Name of Trainee: Julia Rosenberg (Julia.rosenberg@yale.edu)
Mentors: Marjorie Rosenthal (Marjorie.roenthal@yale.edu)
Type of Trainee: Fellow

Title: Afghan Refugee Parents’ Perspectives about Pediatric Medical and Mental Health Care Services and Parenting
Julia Rosenberg MD, Jessica Kung Leung MPH, Camille Brown MD, Kristin Harris MSN CNM (ret.), Amer Abdullah MD CMI, Arzoo Rohbar BS, Marjorie S. Rosenthal MD MHS

Background: Pediatric refugees face adverse experiences—including pre-migration, migration, and post-migration trauma—and may have complex mental and behavioral health (MBH) needs. However, MBH conditions are often underdiagnosed and undertreated in pediatric refugees. To address disparities in MBH care, refugee parents’ perspectives and preferences can guide diagnostic and intervention strategies. In this study, we assessed barriers and facilitators to accessing MBH care by exploring parental perspectives in recently-resettled Afghan refugee families about health, education, and resources in the US.

Methods: Using a community-based participatory research approach, we partnered with community leaders—including education and health liaisons at a refugee resettlement organization, interpreters, and members of the Afghan community—to design a qualitative study of recently-arrived Afghan refugee families. The interview guide assessed parental experiences with health care systems, parenting, education, and MBH care in Afghanistan compared with the US. Using purposive sampling, a pediatric provider and a certified multilingual interpreter conducted in-depth, semi-structured interviews with newly arrived Pashto-speaking refugee parents from Afghanistan. Each parent was interviewed individually. A four-person coding team then used the constant comparative method to identify, describe, and refine emerging themes.

Results: We interviewed 19 parents in ten households, with a median residence in the US of 24 months (range 12 - 27 months). Four themes which influence parenting strategies emerged: (1) ambivalence about relative safety (2) adjustment to different US support systems, (3) concern that children are acculturating too quickly, and (4) a greater role of the health care system in the US, including greater connection between education and health systems.

Conclusions: Afghan refugee families described their parenting actions as they maneuvered through changing perceptions of safety, support systems, acculturation, and the role of the US healthcare system. While few parents confirmed that their child had received an MBH diagnosis or treatment, they described an openness to care. Parents’ experiences and perspectives can guide MBH diagnostic interventions and parenting guidance for newly-arrived refugee families.

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