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**A QUALITATIVE ANALYSIS ON THE TRANSITIONS OF AFGHAN REFUGEE FAMILIES TO THE U.S.  
AND THEIR PARENTING EXPERIENCES**

A Thesis Submitted to the  
Department of Social and Behavioral Sciences  
Yale University School of Public Health  
In Partial Fulfillment of the Requirements for the  
Degree of Master of Public Health  
May 2020

By  
Jessica Kung Leung

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Second reader: Dr. Danya Keene

## **Abstract**

**Introduction:** Refugee families can face particularly multifaceted challenges during their transition to the U.S. There is currently little research on the experience of parenting during Afghan refugees' transitions to the U.S. This study seeks to better understand these individuals' experiences of parenting and their descriptions of their children's transitions to the U.S. in the context of the greater New Haven area.

**Methods:** We conducted a secondary analysis on interview data with 19 recently-arrived Afghan refugee parents based in the greater New Haven area; 10 fathers and 9 mothers were interviewed from August 2019 to January 2020. We used thematic analysis to group codes into larger themes relevant to the research question, ultimately informing the results of this study.

**Results:** In families' adjustments to their new home in the U.S., children faced particular challenges related to homesickness, language, and culture, while parents encountered a variety of lingering concerns related to parenting within the new American context. The U.S. resource landscape proved to provide support to both children and parents during the transition. Healthcare and education played especially salient roles in easing the transition for families, serving specifically as potential parenting resources for parents.

**Discussion:** Generally, it seems that children undergo a necessary initial adjustment period marked by homesickness, language difficulties, and cultural barriers. However, for parents and children alike, numerous challenges during this transition were buffered or improved by the plethora and higher quality of resources in the U.S. At the same time, parenting in the midst of the cultural change proved challenging, exemplified by parental worries surrounding excessive cultural assimilation of their children and a lack of knowledge surrounding U.S. norms.

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## Introduction

Due to the on-going civil war with the Taliban over the past few decades, many Afghan individuals have fled their country. Globally, there are almost 2.6 million registered refugees from Afghanistan, and Afghan refugees are the second largest refugee population in the world.<sup>1</sup>

Many Afghan refugees have been subject to pre-migration trauma such as prolonged exposure to war, imprisonment, extended periods of deprivation, losses of loved ones in violent circumstances, or perilous escapes from Afghanistan to their first place of refuge. Many also migrate to their final desired destination via countries such as Iran and Pakistan, where the undetermined amount of time spent in these transition countries alongside potential economic adversity and discrimination can provide further instability and hardship.<sup>2,3</sup>

Furthermore, post-migration stressors frequently experienced by Afghan refugees include the cultural adjustment difficulties and the loss of social support. In the U.S. specifically, many of the stressors that Afghan refugees experience in resettling are wrapped in adjustments surrounding cultural change; prior studies on Afghan refugees in the U.S. have indicated that these cultural difficulties are linked to factors such as gender role shifts, perceived losses of social status (especially among men), and language barriers that are frequently associated with unemployment and financial hardship.<sup>4</sup> In re-creating a home in the U.S., Afghan refugees face complex challenges surrounding legal frameworks, linguistic obstacles, gender roles, and societally framed practices.

For refugee families specifically, these difficulties can be particularly multifaceted; while parents face unique challenges as caregivers in a new cultural environment and social landscape, children encounter their own difficulties regarding integration amongst peers and

balancing their native heritage in a new society.<sup>5</sup> Refugee parents face a unique challenge in raising their children in a culture that has numerous differences from their home country; difficulties can surround parental authority, language barriers and role-reversals, and providing socioeconomic necessities for the family.<sup>6,7</sup> Intergenerational tensions can also arise, as children sometimes acculturate more quickly than their parents,<sup>8</sup> and in the Afghan refugee context specifically, rifts can grow between parents and their children who have adopted “new (western) values that contradict Afghan familial values.”<sup>4</sup> Furthermore, as a result of these compounded stressors embedded in the transition, parents can also struggle with their own pressure and trauma in the midst of care-taking.<sup>9</sup> Parenting difficulties in the post-migration context have the capacity to negatively impact both parents’ wellbeing and their children’s during a crucial time of transition.<sup>7</sup> Though these difficulties are also applicable to immigrants or foreigners in general, refugee parents can face amplified parenting challenges due to exposure to traumatic experiences surrounding persecution, humanitarian crises, or in fleeing their home.<sup>10</sup>

Some research has been conducted on refugees’ parental practices in Western nations, with a few studies focusing on how parental trauma specifically impacts children’s wellbeing, attachment, and development.<sup>11,12,13,14</sup> However, the experience of parenting during this transition for Afghan refugees moving to the U.S. still remains relatively unknown. Furthermore, because different areas of the U.S. have varying geopolitical, social, and resource landscapes, it would be particularly important to explore refugees’ experiences of parenting across different states and cities, as they may very well differ from one another.

Responding to this gap, this study seeks to explore how Afghan refugee parents experience care-taking while they simultaneously adjust to cultural differences and navigate a new landscape in the city of New Haven, Connecticut, specifically.<sup>15</sup> Through IRIS (Integrated Refugee & Immigrant Services), the greater New Haven area receives refugees from around the world.<sup>16</sup> In recent years, many Afghan refugees have come to New Haven on a Special Immigrant Visa (SIV), which grants Visas to individuals who have worked for the US government and, as a result, believe that they are facing threats to their safety.<sup>17</sup>

Our study explores the parenting experience of Afghan refugees who have settled in New Haven during their transition to the U.S., as well as their understanding and perception of their children's adjustment. This study addresses two primary research questions. First, what are the experiences of parenting for Afghan refugee parents during their transition to the U.S.? Second, how do these parents describe their child's overall transition to the U.S.? Altogether, this study seeks to better understand Afghan refugee parents' experiences of parenting and their descriptions of their children's transitions to the United States in the context of the greater New Haven area, ultimately informing programming to intentionally and meaningfully support refugee families as they transition to their new lives in the U.S.

## Methods

### *Overview*

This study utilizes data that were collected by a team of Yale University pediatric providers, certified medical interpreters, and experts from IRIS (Integrated Refugee & Immigrant Services); this study, conducted by a Yale University Masters of Public Health student with guidance from qualitative research experts, is thus a secondary analysis on previously collected data originating from a larger project.

The original study team interviewed recently-arrived Afghan refugee parents (parents in the final sample had been in the U.S. anywhere from 12 to 27 months) in the greater New Haven area with the goal of learning more about identification, diagnosis, and access to treatment in the context of mental and behavioral health (MBH) needs for Afghan refugee children. Their study was in partnership with the Yale Pediatric Refugee Clinic, local members of the Afghan community, and New Haven's refugee resettlement agency, IRIS.

A significant impetus for their study was the fact that members of the research team were being met with concerns raised by schools, IRIS educational directors, and medical practitioners regarding general behavioral issues of recent refugee children. The majority of these children were specifically from Afghanistan due to the fact that Afghan refugees make up a large part of the resettled refugees in the greater New Haven area. In light of this, the foundation of their study was built on a desire to learn more about the factors that impact this lack of diagnoses and treatment for Afghan refugee children's behavioral concerns.

Using a community-based participatory research approach, they conducted qualitative semi-structured interviews conducted with Afghan refugee parents living in the greater New

Haven area. Though interviews were primarily inquiring about MBH, families' transitions to the United States were also discussed, the latter being the focus of our study. As previously mentioned, the following analysis is thus ultimately aimed at exploring Afghan refugee families' transitions to the U.S.

### ***Sampling and data collection***

Using purposive sampling, the research team recruited participants by utilizing their established networks and partnerships; specifically, this was done through existing relationships with primary schools in New Haven, YNNH clinical settings, and IRIS (Integrated Refugee & Integrated Services).

Two members of the research team – a pediatric provider (primary investigator) and a certified multilingual, medical interpreter – conducted 19 face-to-face interviews with newly arrived Pashto-speaking refugees from August 2019 to January 2020, interviewing a total of 10 fathers and 9 mothers. Each parent was interviewed individually. Most interviews were conducted in Pashto and translated into English, though one participant chose to respond in English due to their level of fluency. Interviews were interpreted in real time between Pashto and English by the interpreter. The interviews were recorded and the English portions of the recordings were then professionally transcribed.

The team gave each participant verbal informed consent after reading an IRB-approved informed consent script, which was interpreted into the respondent's preferred language. Each participant received a \$25 gift card as compensation for their time and participation; participants were told they would receive it regardless of completing the interview or not.

### ***Data analysis***

For our study, we analyzed transcripts individually rather than by household to allow for greater variation across the data. There appeared to be little congruence between what fathers and mothers were reporting in terms of the themes pertinent to the research questions; thus, transcripts were not looked at by household.

For the following analysis, we identified initial concepts in the interviews by employing open coding. We refined these open codes based on a growing understanding of the data after discussions with qualitative experts and several detailed reads of each transcript. Following settlement with a more finalized set of codes, we used thematic analysis to group these codes into larger themes and topics relevant to the research question, ultimately informing the results of this study. Coding and analysis on the transcript data were done manually by hand as well as by using Dedoose software.

### ***Participant characteristics***

Characteristics of the sample are shown in Table 1. Participants ranged in age from 27 to 40 years, with mothers' reported median age being 29 years, and fathers' reported median age being 35.5 years. The majority of mothers received no education. All fathers received at least 1<sup>st</sup> grade education, with several fathers attending up to high school and other fathers attending college. Occupation-wise, in their home country, all nine mothers were housewives and the majority of fathers were interpreters, with a few other fathers working as a storekeeper, landlord, taxi driver, or in construction. In the U.S., all nine mothers continued to be housewives, whereas each of the ten fathers had a different occupation than in the past, as

well as different from each other (such as machine operator, cashier, driver, painter, landscaper, etc.)

<b>Table 1. Respondent Characteristics (N=19)</b>	
<b>Gender - Female</b>	n = 9
<b>Gender - Male</b>	n = 10
<b>Time in US: Median</b>	24 months
<b>Time in US: Range</b>	12 – 27 months
<b>Age</b>	
Female Median Reported Age	29 years
Male Median Reported Age	35.5 years
<b>Highest Level of Education - Female</b>	
No Education	n = 7
5 <sup>th</sup> Grade	n = 1
9 <sup>th</sup> Grade	n = 1
<b>Highest Level of Education - Male</b>	
No Education	n = 0
1 <sup>st</sup> – 5 <sup>th</sup> Grade	n = 4
High School	n = 3
College	n = 3
<b>Occupation in Afghanistan/Pakistan</b>	
Housewife (All Females)	n = 9
Interpreter	n = 6
Construction	n = 1
Landlord	n = 1
Taxi Driver	n = 1
Vendor/Store Keeper	n = 1
<b>Occupation in US</b>	
Housewife (All Females)	n = 9
Machine Operator	n = 2
Cashier	n = 2
Driver	n = 1
Painter	n = 1
Landscaper	n = 1
Assembler	n = 1
Animal Technician at Lab	n = 1
Amazon Packager	n = 1
<b>Languages Spoken</b>	
Pashto	n = 19
English (some to proficient)	n = 14
Dari	n = 8
Farsi	n = 5
Urdu	n = 3

## Results

In families' adjustment to their new home in the U.S., children faced particular challenges related to homesickness, language, and culture, while parents encountered a variety of lingering concerns related to parenting within a new American context. A variety of environmental and structural factors, particularly the U.S. resource landscape, provided support to both children and parents during the transition. Healthcare and education played especially salient roles in easing the transition for families, serving specifically as potential parenting resources for parents.

In trying to better understand our two primary research questions regarding parents' parenting experiences during their transition to the U.S. and their descriptions of their children's transitions, three primary topics are explored in the forms of challenges faced, facilitatory resources easing the transition, and lingering worries. We discuss these topics below:

- 1) *Challenges children faced upon arrival*, 2) *U.S. resources facilitating families' transitions*, and
- 3) *Increased parental responsibilities and new parental worries*.

### **1. *Challenges children faced upon arrival***

According to their parents, some children faced a variety of challenges upon arrival; overall, loneliness and homesickness were compounded by social isolation – both through language barriers and lack of awareness of cultural norms. These children faced language challenges, had difficulty adjusting to the U.S. due to missing family back home, and felt unaccustomed to a more physically restrictive lifestyle in the U.S.

### a. Homesickness

Upon initial resettlement in the U.S., many children were now separated from their friends and family and struggled with missing people from home. Parents reported that becoming separated from family was particularly difficult for their children because they had grown up around many of their cousins, grandparents, and other relatives. Homesickness of children in this context was closely tied to the close-knit notion of family in Afghan society and culture.

Parents noted that children would exhibit physical signs that indicated to their parents that they were homesick and missed people; many children had an inability to sleep well and/or had poor appetite upon arrival. Parents interpreted these two physical signs as manifestations of their children's mood in a way explicitly linked to homesickness. Some children would eat very silently, while other children would not want to eat altogether. When asked why she would not eat, one parent reported that her daughter responded by saying that she wanted to see her cousin who was back in Afghanistan. Additionally, parents noted that children also spoke frequently about friends and family back home and sometimes cried or "show [their sadness] on their faces". One parent mentioned that their daughter would cry and ask to go back anytime someone from back home would call.

Some parents reported that this inability to eat or sleep well lasted for a few months post-resettlement. Worries surrounding this loss of appetite prompted one parent to seek help from a doctor, as she was concerned that her children were not eating and were getting very skinny. Overall, homesickness and its manifestations into physical symptoms were a defining

challenge and characteristic of children's initial transition experiences according to parental descriptions.

*b. Adjustment to language*

Parents also reported that language was a challenge for some children upon initial resettlement. Not knowing English well or at all appeared to be a particularly salient problem for children when they were at school, as they would have a difficult time with the curriculum and when communicating with teachers and peers. One parent mentioned that having a caseworker helped alleviate this language challenge for the entire family by helping the family apply for schools, look for housing, and search for jobs (this parent also reported that it took the family about a month or two to get used to the American life). Another parent reported that when they first arrived, it felt like "being deaf and blind at the same time" because of his language barrier. Additionally, parents reported that not knowing English was tied to a general unfamiliarity with the U.S. (e.g. example of children not being able to find their house) and a lack of knowledge about the cultural and social norms in the U.S.

Generally, however, after an initial adjustment period, families were able to collectively improve their English skills, resulting in greater confidence in using public transport, increased comfort at school, and an altogether improved sense of how to lead their lives in the U.S.

*c. Adjustment to "indoor" culture*

One major difference in children's lives from Afghanistan/Pakistan to the U.S. was the decreased amount of time children spent playing outside. This decreased time spent playing outside was due to two primary reasons. Firstly, children spent more time in schools in the U.S. compared to in Afghanistan/Pakistan, so they had less time to play outside. Secondly, when

playing outside in the U.S., parents felt that children needed to be under parental supervision constantly, which differed from in Afghanistan where kids could play outside without supervision (kids were reported to be “let loose, wild, and free” back home with little to no supervision). Thus, instead of playing outside without supervision, parents would now have their kids spend more time at home, indoors, with their parents.

In addition to this, children now lived in smaller houses which altogether made them feel “physically constricted.” Afghan kids were reported to grow up in a “free” way back home and spent much more time playing outdoors, explaining their feeling of restriction as they were not used to spending copious amounts of time indoors. Ultimately, because of this, some parents stated that living in the U.S. felt “like being in a cage” for some of their children. This aspect of the new American lifestyle, one that entailed more time spent indoors and in a smaller space, made some children’s initial experience in the U.S. more difficult.

While this initial transition period was marked by adjustment challenges for children (characterized by homesickness, language, and culture), to help their children feel less sad, parents reported partaking in various American activities that improved their children’s experiences. U.S. resources that were able to eventually ease the transition for children, as well as for parents, are discussed in the section below.

## ***2. U.S. resources facilitating families' transitions***

All interviewed parents mentioned overall improvement when speaking about their children's physical health, behavior, and mood after an initial adjustment period. Factors such as enjoying school, better healthcare quality, being in touch with a community, having outlets for play such as outdoor parks, and children's natural maturation were helpful catalysts for improvement and adaptation post-initial settlement. Parents felt that after this initial adjustment period, children were able to recognize that life in the U.S. was "much more peaceful and happy."

Additionally, healthcare and education were particularly salient and significant resources that were linked to parents' improved parenting experiences in the U.S. From their positive experiences with these institutions thus far, parents had developed trust in schools and teachers, in hospitals and doctors; these became spaces and individuals from which they felt they could seek parenting help and advice if they one day needed it.

### ***a. Healthcare***

The improved quality and increased access to healthcare ultimately led to many parents' growing trust of the U.S. health care system and physicians. Parents reported not needing to be concerned about taking their children to the hospital because there would always be doctors available, and because they knew where the hospital was located. The hospitals in the U.S. also "keep very good hygiene" and are more "organized" compared to the hospitals back home.

Many children's health improved after arriving in the U.S.; children were sick less frequently and suffered less serious illnesses. Several parents shared that they were happy to see their children gaining weight and looking healthier. Compared to the children in

Afghanistan, parents felt that their kids in the U.S. were much healthier. Cleaner air, cleaner food, and cleaner public spaces were reported as salutary factors; more significantly, children's improved health was predominantly attributed to the increased access, greater availability, and improved quality of U.S. health care. When children did get sick, many parents were appreciative of the improved access to and quality of healthcare services that they did not feel they had in the past. Having yearly check-ups was a protocol new to one parent who reported this as a reason for their child's improved health in the U.S.

Therefore, parents seemed to demonstrate high trust in the expertise and advice of doctors based on these positive experiences in the health care system. One parent said that a doctor had advised her to "have clean hands" and to "make sure you're holding [your child's] hand," which this parent found helpful. Another parent had brought their children to the doctor for concerns regarding nail biting, to which this doctor provided helpful insight. Another doctor was reported to be working through a child's behavioral issues with a parent; this parent stated that the doctors were in the process of working with the parents to "help figure it out." Parents felt that the doctors here could "tell a lot by examining [children]" and possessed relevant knowledge; they also felt that doctors in the U.S. seemed more compassionate, as this "is not Pakistan or Afghanistan where they don't care." These experiences and beliefs furthered parent's willingness to utilize the U.S. healthcare system and altogether demonstrated parent's trust in the expertise and advice of doctors.

#### *b. Education*

Notably, involvement in school also helped ease the transition to the U.S. for some children. One parent specifically stated that their daughter is "happier in school than she is at

home” and that “her teacher is a very good friend of hers.” Because of their daughter’s experience at school, her parents state that she has been happy since their arrival and that they have even been told about how she is a very good student.

Parents felt that teachers in the U.S. were caring; this contrasted with how some parents would describe their experiences with schools back home, speaking about how teachers were harsh with their children and would punish students physically if they felt necessary. Other parents stated that teachers here were very different from those back home because the teachers here “always ask” about the children and “make a lot of effort with the kids.” One parent spoke about how back home, the teachers “just let them loose and they’re not as responsible.” Part of this was attributed to structure, as there could be many students (up to 60 students) in one class but only one teacher; contrastingly, teachers in the U.S. seemed able to give more individualized attention to each student, caring not only for a child’s education, but also their other non-educational needs. Additionally, some parents specifically spoke about how schools in the U.S. would provide lunch and how convenient it was that a bus would bring their kids to and from school; to these parents, these were new, helpful provisions from American schools. Because of all of these positive attributes, some parents who used to worry a lot about their children’s education experience back home were able to worry about it less in the U.S., due to the knowledge that their schools here “are great.”

Parents generally found U.S. teachers and schools reliable and caring, and altogether, schools acted as institutions that made these parents’ parenting experiences easier. Overall, parents’ trust in and affinity for teachers and schools in the U.S. rendered educational institutions a useful outlet if parents were to ever need help or advice. Significantly, parents’

perceptions of American teachers and schools could prove to be particularly important because parents reported that their children spent much more time in school in the U.S. compared to the amount of time they spent in school in Afghanistan/Pakistan.

c. Community

Spending time with relatives who later also moved to the U.S. allowed children to feel happier and less homesick. The excitement of being around loved ones again and the comfort of family from back home demonstrate the importance of community and familiarity for children during their transition.

Parents also mentioned the element of community as a significant factor shaping their parenting experience. According to one parent, the American society helped discipline his kids by showing them “how to act” when they would see other children “behaving well.” This parent stated that “living in our own community will help them to be respectful” of other peoples’ views, religions, and cultures due to the large amount of diversity in the U.S. To this parent, the multicultural element of the U.S. was a learning point for his children’s growth. Another parent stated that connecting and communicating with other people who had been in the U.S. for a longer period of time could help new families struggling to adjust to life in the U.S. This parent brought up the specific example of how asking other members of the community – presumably other Afghan families and friends who had also moved to the U.S. – for “their advice and their opinions” allowed her to understand things she previously had not been aware of, including things like how to get around using the buses, how she should not let kids go unsupervised outside, and how it was best to not let kids get into arguments at home.

#### d. Refugee specific resources (IRIS)

IRIS was a helpful resource for many parents throughout families' settlement to the U.S. The organization appeared to be crucial as the "only contact" that many families had when they first arrived in the U.S. The organization would typically inform families of the classes that they offered (on topics such as English, childcare, American customs, etc.) which helped some parents "learn a lot of things about how to take care of myself and the children." Some parents stated that they learned "how to cross the streets" and other U.S. traffic customs at one of IRIS's classes, and other parents reported that IRIS would help them look for appropriate daycare, jobs, and schools. Another parent stated that if there were other courses, presumably held by other organizations other than IRIS, they would attend, but they do not have "the experience or the knowledge to find out about these types of programs."

One parent even stated that taking care of children was easier in the U.S. compared to back home because IRIS was always available to help with parenting here. The specific example of an IRIS volunteer taking one family's children on a bus and showing them how to get around the city using public transportation was specifically identified as extremely valuable. Individuals like this – who were able to help families foster a sense of understanding surrounding U.S. practices – could play a significant role in improving families' comfort level with life in the U.S.

#### e. U.S. environment

Certain elements perceived to be amplified or unique to the U.S. environment – whether American activities, increased safety, or improved commodities – contributed to smoothing the transition for families. Parents stated that reminding their children about enjoyable activities unique to the U.S., such as outdoor parks or specific shops they liked, would

help their children forget about their homesickness. One parent mentioned that in the past, if their daughter would cry or have trouble eating, it would be because they missed home; but, now, if their daughter cries or has trouble eating, it is because she wants to “go to the park” or “go to Dunkin.” This parent states that this change indicates how their daughter has “forgotten” about her homesickness and is now happy with what she has in the U.S. In this way, children’s increasing preference for life in the U.S. seemed rooted in a growing familiarity and fondness for U.S. activities and customs.

Environmental factors such as increased safety, cleaner air, and cleaner public spaces contributed to why some parents felt parenting was “easier” in the states compared to in Afghanistan/Pakistan. Many parents mentioned that their children were very happy because of American parks that they could play in, and parents enjoyed that because of the increased safety in the U.S. Their kids could now play outside without worrying about security issues that were prevalent in Afghanistan. One parent spoke specifically about how she felt “very much at peace here” because she did not have to worry about where her kids “were going or how they are at every moment,” and did not need to worry about her kids being kidnapped or harmed when they went outside. Another parent spoke about how everything in the U.S. was beautiful, “from the trees here and the greenery to the parks to the people.” As a consequence of this safer, cleaner, and more peaceful environment, parents were able to be more at ease.

Having new or improved quality of material commodities also gave parents a sense of ease in regards to parenting and general lifestyle comfort. One parent speaks about “not having to deal with those wooden heaters anymore” and how pleased their family is with the improvement of many material elements such as heaters, parks, and their new home.

Additionally, some parents stated that this improved quality and increased availability of material goods and commodities eased their children's transition to the U.S. For example, some kids were "very very happy" being in the U.S. because they now had a swimming pool and parks. This resource-rich environment led these parents to find that their children did not wish to go back home, vocalizing that "this place was better."

*Specific impact on children's behavior*

Parents attributed children's behavioral improvement to various U.S. environmental elements that implied greater availability of opportunities, a positive and safe environment, and an increase in societally-enforced regulations. Overall, many parents felt that their children were "less wild" and better behaved in the U.S.

Increased availability of opportunities was cited as a reason why children were significantly "more quiet." Because families felt that they had a lot less to worry about in the U.S. (such as food, shelter, education, or school) and because they had new, improved amenities (like parks, stores, internet, and toys) parents stated that their children had less problems – including behavioral concerns – in the U.S compared to kids back in Afghanistan.

Children were also comparatively "much calmer and peaceful" in the U.S. due to "having peace" in the U.S. (whereas parents vocalized they had many concerns about the security situation in Afghanistan). Additionally, the communal regulations in existence and enforced in the U.S. structural environment meant that altogether, this safe and regulated environment was cited as an influential factor on children's behavior.

As mentioned previously, one of the challenges that Afghan children faced was their increased time spent indoors. As a consequence of this increased time spent at home,

children's behavior was impacted by being under supervision more frequently; compared to in Afghanistan where children would play outside unsupervised and "also do a lot of naughty things," this increased supervision during playtime at home led some children to be calmer. Additionally, because children would have to "just deal with each other in the house," spending more time at home contributed to less fighting amongst siblings. This unique feature of American life – entailing increased supervision due to greater time spent in the home – ultimately led to behavior improvement for some children.

However, for other children, the implications of spending more time at home had the opposite effect: decreased time spent outside contributed to some children's hyperactivity, which was compounded by the fact that houses were physically smaller in the U.S. compared to in Afghanistan/Pakistan. This new aspect of living in the U.S. resulted in these children being bored inside the house, hyper at school, and less controllable. Some parents vocalized their concern about "controlling" their kids because of this. In this way, for these families, concerns regarding hyperactivity, play, and discipline were brought on by the new American lifestyle which represented less outdoor playing time.

Healthcare, education, the community, refugee specific resources, and aspects of the U.S. environment all played roles in smoothing families' overall transitions, cultivating a greater sense of ease in parents' parenting experiences, and impacting children's health and behavior. The above descriptions demonstrate how the U.S. resource landscape can play a largely facilitatory role for families; however, parents also faced new difficulties and worries as a result of parenting in this new, particular U.S. context. These challenges are discussed in the section below.

### ***3. Increased parental responsibility & new parenting worries***

Parenting in a new American context presented specific challenges and worries for parents. Because of the amplified individualistic philosophy in the U.S., shifting from a collectivist parenting culture presented novel changes for parents. Additionally, despite the overall sense of increased security in the U.S. (as multiple parents had reported), a lack of complete understanding regarding American regulations lent to parental concerns surrounding safety, resulting in a decreased sense of autonomy. Lastly, adjusting to children's screen time and cultural adaptation proved to be another challenge as parents struggled to find a middle ground.

#### ***a. A shift from collective to individual parenting***

Shifting from a collective to individual parenting style presented difficulty for several parents; these parents alluded to the fact that there was nobody in the U.S. they could turn to for parenting help. In the past, they could ask family (such as their own parents) for advice on raising children when they needed it, particularly as extended family used to physically live together in one home. One parent mentioned that parenting was harder in the U.S. due to the fact that in Afghanistan "many people in the house were available to help with the kids." Here, however, parents stated that "all the responsibility goes to you." Some parents struggled to juggle many care-taking tasks for their children as these duties were previously shared among many other family members.

Though they would keep in touch with family through the phone, families were physically far away and it was assumed that the community back home would not know what to do in the new American context. Additionally, they felt that there was a lack of friends and

family who were locally based that had gone through a similar transition to the U.S.; thus, to these parents, there were few people that could be asked for helpful parenting expertise.

Additionally, some parents spoke about their feelings surrounding an increased responsibility – perhaps even pressure – to take watchful care of their children. One parent spoke about how if something unfortunate happened to their child in the U.S., they, as parents, would be completely responsible; moreover, government agencies also had the capacity to get involved, and in this way, a particular incident or event would no longer be “just a private matter.” This notion was tied to this parent’s understanding of American laws and how the government could get involved in more private matters, unlike back home where “no one else cares.” This perception of the U.S. government and regulations can allude to perceived increased responsibility for parents to be accountable for their children’s well-being. This heightened sense of responsibility was only compounded by the fact that there were less people to help take care of the kids in the U.S.

Overall, this change, from sharing responsibility with other family members to now being wholly responsible, coupled with an assumption regarding greater parental responsibility for children that is embedded in U.S. culture and law, could altogether accumulate in increased pressure for parents.

#### *b. Concerns around safety and autonomy*

Another particular concern that parents had going forward was a demonstrated worry about how to get to essential places – such as the doctor – due to unfamiliarity with public transportation and concerns about road and traffic safety in the U.S. There was a general sense of apprehension surrounding the use of public transportation due to lack of knowledge on its

operation. Tied to this was the concern parents voiced regarding their lack of knowledge surrounding U.S. traffic rules, general laws, and roads. Hence, some parents perceived American roads to be less safe, feeling nervous when their children were on the main road or near an open window within the home.

Alongside this unfamiliarity with American regulations, some parents voiced general concern and fear of their children injuring themselves while being outside. This worry, rooted in a general unpredictability regarding their child's safety and wellbeing, translates to a parental concern likely also relevant before their move to the U.S., but may now be heightened by a newfound unfamiliarity with U.S. customs.

One parent mentioned an experience when their son had unlocked their door, gone outside without his parents knowing, took a random person's bike, and rode it "really far down the street." She stated that "someone then told me that that's not allowed here, it's illegal" and that in the U.S., "you cannot just let kids go outside unsupervised." This experience again lends to implications regarding an unfamiliarity with American norms and laws, which is in tandem with a new U.S. lifestyle that has implications surrounding the supervision of kids and the amount of time spent inside versus outside the home. This example exemplifies a decreased sense of autonomy families may feel as they struggle to understand the local American lifestyle.

### c. Balancing children's screen time and cultural identity in the U.S.

Parents were frustrated that their children were spending more time on screens (iPhones and iPads) in the U.S., an exasperation generally stemming from a desire for their children to focus more on school, religion, or other priorities deemed more important. This

frustration led multiple parents to seek help regarding how to best combat this perceived problem of their children's excessive use of screen time.

Other lingering worries that parents had were related their children's cultural adaptation and assimilation. Parents wanted their children to hold on to their Islamic traditions and were afraid their children would forget their native language and cultural roots. At the same time, they wanted their children to be comfortable in the new community so that a sense of belonging could be fostered amongst their new American peers. One parent worried about their daughter wearing the hijab at school; this parent did not want his daughter to stand out and wanted her to feel like she belonged amongst her peers, but at the same time, he wanted her to ideally retain this aspect of her Muslim identity. This desire to balance children's native cultural and religious heritage alongside their new American identity left some parents worrying about how cultural identity would play out in their children's lives.

Altogether, these lingering concerns can be seen as a consequence of parenting in a new American context, one that can be characterized by individualism, unfamiliar laws, cultural shift, and a desire for balance. Interestingly, some of these worries are rooted in a lack of knowledge (e.g. traffic laws, how to get children off their phones), some stem from unpredictability (e.g. fear of children hurting themselves), while others still emanate from a change in culture (e.g. collectivist to individualistic parenting, children struggling with their cultural identity). Ideally, as parents continue to adapt to their lives in the U.S., these parenting worries can be ameliorated.

**Table 2. Participant quotes**

The following table shows examples from the qualitative data grouped by topic.

<b><i>Challenges children faced upon arrival</i></b>
<p>“When we first came, I have to admit that they were very sad and my wife was very sad, too. It was the experience of becoming separated from your family. It’s difficult. My kids grew up around many of their cousins and all of their grandparents and family, and when we came here, it felt a little lonely. They couldn’t eat well for about two months. But then slowly we went outside to the park. We met other families here, and they got better.”</p>
<p>“We would just talk to her and tell her that we’ll go soon someday if you really missed them...She would talk a lot about her cousins...If she was eating, she would eat very silently, so I could tell she was sad.... Here, the school noticed it as well because she wouldn’t eat in school, and they spoke to me and they told me to pack her home lunch instead.”<sup>a</sup></p>
<b><i>U.S. resources facilitating families’ transitions</i></b>
<p>“They were happy because for so many reasons. They’re happy because they don’t have to deal with those wooden heaters anymore. Everything’s electric here or gas. They’re happy for the parks. There are no parks for children in Afghanistan. When they came here, we take them to the parks more often. Generally, there’s more freedom. They can do more. The outside is clean. The houses are nice. Where we lived the houses were made of mud. No electricity probably. No heaters. Things like that.”<sup>b</sup></p>
<p>“It’s like the difference between the sky and the earth...There’s a lot of differences. For example, they have many things available to them here, from education to health care. The way that people act, it’s in a very nice way. Back home, even in the schools, sometimes the teachers would punish the students physically if they had to...Over there people don’t care as much, and here they talk to them with love, with care. They hold their hands when they’re walking on the street. Over there they don’t treat them as their own.”</p>
<p>“They’re very good. They’re better at their schools and they’re healthier. They’re happier. Compared to life in Afghanistan, there are a lot of differences here. They didn’t have those yearly check-ups back home, but here they have that. They’re much healthier now, so I’m happy about that.”<sup>c</sup></p>

***Increased parental responsibility & new parenting worries***

“Life here is very closed, almost like being in a cage compared to life in Afghanistan. Back home, there are so many people in the house that there is always someone available to be with a kid. But here people are busy with work or with the home and there’s no one to give them 24/7 attention. I’m not always home. I’m at work, and even if they are standing near the window, my wife tells them, ‘Move away from the window. It’s dangerous, just stay inside.’”

“He used to wear the same clothes back home and they still wear the same clothes here. I think the only difference is the culture. There is a worry, trying to keep them balanced, maintaining both their culture and the culture here. That’s the difficult part, transitioning to that.... Because they live with me and I tell them every day what to do they’re able to keep their culture, but when they go outside that’s when it’s a little more difficult. For example, when they’re home they always do the five prayers on time, it’s five times a day, but when they’re at school it becomes difficult because they need to wash before they pray and there’s no specific place in the school where they can do that, or time to go wash their face and hands and feet and then go pray. The afternoon prayer they always miss.”

<sup>a</sup>This mother speaks about how her and her husband could tell their daughter was sad upon arrival in the U.S. and how they would comfort her.

<sup>b</sup>This father speaks about why his children were happy upon coming to the U.S.

<sup>c</sup>This mother speaks about how her children are healthier in the U.S.

## Discussion

From this analysis of interviews conducted with New Haven-based Afghan refugee parents, we are able to better understand the challenges that Afghan children and their parents encounter in their transition to the U.S. These findings enable us to better understand the multifaceted nature of the struggles that Afghan refugee children experience and the complexity of parents' parenting experiences upon arrival to the U.S. Several elements that stood out as main themes include: children's adjustments surrounding homesickness, language, culture; the impact of the U.S. resource landscape on families' transitions (particularly resources like healthcare and educational institutions); and parenting worries that stem from adjustment to care-taking in U.S. culture.

Generally, it seems that children undergo a necessary initial adjustment period marked by homesickness, language difficulties, and cultural barriers. This is largely unsurprising given the sudden transition that these children undergo upon leaving a country with many fundamental differences from the U.S. culturally and socially. One example of this was given by children's initial lack of family and friends in the U.S., which had previously played a large role in the lives of Afghan children given the fact that many extended families lived together in one place. However, once in the U.S., these children found themselves confined to the space of their new home (generally a smaller home, with increased time spent indoors) without interactions with their loved ones who were still back home. This type of novel experience – one that presents vast social and spatial differences compared to their previous lifestyle – inevitably necessitates a period of adjustment before becoming adapted to the American way of life. Generally, however, after an initial period of adjustment that consists of overcoming

hardships surrounding these elements (homesickness, language, and spending time indoors), children began to grow fond of their new lives in the U.S. Partaking in new American activities, becoming more acclimated to American practices and language, and enjoying time at school were helpful in easing children's transition.

These interviews were also significantly marked by the large role that the U.S. resource landscape played in smoothening the transition of refugee parents and their children. For parents and children alike, numerous challenges during this transition were buffered or improved by the plethora and higher quality of resources in the U.S. Parents were especially impressed by the quality, access, and availability of hospitals and schools, particularly given the fact that they did not necessarily have these educational and healthcare services to this quality back home. Structural factors like the safer U.S. environment, cleaner public spaces, and better amenities also improved parents' parenting experiences in the U.S. IRIS and the community were also notable resources that allowed parents to feel greater comfort surrounding their new lives in the U.S. and more at ease in their care-taking responsibilities.

At the same time, despite the potential aid that parents felt they could seek from various resources, they were still left with lingering concerns and worries, primarily tied to parenting in a new American culture and society; parenting in the midst of the cultural change continued to prove challenging, exemplified by worries surrounding excessive cultural assimilation of their children and a lack of knowledge surrounding U.S. norms – particularly norms rooted in American individualism. A shift from collective to individualistic parenting styles can create greater pressure for parents alongside a sense of lessened autonomy. Furthermore, living in an environment that is less communal – one where large, extended

families do not necessarily live together, and where amenities are not usually shared amongst strangers in society – can lead to even more challenges surrounding parenting in the U.S. context. This perhaps speaks to a need to provide resources that not only tackle physical and tangible needs, but also cover cultural comfort and sensitivity regarding parenting in a space with different norms and new laws, particularly as tied to American individualism.

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