  | India, other                                   | College women of S. Asian descent   | Unspecified              | Eating Disorder                        | 122                        | Quantitative questionnaire                         |
| Daniel W L Lai, Shireen Surood, 2008  | Predictors of depression in aging South Asian Canadians  | Canada         | Bangladesh, India, Pakistan, Sri Lanka, Nepal  | Aging South Asians aged 55 years or older                                       | Hinduism, Sikhism, Islam | Depression                             | 220                        | Telephone survey, structured questionnaire         |
| Hannah Bradby, Maya Varyani, Rachel Oglethorpe, Wendy Raine, Ishbel White, Minnie Helen, 2007 | British Asian families and the use of child and adolescent mental health services: a qualitative study of a hard to reach group. | Scotland       | Pakistan, India, Bangladesh                    | Men and women, older and younger adults.  | Sikhism, Islam, Hinduism | Mental distress                        | 35 individuals, 7 families | Focus groups; semi-structured interviews           |
| Robert Lane, Soumia Cheref, Regina Miranda  | Ethnic Differences in Suicidal Ideation and Its Correlates Among South Asian American Emerging Adults                            | United States  | Bangladesh, India, Pakistan                    | Undergraduate South Asian Americans, ages 18 to 24                              | Islam, Hinduism          | Suicidal Ideation, depressive symptoms | 204                        | Series of surveys in individual or in small groups |
| Aisha Mirza, Michèle D. Birtel, Melissa Pyle, and Anthony P. Morrison, 2019                   | Cultural Differences in Psychosis: The Role of Causal Beliefs and Stigma in White British and South Asians                       | United Kingdom | Pakistan, England, India, Bangladesh           | South Asian and British students from two schools and colleges, 16-20 years old | Islam                    | Psychosis and related stigma           | 173                        | Questionnaires                                     |
| Kaduvettoor-Davidson, Anju Inman, Arpana G., 2013   | Coping With Discrimination: The Subjective Well-Being of South Asian American Women  | United States  | India, Pakistan, Bangladesh, Sri Lanka, Nepal, | First and second-generation SA female immigrant; 18-65 years old                | Islam, Hinduism          | Unspecified                            | 82                         | Questionnaires by email                            |
| Chaudhry, Tahani Chen,  | Mental Illness Stigmas in South Asian Americans: A   | United States  | Pakistani, Indian, and                         | SA, East Asian and European   | Unspecified              | Mental illness stigma                  | 168                        | Likert scale questionnaire                         |

|  |   |                |  |  |   |                                      |     |  |
|--|---|----------------|--|--|---|--------------------------------------|-----|--|
| Stephen H., 2019   | Cross-Cultural Investigation  |                | Bangladeshi participants                         | American undergraduate students              |   |                                      |     | es; Qualtrics survey                             |
| Chew-Graham C, Bashir C, Chantler K, Burman E, Batsleer J., 2002                             | South Asian women, psychological distress and self-harm: lessons for primary care trusts.   | United Kingdom | Pakistan, India, Bangladesh                      | South Asian women, 17–50 years.              | Islam, Sikhism                                | Self-harm                            | 50  | Qualitative study; focus groups                  |
| Padela AI, Gunter K, Killawi A, Heisler M., 2012   | Religious values and healthcare accommodations: Voices from the American Muslim community   | United States  | Unspecified                                      | South Asian Muslim adults;                   | Islam   | Factors affecting access to services | 23  | CBPR - 13 focus groups with adults at 7 mosques  |
| Lee, S., Juon, H. S., Martinez, G., Hsu, C. E., Robinson, E. S., Bawa, J., & Ma, G. X., 2009 | Model minority at risk: Expressed needs of mental health by Asian American young adults   | United States  | India  | Young adults, 1.5-2nd generation             | Unspecified                                   | Mental distress                      | 17  | Focus groups                                     |
| Ahmed, S, Birtel, MD, Pyle, M, Morrison, AP., 2020   | Stigma towards psychosis: Cross-cultural differences in prejudice, stereotypes, and discrimination in white British and South Asians                                | United Kingdom | India, Pakistan, Bangladesh, Sri Lanka           | Secondary School students                    | Christianity, Islam, Sikhism, Hinduism, Other | Psychosis and Mental illness stigma  | 64  | Quantitative ; surveys                           |
| Islam F, Multani A, Hynie M, <i>et al</i> , 2017   | Mental health of South Asian youth in Peel Region, Toronto, Canada: a qualitative study of determinants, coping strategies and service access.                      | Canada         | India, Pakistan, Bangladesh, Trinidad and Guyana | Men and women ages 15 to 23 were interviewed | Islam, Hinduism, Sikhism                      | Unspecified                          | 10  | Semi-structured, in-depth interview/focus groups |
| Park IJ, Schwartz SJ, Lee RM, Kim M, Rodriguez L., 2013                                      | Perceived Racial/Ethnic Discrimination and Antisocial Behaviors Among Asian American College Students: Testing the Moderating Roles of Ethnic and American Identity | United States  | India, Pakistan, Bangladesh                      | College Students                             | Unspecified                                   | Unspecified                          | 316 | Online survey                                    |
| Nadimpalli SB, Kanaya AM, McDade   | Self-reported discrimination and mental health among Asian  | United States  | India  | Adult SA men and women                       | Hinduism, Other                               | Unspecified                          | 757 | Cross-sectional                                  |

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|---|--|----------------|--|--|-----------------|---|------|--|
| TW, Kandula NR., 2016   | Indians: Cultural beliefs and coping style as moderators.  |                |  |  |                 |   |      | survey; quantitative   |
| Barn R, Sidhu K. , 2004   | Understanding the interconnections between ethnicity, gender, social class and health: experiences of minority ethnic women in Britain.              | United Kingdom | Bangladesh                             | Bangladeshi women, ages 18-55 with dependent children                      | Muslim          | Unspecified                               | 54   | Mixed methods  |
| Tummala-Narra, P., Alegria, M., & Chen, C.-N. 2012                                      | Perceived Discrimination, Acculturative Stress, and Depression Among South Asians: Mixed Findings  | United States  | India, Pakistan, Bangladesh, Nepal     | Survey respondents to the National Latino and Asian American Study (NLAAS) | Unspecified     | Depression                                | 169  | Quantitative Study   |
| Khuwaja SA, Selwyn BJ, Kapadia A, McCurdy S, Khuwaja A. 2007                            | Pakistani Ismaili Muslim adolescent females living in the United States of America: Stresses associated with the process of adaptation to US culture | United States  | Pakistan                               | Muslim immigrant females from Pakistan between the ages of 15–18           | Islam (Ismaili) | Acculturation stress/depression           | 30   | Questionnaire  |
| Islam, F., Khanlou, N. & Tamim, H. 2014   | South Asian populations in Canada: migration and mental health.  | Canada         | India, Pakistan, Sri Lanka             | South Asian immigrants   | Unspecified     | Depression, Anxiety, Acculturation Stress | 3918 | Quantitative survey  |
| Ahmad F, Driver N, McNally MJ, Stewart DE. 2009   | "Why doesn't she seek help for partner abuse?" An exploratory study with South Asian immigrant women.  | Canada         | India Pakistan Bangladesh              | Immigrant SA women   | Unspecified     | Unspecified                               | 22   | Focus group discussions  |
| Masood N, Okazaki S, Takeuchi DT. 2009  | Gender, family, and community correlates of mental health in South Asian Americans.  | United States  | Bangladesh, India, Pakistan, Sri Lanka | Mixed immigrant SA population  | Unspecified     | Unspecified                               | 164  | Quantitative (secondary analysis of an epidemiological survey) |
| Fathali M Moghaddam, Donald M Taylor, Blain Ditto, Katherine Jacobs, Erin Bianchi, 2002 | Psychological distress and perceived discrimination: a study of women from India   | Canada         | India                                  | Women  | Unspecified     | Unspecified                               | 104  | Quantitative questionnaire + blood pressure measurement        |

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|---|---|----------------|----------------------------|--|-------------|--------------------------------------|---------------------------------------|--|
| Gunasinghe C, Hatch SL, Lawrence J. 2019  | Young Muslim Pakistani Women's Lived Experiences of Izzat, Mental Health, and Well-Being.   | United Kingdom | Pakistan                   | Women, UK-born with parents born in Pakistan | Islam       | Unspecified                          | 6                                     | Qualitative (Semi-Structured Interviews)                                     |
| Mann SK, Roberts LR, Montgomery S. 2017   | Conflicting cultural values, gender role attitudes, and acculturation: Exploring the context of reproductive and mental health of Asian-Indian immigrant women in the US          | United States  | India                      | Women  | Sikhism     | Unspecified                          | 217 (Quantitative) ; 36 (Qualitative) | Mixed-Methods; survey and focus group discussions                            |
| Tahseen Shams 2020  | Successful yet Precarious: South Asian Muslim Americans, Islamophobia, and the Model Minority Myth  | United States  | Bangladesh, Pakistan India | South Asian immigrants                       | Islam       | Unspecified                          | 60                                    | Qualitative (Ethnographic Observation and semi-structured/guided interviews) |
| Nadimpalli SB, Cleland CM, Hutchinson MK, Islam N, Barnes LL, Van Devanter N. 2016              | The association between discrimination and the health of Sikh Asian Indians   | United States  | India                      | Sikh Asian Indians                           | Sikhism     | Unspecified                          | 196                                   | Quantitative (Survey and Physiological Measurement)                          |
| Hackett R, Nicholson J, Mullins S, Farrington T, Ward S, Pritchard G, Miller E, Mahmood N. 2009 | Enhancing pathways into care (EPIC): Community development working with the Pakistani community to improve patient pathways within a crisis resolution and home treatment service | United Kingdom | Pakistan                   | Members of Pakistani Community               | Unspecified | Factors affecting access to services | Unspecified                           | Intervention /Social Service Description                                     |
| Burr J. 2002  | Cultural stereotypes of women from South Asian communities: mental health care professionals' explanations for patterns of suicide and depression.                                | United Kingdom | South Asia (unspecified)   | Mental health carers                         | Unspecified | Unspecified                          | 29                                    | Qualitative (Focus Group Discussions and Individual Interviews)              |

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|--|---|------------------|-----------------------------|---|--------------------|----------------------------------|-----|--|
| Saadia Akram-Pall, Roy Moodley 2016                                    | Loss and fear': Acculturation stresses leading to depression in South Asian Muslim immigrants in Toronto                                      | Canada (Toronto) | India or Pakistan           | First generation, all self-reported depression, men and women | Islam              | Acculturation stress, depression | 13  | Quantitative (Survey)  |
| Mona Abouguendia and Kimberly A. Noels 2001                            | General and acculturation-related daily hassles and psychological adjustment in first- and second-generation South Asian immigrants to Canada | Canada           | South Asia (unspecified)    | University students, first and second generation              | Unspecified        | Unspecified                      | 74  | Quantitative (Survey)  |
| Brijnath B, Antoniades J. 2018   | What is at stake? Exploring the moral experience of stigma with Indian-Australians and Anglo-Australians living with depression               | Australia        | India                       | Unspecified   | Unspecified        | Depression                       | 58  | Qualitative (In-Depth Interviews)                                      |
| Prerna G. Arora, Kristina Metz, Cindy, Carlson 2016                    | Attitudes Toward Professional Psychological Help Seeking in South Asian Students: Role of Stigma and Gender                                   | United States    | South Asia (unspecified)    | University Students   | Unspecified        | Mental illness stigma            | 160 | Quantitative (Survey)  |
| Lena Robinson 2009   | Cultural Identity and Acculturation Preferences Among South Asian Adolescents in Britain: An Exploratory Study                                | United Kingdom   | India and Pakistan          | Second-Generation Adolescents                                 | Hinduism and Islam | Unspecified                      | 240 | Quantitative (Survey)  |
| Joseph, A., Jenkins, S. R., Wright, B., & Sebastian, B. 2020           | Acculturation processes and mental health of Asian Indian women in the United States: A mixed-methods study                                   | United States    | India (Kerala)              | Women, first and second generation                            | Unspecified        | Unspecified                      | 75  | Mixed Methods (Self-report survey with open-ended questions)           |
| Lloyd H, Singh P, Merritt R, Shetty A, Yiend J, Singh S, Burns T. 2011 | A comparison of levels of burden in Indian and white parents with a son or daughter with schizophrenia  | United Kingdom   | India                       | Parents of children with psychosis                            | Sikhism            | Schizophrenia                    | 46  | Quantitative (Cohort Study)  |
| Bhikha A, Farooq S, Chaudhry N, Naeem F, Husain N. 2015                | Explanatory models of psychosis amongst British South Asians  | United Kingdom   | Bangladesh, India, Pakistan | Diagnosis of schizophrenia or schizoaffective disorder        | Unspecified        | Psychosis, Schizophrenia         | 45  | Qualitative (psychosis vignette and short explanatory model interview) |

|  |   |                |   |   |   |                       |                 |   |
|--|---|----------------|---|---|---|-----------------------|-----------------|---|
| Karim Mitha & Shelina Adatia 2016  | The faith community and mental health resilience amongst Australian Ismaili Muslim youth  | Australia      | South Asia (unspecified)                      | 18–25-year-old diasporic and post-diasporic youth                       | Islam (Ismaili)                           | Unspecified           | 45              | Mixed methods (Survey and Semi-Structured)  |
| Gee, G. C., & Ponce, N., 2010  | Associations Between Racial Discrimination, Limited English Proficiency, and Health-Related Quality of Life Among 6 Asian Ethnic Groups in California | United States  | South Asia (unspecified)                      | Respondents to the California Health Interview Survey in 2003 and 2005. | Unspecified                               | Unspecified           | 822             | Quantitative (Secondary Survey Data Analysis)   |
| Lee, S.Y., Martins, S.S. & Lee, H.B. 2015  | Mental Disorders and Mental Health Service Use Across Asian American Subethnic Groups in the United States  | United States  | India, Afghanistan, Pakistan and Iran         | Across Asian subgroups Asians, 298 South Asians).                       | Unspecified                               | Unspecified           | 298             | Quantitative (Secondary Survey Data Analysis)   |
| Houshmand S, Spanierman LB, Tafarodi RW. 2014                                    | Excluded and Avoided: Racial Microaggressions Targeting Asian International Students in Canada  | Canada         | India, Pakistan                               | International Students between 19-21 years                              | Unspecified                               | Unspecified           | 3               | Qualitative (Unstructured Interviews)   |
| Loya, F., Reddy, R., & Hinshaw, S. P. , 2010                                     | Mental Illness Stigma as a Mediator of Differences in Caucasian and South Asian College Students' Attitudes Toward Psychological Counseling           | United States  | South Asia (unspecified)                      | Undergraduate and Graduate Students, mixed first and second generation  | Unspecified                               | Mental illness stigma | 54 South Asians | Quantitative (Survey)   |
| Simkhada B, Sah RK, Mercel-Sanca A, van Teijlingen E, Bhurtyal YM, Regmi P. 2021 | Perceptions and Experiences of Health and Social Care Utilization of the UK-Nepali Population   | United Kingdom | Nepal   | Nepali people living in the Royal Borough of Greenwich in London        | Unspecified                               | Unspecified           | 345             | Mixed Methods (Semi-Structured Survey, Key Informant Interviews, Focus Group Discussions) |
| Stroope S, Kent BV, Zhang Y, Spiegelman D, Kandula NR, Schachter AB,             | Mental health and self-rated health among U.S. South Asians: the role of religious group involvement'.  | United States  | India, Nepal, Pakistan, Sri Lanka, Bangladesh | Adults aged 45+ participating in MASALA study                           | Hinduism , Islam, Jainism, Sikhism, Other | Unspecified           | 928             | Quantitative (Survey)   |

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|---|--|----------------|--|--|-------------------------------|--|--------------------------------|---|
| Kanaya A, Shields AE. 2019  |  |                |  |  |                               |  |                                |   |
| Baldwin S, Griffiths P. 2009  | Do Specialist Community Public Health Nurses Assess Risk Factors for Depression, Suicide, and Self-Harm Among South Asian Mothers Living in London?                | United Kingdom | Bangladesh, India, Pakistan, Bhutan            | Specialist Community Public Health Nurses  | Unspecified                   | Unspecified                              | 68                             | Mixed Methods (secondary analysis of health record data and semi-structured interviews) |
| Rastogi P, Khushalani S, Dhawan S, Goga J, Hemanth N, Kosi R, Sharma RK, Black BS, Jayaram G, Rao V. 2014 | Understanding clinician perception of common presentations in South Asians seeking mental health treatment and determining barriers and facilitators to treatment. | United States  | India, Pakistan, Bangladesh, Nepal, Sri Lanka. | SA and non-SA professionals/clinicians involved in the care of SA patients with mental health challenges | Unspecified                   | Unspecified                              | 29                             | Focus groups, interview guide, qualitative analysis                                     |
| Williams, E. D., Nazroo, J. Y., Kooner, J. S., & Steptoe, A., 2010  | Subgroup differences in psychosocial factors relating to coronary heart disease in the UK South Asian population.  | United Kingdom | India, East Africa, Pakistan, Sri Lanka        |  | Islam, Sikhism, Hinduism      | Coronary Heart disease                   | 1065 South Asian men and women | Cross-sectional, psychosocial questionnaires  |
| Reddy SD, Crowther JH. Teasing, 2007  | Teasing, acculturation, and cultural conflict: Psychosocial correlates of body image and eating attitudes among South Asian women                                  | United States  | India, Nepal, Pakistan, other                  | Women of South Asian background between the ages of 18 and 30  | Islam, Hinduism               | Body image issues and eating disorders   | 74                             | Online survey   |
| Rahman, O., & Rollock, D., 2004   | Acculturation, competence, and mental health among South Asian students in the United States   | United States  | Bangladesh, India, Pakistan                    | Men and women studying at a large university in the Midwest, United States                               | Unspecified                   | Acculturation stress                     | 199                            | Quantitative (survey)   |
| Kumar A, Nevid JS. 2010   | Acculturation, enculturation, and perceptions of mental disorders in Asian Indian immigrants   | United States  | India  | Indian immigrants  | Hinduism, Christianity, other | Acculturation, depression, schizophrenia | 118                            | Questionnaires  |

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|---|---|-----------------|----------------------------|---|---|--------------------------------------|-----|---|
| Tummala-Narra, P., Inman, A. G., & Ettigi, S. P. 2011 | Asian Indians' responses to discrimination: A mixed-method examination of identity, coping, and self-esteem     | United States   | India                      | First and second generation Indian-Americans                              | Hinduism , Islam, Jainism, Sikhism, Christianity, | Unspecified                          | 102 | Mixed methods - survey monkey and thematic analysis of short answer responses |
| Hanley J. 2007  | The emotional wellbeing of Bangladeshi mothers during the postnatal period.                                     | Wales, UK       | Bangladesh                 | Muslim, Bangladeshi mothers, postnatal                                    | Islam   | Perinatal mental health- unspecified | 10  | Qualitative, informal interviews  |
| Ekanayake S, Ahmad F, McKenzie K. 2012                | Qualitative cross-sectional study of the perceived causes of depression in South Asian origin women in Toronto. | Toronto, Canada | India, Pakistan, Sri Lanka | Ten women with symptoms of depression aged between 22 and 65 years of age | Islam, Hinduism , Catholicism                     | Depression                           | 10  | Cross-sectional in-depth qualitative interviews                               |
| Ali OM, Milstein G, Marzuk PM. 2005                   | The Imam's role in meeting the counseling needs of Muslim communities in the United States.                     | United States   | South Asian, not specified | Imams and Islamic clergy that counsel their congregations                 | Islam   | Unspecified                          | 62  | Quantitative questionnaires   |

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