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Immigration Stress among Recent Latino Immigrants: The Protective Role of Social Support and Religious Social Capital

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Abstract

Religious institutions can be a source of support for recent Latino immigrants struggling to adjust to a new culture. For undocumented immigrants, who are often marginalized from other formal institutions, they may symbolize a place of refuge and hope through supportive social networks that mitigate common challenges such as social isolation and other forms of immigration stress. This cross-sectional study examined the impact of religious social capital and social support on immigration stress among documented and undocumented recent Latino immigrants ($N = 408$). Religious social capital was associated with higher levels of social support, while social support was protective against immigration stress. Social support mediated associations between religious social capital and immigration stress, but only among undocumented immigrants. Findings suggest religious social capital may be a particularly useful resource for undocumented immigrants, aiding in the provision of social support and in decreasing levels of immigration stress. Future research directions and implications for culturally tailored service delivery are presented.

Keywords

Latino/a; immigrants; religiosity; social capital; social support; immigration stress

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[More than 42 million people living in the United States (US) are foreign-born, accounting 14% of our nation's population (U.S. Census Bureau, 2018). Latinos represent the largest racial/ethnic minority and immigrant group in the US. As of 2017, there were 58.9 million Latinos in the US, accounting for 18% of the country's total population (U.S. Census Bureau, 2018). While Mexicans remain the largest Latino group, shifts in immigration patterns over the past decade have indicated steep increases in immigrants from Central and South America arriving in the US. For instance, immigration from Central American countries such as El Salvador and Guatemala have grown by 152% and 180%, respectively. Immigration from South American countries including Colombia and Venezuela have more than doubled (Flores, 2017). These immigrants are often fleeing perilous circumstances in their home countries such as high levels of crime, violence, poverty, and political persecution. While immigration can bring about a renewed sense of hope and promise for a better future, the process itself can be exceptionally stressful. Mounting evidence suggests that immigration stress can have negative mental health impacts on Latino immigrants (Cano et al., 2017; Cervantes, Gattamorta, & Berger-Cardoso, 2019; Golding & Burnam, 1990; Pascoe & Smart Richman, 2009).]

Immigration stress

[Recent Latino immigrants often face numerous stressors when arriving to the US. Immigration-related stressors include language barriers, discrimination, loss of social support and social capital, and difficulties assimilating to beliefs and values of the host culture (Sam & Berry, 2010). These stressors have been linked to an array of negative health outcomes among Latino immigrants including increased rates of alcohol use and depression (Cano et al., 2017; Cervantes et al., 2019); the impact of these stressors is highest in the first few years after immigration (Gil & Vega, 1996), and undocumented immigrants experience a relatively higher impact (Dillon, De La Rosa, & Ibañez, 2013; Sanchez, Dillon, Ruffin, & De La Rosa, 2012).]

Social support has been found to be an important mitigating factor in buffering immigration stress among Latino immigrants (Salgado, Castañeda, Talavera, & Lindsay, 2012). Investment in social relations facilitates the flow of information (Adler & Kwon, 2002; Blanchet, 2013), which, in turn, can make the immigration process less complicated and stressful. In a recent study, immigration stress was negatively associated with various forms of social support among recent Latino immigrants (Concha, Sanchez, De La Rosa, & Villar, 2013). These findings provide further evidence that Latino immigrants rely on others for tangible and emotional social support during stressful events related to the immigration process (Kim, Suh, Kim, & Gopalan, 2012; Potochnick & Perreira, 2010; Singh, McBride, & Kak, 2015).

Evidence suggests that recent Latino immigrants also depend on their religious beliefs as a means of coping with immigration stress (Sanchez, Dillon, & De La Rosa, 2015). Religious resources may be essential for obtaining social support, particularly among undocumented immigrants who have less access to formal social support systems and greater levels of immigration stress than their documented counterparts (Sanchez et al., 2016, 2017).

Religion and Latino immigrants

Religion holds a prominent role in Latino culture and could be influential during difficult life transitions (e.g., the course of immigration). Among Latinos, religious traditions and practices are considered social events that strengthen bonds between family members and friends as well as extended support networks (Gonzalez-Morkos, 2005). Religious values are prominent within Latino culture – guiding attitudes, behaviors, and social interactions (Abraido-Lanza, Vasquez, & Echeverria, 2004; Martinez, Marsiglia, Ayers, & Nuno-Gutierrez, 2015). Additionally, along with providing spiritual support, religious institutions often deliver tangible services. For example, some church programs offer job placement assistance and counseling to community members, while others provide help with immigration paperwork. These institutions also serve as mechanisms by which members can receive emotional and social support (Knoll, 2009; Menjivar, 2006).

Religious institutions (e.g., churches) can help recent immigrants adapt to their new surroundings within a meaningful and familiar spiritual and socio-cultural context, and facilitate societal integration while maintaining and nurturing their distinct cultural identities (Gonzalez-Morkos, 2005). These institutions can be particularly relevant for undocumented immigrants, who may find refuge and hope through a supportive social network to mitigate common challenges such as social isolation, language barriers, and other forms of immigration stress (Kotin, Dyrness, & Irazabal, 2011; Menjivar, 2006). Previous research indicates that particularly marginalized and disenfranchised populations, including undocumented Latino immigrants (Sanchez et al., 2015), are more likely to utilize religion as a resource in times of need compared to those in the mainstream. Given their lack of involvement in other formal institutions, undocumented immigrants may also view religious institutions as a safe haven where they may gain access of tangible and intangible social support (Menjivar, 2006). Moreover, in lower socioeconomic neighborhoods where other resources are less available, religious social capital may be more accessible – compared to other forms of social capital (Maselko, Hughes, & Cheney, 2011).

Religious social capital

Social capital, in general, can be defined as resources acquired through social interactions of reciprocity and mutual aid (Putnam, Leonardi, & Nanetti, 1994). Religious social capital involved social resources available to individuals and groups through their social connections with a religious community (Maselko et al., 2011; Putnam et al., 1994). To date, research on the role of social capital in health has been ecological and almost exclusively focused on neighborhoods or other geographically bound areas (cities, states, even countries). There is a growing movement to examine other contexts in which social capital may impact health (Roux, 2008).

Although ample evidence exists to support the role of religion in the formation of social capital (Bourdieu, 1991; Putnam, 2000), there is a dearth of knowledge regarding the impact of religious social capital on health. Researchers have posited that religious social capital may have protective effects on mental health outcomes (Almedon, 2005; Fitzpatrick, Myrستol, & Miller, 2015; Irwin, LaGory, Ritchey, & Fitzpatrick, 2008) and health risk

behaviors (Mason, Schmidt, & Mennis, 2012). It has also been found to be a protective factor against a host of physical and mental health risk behaviors, such as stress, depression, and substance abuse behaviors among adolescent and minority population (Mason et al., 2012; Wingood et al., 2013).

[This form of social capital might be an especially significant social determinant of health due to the strong social ties within religious communities. Religious communities tend to share values and beliefs regarding health and acceptable behavior. This cohesiveness could essentially be leveraged in the development of health promotion interventions (Wingood et al., 2013). For instance, a two-arm comparative effectiveness trial involving 134 African American women ages 18 to 34 compared the effectiveness of a CDC evidence-based HIV prevention intervention to an adapted faith-based version of the intervention that utilized religious social capital to foster HIV prevention behaviors. The participants in the adapted intervention showed decreases not only in sexual risk behaviors but increased levels of religious social capital and improvements across various psychosocial outcomes (Wingood et al., 2013). These findings suggest that among minority populations, where other forms of social capital are less available, religious social capital is a more accessible form of social capital that could be used in the development of public health interventions.]

Despite increased attention on the importance of various aspects of religion and their influence on the mental and physical health of Latinos (Campesino & Schwartz, 2006; Office of the Surgeon General (US), 2001), many questions remain as to how religion, as a form of social capital, serves as a social determinant of health. The impact of religious social capital has not been previously examined among recent Latino immigrants, there is evidence suggesting that more cognitive/internal religious processes (e.g., spiritual fulfillment and religiosity) can mitigate stress and decrease negative mental health symptoms, such as depression among recent Latino immigrants (Kirchner & Patino, 2010).

The social science literature has indicated a need for rigorous research that “fully elucidate[s] the potential role that religion and religious social capital play in population health” (Maselko et al., 2011, p. 766). The present study takes a step toward filling this knowledge gap by examining the associations between religious social capital, social support, and immigration stress among recent Latino immigrants. We also consider these associations within a particularly vulnerable and hard-to-reach population (i.e., undocumented immigrants) to determine if associations between these variables differ by immigration status.

Theoretical framework

The theoretical framework for the present study draws from social capital theory (Putnam, 2000) and assimilation theory (Alba & Nee, 2009). Social capital theory emphasizes the important role of social networks and the standards of reciprocity and trustworthiness that may emerge from the social networks. Social capital emphasizes the social connections between individuals and their neighborhoods or communities (Carpiano, 2006; Putnam, 2000), such as the relationships that can occur between individuals who are involved with religious institutions, recreational activities, workplace networks, and informal social

ties. Involvement with religious institutions can lead to religious participation within a neighborhood or community and, in turn, this can increase tangible and intangible social connections among community members. Affiliating with religious institutions may increase access to social support by promoting opportunities for social interactions and shared experiences (Carpiano, 2007; Putnam, 2001).

Assimilation theory is concerned with the process that individuals go through as they adjust to a new country, and the cultural adaptations that can occur as a result of this integration (Eitle, Wahl, & Aranda, 2009). Acculturation trajectories with rising assimilation have been associated with immigrant communities containing social support and social capital resources that shield residents from negative influences (i.e., isolation, discrimination) often experienced during the immigration process (Portes & Rumbaut, 2006). Conversely, *downward assimilation* is associated with immigration stressors including economic hardships, a lack of resources, language stress, loss of social support, and exposure to discrimination (Schwartz & Unger, 2017); circumstances that undocumented immigrants may face at higher rates than documented immigrants. By applying assimilation and social capital theory, we hypothesize that the protective role of religious social capital will be stronger for undocumented immigrants when considering the association between immigration stress via social support.

Research aims

The present study examines (a) the direct and indirect effects of religious social capital and social support on immigration stress and (b) the moderating role of documentation status on those association (See Figure 1). The following hypotheses were proposed: H₁: Religious social capital will be positively associated with social support. H₂: Religious social capital will be inversely associated with immigration stress. H₃: Social support will be inversely related with immigration stress. H₃: Social support will mediate the association between religious social capital and immigration stress. H₄: Immigration status will serve as a moderator, whereby the mediating effect of social support between religious social capital and immigration stress will be stronger among undocumented immigrants.

Method

Participants and procedures

Data for this cross-sectional study are drawn from a study examining sociocultural determinants of substance use and immigration stress among young adult recent Latino immigrants during their first 3 years in the United States. The study's research protocol was reviewed and approved by the Institutional Review Board at the authors' academic institution. A Certificate of Confidentiality was obtained from the National Institutes of Health to ensure maximum protection for research participants.

Inclusion criteria for the present study were: (1) identifying as Latino, (2) being between 18 and 34 years old, (3) having recently immigrated to the United States from a Latin American country (i.e., within the past 12 months prior to the baseline assessment), and (4) intending to remain in the United States for at least 2 years after the baseline assessment.

Respondent-driven sampling was the primary recruitment strategy. This technique is an effective strategy in recruiting participants from difficult-to-reach populations (Salganik & Heckathorn, 2003). Given that approximately 26% of the US Latino population consists of undocumented immigrants (Passel & Cohn, 2016), we considered respondent-driven sampling to be the most appropriate sampling approach. Each participant (i.e., the seed) was asked to refer three individuals in his/her social network who met eligibility criteria. This referral procedure was followed for three legs for each initial participant (seed), at which point a new seed would begin, thus limiting the number of participants that were socially interconnected. This process was undertaken to avoid skewing the respondent sample (Salganik & Heckathorn, 2003).

Seed participants were recruited through announcements posted at various community-based agencies that provide legal services to refugees, asylum seekers, and other documented and undocumented immigrants in Miami-Dade County. Information about the study was also disseminated at Latino community health fairs and neighborhood activity locales (i.e., domino parks in the Little Havana neighborhood of Miami). Announcements were posted in Latino communities, websites such as [Craigslist.org](https://www.craigslist.org), and an employment website commonly accessed by Latinos to find work in Miami-Dade County. Trained bilingual research staff administered the participant surveys. Interviews were conducted in Spanish and completed in a confidential, safe location agreed upon by both the interviewer and participant. Each interview took approximately 1 h to complete. A \$60 incentive was provided to participants.

Measures

Immigration status—Immigration status was measured by immigration category. Participants were asked to report their current legal status in the United States. A total of 14 possible categories were provided, including temporary or permanent resident, temporary work visa, and undocumented or expired visa. Responses were then recoded into a dichotomous variable of *documented* (1) or *undocumented* (0) immigration status.

Religious social capital—The Social Religious Coping subscale of the Ways of Religious Coping Scale was used to measure religious social capital (Boudreaux, Catz, Ryan, Amaral-Melendez, & Brantley, 1995). The scale assesses the social resources available to individuals via their social connections with a religious community. The scale contains 10 items on a 5-point Likert scale (1 = *not at all* to 5 = *always*). These items pertain to social involvement in religious institutions. Sample items include: “I talk to church/mosque/temple members”; “I ask my religious leader for advice”; “I get involved with church/mosque/temple activities”; and, “I donate time to a religious cause or activity.” Higher scores indicated more religious social capital. The measure demonstrated excellent reliability estimates in the present study ($\alpha = 0.95$).

Immigration stress—The validated Spanish version of the immigration stress subscale of the Hispanic Stress Inventory Scale–Immigrant Version (Cervantes, Padilla, & Salgado de Snyder, 1991) was used to measure immigration stress. This scale is an 18-item measure of psychosocial stress-event experiences for Latino immigrants. It has been widely used

with this population (Ellison, Finch, Ryan, & Salinas, 2009; Loury & Kulbok, 2007). First, participant report whether or not they experienced a particular stressor, and if the stressor was experienced, a follow-up 5-point Likert-type question is asked regarding the appraisal of how stressful that particular event was to the participant (1 = *not at all* to 5 = *extremely*). Example items include: “I felt guilty about leaving my family and friends in my home country”; “Because of my poor English, it has been difficult for me to deal with day-to-day situations”; and, “Because I am Latino, I have had difficulty finding the type of work I want.” Given the very high correlation between frequency (i.e., if a stressor had happened) and appraisal of stress in the present sample ($r = .91$), the sum of the immigration stress frequency and immigration stress appraisal scores was used to measure overall immigration stress. Higher scores indicated greater levels of immigration stress.

Social support—The Medical Outcome Social Support Survey (MOS; Sherbourne & Stewart, 1991) was used to measure social support. The survey has been widely used to measure effects of social support on various health outcomes (Bekele et al., 2013; Glasgow, Strycker, Toobert, & Eakin, 2000; McCall, Reboussin, & Rapp, 2001). The survey assesses four dimensions of social support, including emotional/informational, tangible, affectionate and positive social interaction. The instrument contains 19 items set on a 5-point Likert-type scale (1 = *none of the time* to 5 = *all of the time*) with higher scores indicating more social support. In the present study, the overall social support index score was calculated by averaging the scores for all 18 items included in the four subscales, and the score for the one additional item. The MOS Support Survey demonstrated excellent internal consistency in the present study ($\alpha = .98$).

Covariates—A demographics form assessed, in part, participants’ time in the US, age, biological sex (0 = *females*, 1 = *male*), marital status (0 = *unmarried*, 1 = *married/living with partner*), level of education (1 = *less than high school*, 2 = *high school*, 3 = *some training/college after high school*, 4 = *bachelor’s degree*, 5 = *graduate/professional studies*), and annual income 12 months prior to assessment. Participants were also asked to report their country of origin from a list of all Latin American countries. This item was re-coded into a 4-level categorical variable (1 = *Cuban*, 2 = *South American*, 3 = *Central American*, 4 = *Other Caribbean*). Descriptive analyses were conducted with this 4-level variable. Subsequent chi-square analyses were conducted with a binary variable dichotomized to (1 = *Cuban*, 0 = *non-Cuban*).

Given that participants were recent Latino immigrants all assessments were conducted in Spanish. With the exception of the immigration stress measure, which had an existing validated Spanish version, the investigators developed in-house Spanish translations for the scales utilized in the present study. Specifically, the measures went through a process of (a) translation/back translation, (b) modified direct translation, (c) and checks for semantic and conceptual equivalence to ensure accurate conversion from English to Spanish (Behling & Law, 2000). In an effort to account for any within-group variability, the review panel conducting the modified direct translation consisted of individuals from various Latino subgroups (i.e., Cubans, South Americans, Central Americans) representative of the Miami-Dade County, Florida, population.

Data analytic plan—First, descriptive statistics were computed and bivariate correlations were estimated for all variables used in the mediation and moderation analyses. Second, to test for mediation and moderation, we utilized bootstrap resampling techniques ($k = 10,000$) to generate 95% bias-corrected confidence intervals (BC CIs) of the indirect effects using PROCESS© v2.13 for SPSS 20 (Hayes, 2013; Preacher, Rucker, & Hayes, 2007). We examined mediation models in which religious social capital might be associated with immigration stress both directly and indirectly via social support. A bias-corrected confidence interval that did not include a zero for the indirect effect indicated statistical significance. Figure 1 depicts how this method simultaneously estimates the direct association of X on M (a -path), the direct association of M on Y (b -path), the direct association of X on Y (c -path), and the indirect association of X (religious social capital) on Y (immigration stress) via M (social support).

PROCESS© v2.13 was also used to test if immigration status moderated the direct and indirect associations of religious social capital on immigration stress. We used a parameter that quantifies the effect of immigration status on the indirect effect, called the index of moderated mediation (Hayes, 2015). A bias-corrected confidence interval that did not include zero for the index of moderated mediation indicated that an indirect effect significantly varied between documented and undocumented immigrants. All independent and moderator variables involved in the interaction terms were mean centered via PROCESS© prior to analysis. All mediation and moderation analyses controlled for sociodemographic variables with the exception of the country of origin variable. The omission of country of origin as a covariate was done to avoid the confounding effects of country of origin with immigration status as all Cubans – which composed approximately 50% of the sample – were documented given their unique immigration status in the US. There was minimal missing data, therefore, we used listwise deletion, resulting in two cases being deleted from the moderated mediation analyses analysis. It should be noted that PROCESS© only produces confidence intervals for unstandardized regression coefficients. Standardized coefficients were computed and provided for the mediation and moderation analyses.

Results

Preliminary analyses

Table 1 summarizes sample demographics and descriptive statistics for variables used in the present study analyses by immigration status. A positively skewed distribution was found for annual income. A square root data transformation was used to arrive at an approximately normal distribution for this variable. The transformed variable was used in the subsequent analyses. Table 2 presents the bivariate correlations for key study variables.

The present study was conducted with a sample of ($N = 408$) recent Latino immigrants (see Table 1 for detailed demographic statistics by immigration status). The present sample was fairly representative of the Miami-Dade County Latino immigrant community in terms of ethnicity: 48% vs. 52.7% Cuban, 25% vs. 16.8% South American, 25% vs. 13.1% Central American, and 2% vs. 3.6% Other Caribbean, respectively. Although country/region of origin data for *recent* Latino immigrants in Miami-Dade County was not available,

US Census data indicated recent population increases in Miami-Dade County ranging from 102% –117% among certain South American (e.g., Argentines and Venezuelans) and Central American (e.g., Hondurans and Guatemalans) Latino immigrant subgroups (US Census Bureau, 2011). This may explain the over-representation of South and Central Americans in the present study sample.

Approximately 25% of the sample were undocumented recent Latino immigrants. Those who were undocumented were also more likely to be male (70%) compared to female [$\chi^2(1) = 13.38, p < .001$] and single [$\chi^2(1) = 2.43, p = .12$]. No differences in age or income by immigration status were found. All undocumented immigrants originated from Central and South America, while no Cubans reported undocumented immigration status. Undocumented immigrants were also more likely to report greater levels of religious social capital [$t(153) = 4.64, p < .001$], lower social support [$t(149) = -5.61, p < .001$], and more immigration stress [$t(128) = 8.27, p < .001$] compared to those with legal immigration status.

Primary analyses

Mediation analyses confirmed that social support was a significant mediator between religious social capital and immigration stress among recent Latino immigrants (see Figure 1). Specifically, participants with higher levels of religious social capital reported greater social support ($B = .04, \beta = .40, p < .001$) as well as more immigration stress ($B = .12, \beta = .27, p < .001$). Higher levels of social support was also negatively associated with immigration stress ($B = -.82, \beta = -.17^{**}$), suggesting that more social support may be protective against immigration stress.

Moderated mediation analyses enabled a more nuanced understanding of the role of social support in the relation between religious social capital and immigration stress. That is, immigration status did significantly moderate the association between religious social capital and social support among recent Latino immigrants ($B = -.03, \beta = -.35^{**}$), whereby the association between religious social capital and social support was stronger among undocumented immigrants. In addition, only among undocumented immigrants did social support significantly mediate the association between religious capital and immigration stress [index = .03, 95% CI (.01 – .06)].

Discussion

This study examined whether social support mediated the association between religious social capital and immigration stress, and whether immigration status had a moderating effect on the association between religious social capital and social support. The findings confirmed our hypothesis, suggesting that religious social capital is directly and positively associated with social support. These results support previous studies where religious social capital was found to serve as a resource for obtaining tangible, intangible, and emotional social support (Concha et al., 2013; Menjivar, 2006). As anticipated, participants reporting more social support also reported less immigration stress. These findings are in line with previous research indicating positive associations between social support and overall health (i.e., physical, emotional, behavioral; Crockett et al., 2007; Finch & Vega, 2003; Menon

& Harter, 2012). Social support has also been found to buffer the negative impact of immigration stress on physical health outcomes (Salgado et al., 2012).

Contrary to our hypothesis, religious social capital was directly associated with greater level of immigration stress. Although this was not an a priori hypothesis, it stands to reason that recent Latino immigrants may be coming to the US with limited resources, and therefore seek religious institutions for moral or social support as these resources often hold familiarity and cultural appropriateness (Foner & Alba, 2008). In addition, religious institutions often among the first organizations that immigrants join upon arrival to a new country (Stoll & Wong, 2007). These institutions provide community services, including social services, cultural refuge and a sense of community (Leung, Chin, & Petrescu-Prahova, 2016) while distinguishing themselves from more formal political or government associations (Putnam & Campbell, 2012). Hence, it may be that by virtue of being a recent immigrant, some participants experienced greater levels of immigration stress and therefore sought refuge from these stressors by accessing a familiar and culturally relevant resource via religious organizations.

Lastly, we hypothesized that immigration status would serve as a moderator, whereby the mediating effect of social support between religious social capital and immigration stress would be *stronger* among undocumented immigrants. We anticipated that the provision of social support via religious social capital would be stronger among undocumented immigrants, as they are often marginalized from formal institutions that provide social support due to their immigration status. On the other hand, social support would likely serve as a protective factor against immigration stress for documented and undocumented immigrants alike. Results indicated that immigration status did moderate the hypothesized association. Rather than having a stronger effect, our results indicated that it was *only* among undocumented immigrants that social support mediated the relation between religious social capital and social support. Our findings call attention to the critical role that religious organizations may play in the lives of undocumented immigrants via the provision of social support. It may be that, for undocumented immigrants, building religious social capital is a particularly effective way of obtaining social support, because it can help compensate for the marginalization often experienced within the larger societal context. These results are consistent with previous studies where religious social capital has been found to be especially important in low resource neighborhoods lacking in sources of social capital (Maselko et al., 2011). Our findings contribute to the existing body of research suggesting that vulnerable and disenfranchised populations, such undocumented immigrants, may rely on religious resources for support more than documented immigrants (Chaumba & Nackerud, 2013; Sanchez et al., 2015).

Our findings also hold important implications for interventions, including the possible benefits of assessing recent Latino immigrants' past utilization of religious social capital and using this information to facilitate connections with religious social capital resources in the receiving community when appropriate. The bridging of religious social capital after immigration can assist recent Latino immigrants, particularly those with undocumented legal status, in increasing social support networks.

At the community level, fostering partnerships between mental health professionals and religious leaders could lead to beneficial physical and mental health outcomes among Latino immigrants. This can take the form of interdisciplinary teams working together with religious community leaders in capacity-building efforts within centers of worship in immigrant-receiving communities. As such, these partnerships can lead to the development of faith-based outreach teams and pastoral counseling programs. Such programs have been found to be effective in other ethnic-minority communities, particularly among African American churches (Newlin, Dyess, Allard, Chase, & Melkus, 2012; Sutton & Parks, 2013). Far less is known about effective ways religious organizations can provide social capital and support to help immigrants cope with the challenges brought about by the immigration and acculturation process.

The present study findings should be interpreted in light of certain limitations. Although our sampling technique (i.e., respondent-driven sampling) is successful in recruiting hidden populations such as undocumented immigrants, who compose 13.6% of the US Latino population, it does not ensure a representative sample (Passel & Cohn, 2016). Second, our participants were generally young adults ($M_{\text{age}} = 28.73 \pm 5.0$); therefore, findings cannot be generalized to other Latino age groups as generational differences have been found to influence religious behaviors (Koenig, 2006). Third, the dataset did not contain information regarding participant's religious affiliation of study participants. According to the Pew Research Center's 2013 National Survey of Latinos and Religion, most Latinos in the United States identify as Catholic (55%), followed by Protestant (22%, including 16% that self-identify as born-again or evangelical), 18% are unaffiliated, and 4% identify as "other" (Pew Research Center, 2014). Attitudes, norms, and behaviors can differ strongly between religious denominations (Garcia, Ellison, Sunil, & Hill, 2013). Future studies are needed to continue to shed light on potential denominational differences in how religious social capital impacts immigration stress among Latino immigrants. Fourth, although efforts were undertaken to include participants from major Latino national origins, some groups (e.g., Mexicans) were not well-represented due to their underrepresentation in the Miami-Dade County area in general. Future studies with other Latino subgroups are needed to enhance the generalizability of the results. Also, as the present study was focused on examining differences by immigration status, country of origin was not examined as a covariate in the mediation/moderation models. Including country of origin in our model would have created confounding effects with immigration status given that the undocumented immigrants in our study were solely from South and Central American, while all Cuban participants reported documented immigration status. Future studies are needed to identify the effects of how Latino immigrants' country of origin and the receiving communities in which they arrive may impact associations between religious social capital, social support, and immigration stress.

Lastly, the pathways leading to immigration stress in our conceptual model are assumed to be causal, but given the cross-sectional nature of the data, our findings are correlational and do not establish a causality. Some authors have suggested that mediating effects estimated with cross-sectional data have the potential to overestimate or underestimate the longitudinal indirect effect, but the direction of the bias cannot be predicted. Thus, cross-sectional data may not accurately indicate an existing mediating effect. Future research using

experimental and longitudinal designs are needed to establish the direction of associations between religious social capital, social support, and immigration stress among recent Latino immigrants.

Conclusion

Despite the abovementioned limitations, our study casts light on the role of religious social capital on the adaptation process of recent Latino immigrants. The field of social work recognizes immigration as a complex social, cultural, and political process (American Public Health Association, 2017). Amid the current political context of US immigration policy and as the number of Latinos residing in the US grows, there is an increasing need to assist these individuals in smoothly transitioning into their new communities. The present study contributes to the limited knowledge on the relations between religious social capital, social support, and immigration stress among recent Latino immigrants. Present findings suggest a need for greater attention to religious social capital, particularly among undocumented immigrants, as it may represent a valuable resource for many Latino immigrants who are struggling with the loss of their homeland and separation from natural support systems (e.g., family and friends).

It is also important to note that Latinos are a heterogeneous group, and these differences extend to their demography, religious practices, and immigration stressors (Lopez, Gonzalez-Barrera, & Cuddington, 2013; Miranda, Estrada, & Firpo-Jimenez, 2000; Torres, 2010). Religiosity among Latinos has been found to vary between subgroups (Pew Hispanic Center, 2014). In particular, compared to other Latino subgroups, recent Cuban immigrants may be less religious given that Cuba officially became an atheist state following the country's communist revolution from 1959 until 1992 (Goldenziel, 2009). Thus, recent Cuban immigrants may be less likely to utilize religious social capital compared to other Latino subgroups. US policies are also important to consider in relation to the context surrounding an immigrant's immigration status and resources as Cubans have historically held unique immigration status in the US compared to other Latino groups. The Cuban Adjustment Act of 1966 allowed for any individual who fled Cuba and entered the US to pursue residency 1 year later. Subsequently, the "wet foot, dry foot" law that passed during the Clinton administration in 1995 offered Cuban immigrants a clear path to citizenship upon entering the US. Given the rights afforded to Cubans but not to other Latino immigrants, certain immigration stressors related to undocumented immigration status may not be relevant. It should be noted that data collected for the present study was completed prior to recent initiations in attempting to normalize diplomatic relations between the US and Cuba and the repeal of the "wet foot, dry foot" policy. It remains to be seen how these changes will impact immigration-related stressors among recent Cuban immigrants in the US.

Future research is also needed to identify trajectories in the utilization of religious social capital among documented and undocumented recent Latino immigrants over time as they acculturate to the United States. Such knowledge is of high significance, as it may inform prediction, prevention, and amelioration of immigration stress and its deleterious health outcomes among the largest immigrant and ethnic minority group in the United States.

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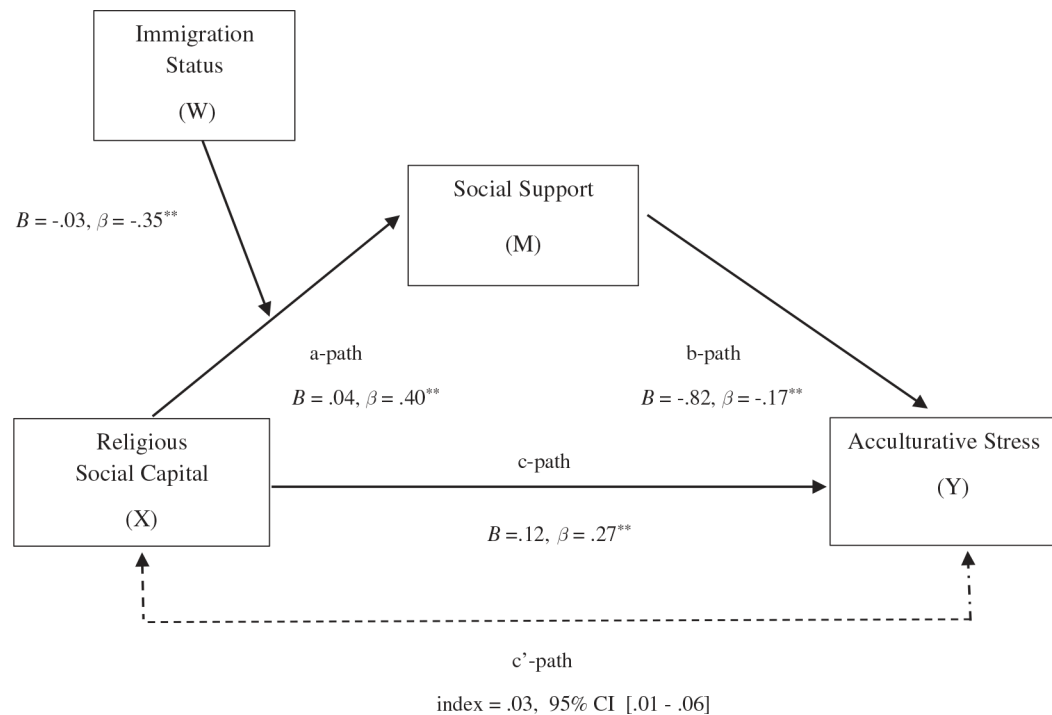


Figure 1. Research model results.

Note. $^{**} = p < .001$; X = predictor; M = mediator; Y = outcome; W = Moderator; Mediated moderation model controlled for age, gender, marital status, education, and annual income. Confidence intervals and regression coefficients are presented in standardized (β) and unstandardized (B) values; index = index of moderated mediation.

Table 1.

Descriptive statistics of study sample by documentation status.

		Legal Immigration Status		
		Authorized <i>n</i> = 308 <i>n</i> (%)	Unauthorized <i>n</i> = 100 <i>n</i> (%)	All <i>N</i> = 408 <i>n</i> (%)
Gender	Females	157 (84%)	30 (16%)	187 (46%)
	Males	151 (68%)	70 (32%)	221 (54%)
Marital status	Single	202 (66%)	74 (74%)	276 (68%)
	Married/Domestic partner	106 (34%)	26 (26%)	132 (32%)
Education	Less than high school	12 (4%)	40 (40%)	52 (13%)
	High school diploma	98 (32%)	42 (42%)	140 (34%)
	Some training/college	134 (43%)	13 (13%)	147 (36%)
	Bachelor's (4–5 years college)	54 (18%)	4 (4%)	58 (14%)
	Post graduate/professional	9 (3%)	1 (1%)	10 (3%)
Country of Origin	Cuba	198	0 (0%)	198 (48%)
	South America	94	9 (9%)	103 (25%)
	Central America	11	90 (90%)	101 (25%)
	Other Caribbean	5	1 (1%)	6 (2%)
		Mean (SD)	Mean (SD)	Mean (SD)
Age		26.58 (5.00)	27.20 (5.06)	28.73 (4.99)
Annual Income		\$19,633 (11,518)	\$19,099 (7,868)	\$19,501 (10,726)
Religious Social Capital		17.20 (9.79)	22.92 (10.99)	18.60 (10.38)
Social Support		4.24 (0.87)	3.561 (1.02)	4.09 (0.95)
Acculturative stress		4.73 (3.56)	9.52 (5.44)	5.91 (4.59)

Table 2.

Bivariate correlations for key observed variables.

	Variable	1	2	3	4	5	6	7	8	9	10
1.	Immigration status	–									
2.	Gender	-.18**	–								
3.	Marital status	.08	-.07	–							
4.	Age	-.06	-.04	.21**	–						
5.	Income	-.02	.24**	.10*	.06	–					
6.	Education	.45**	-.13**	.07	.01	-.14**	–				
7.	Country of Origin	.55**	-.03	.06	-.15**	-.08	.16**	–			
8.	Religious social capital	-.10*	-.13*	.05	.08	-.02	.09	-.23*	–		
9.	Social Support	.29**	-.02	.12*	-.07	.08	-.03	.30**	.02	–	
10.	Acculturative Stress	-.39**	-.06	-.02	.07	-.05	-.05	-.31**	.20**	-.16**	–

* = $p < .05$ ** = $p < .01$

Country of Origin: 0 = Not Cuban; 1 = Cuban.