

Expectations and experiences of parents from refugee backgrounds

Eva Baker, MPH; Amy Raines-Milenkov DrPH; Emelda Thein; Halimo Mudey; Laurette Rudasingwa; Radhika Subedi

Department of Obstetrics and Gynecology, Texas College of Osteopathic Medicine, University of North Texas Health Science Center, Fort Worth, TX



Background

The parenting experience of individuals from collective cultures has many significant differences from the experiences of native born U.S. parents. Some of these cultural experiences and beliefs among immigrants arriving as refugees from Somalia, Bhutan, Burma and central African countries are inconsistent with laws and norms of the United States—their new country. These differences present the opportunity for on-going conflict in the neighborhood, school and community setting. If not resolved, these issues could reduce the ability of refugee children to thrive in their new community.

Objective

The purpose of this poster is to present the perspective refugee women representing four different refugee communities on the maternal and child health issues of supervision of children, discipline and breastfeeding and the process of adopting new standards in the United States. Solutions to identified challenges are offered.

Methods

Information presented in this poster is drawn from the perspectives of four Health Educators working with the Building Bridges Initiative of the University of North Texas Health Science Center. These women represent four of the refugee communities living in Tarrant County. This information was gathered through a group discussion of key maternal and child health topics.

Results

Home Country



“Outside of the house, parents can trust that the kids are being monitored by neighbors and extended family members. A child is allowed to stay at home alone after age 6. Issues in the home like abuse or neglect, are solved by community members”



United States

“Here, Child Protective Services remove children from the home without the parent’s input or community hearing. Large distrust and confusion happens in the entire community when children are taken from parents here in the US. “



Supervision of Children

Discipline

“Various forms of physical punishment are culturally and legally accepted. In school, children are punished physically by teachers for not doing their homework, not having appropriate or dirty clothes. “

“ Though we believe the teacher should be ensuring homework is completed, the “discipline” role of the teacher is now placed on the parent.”

Breastfeeding

“Breast feeding was exclusively used back home, and most breastfeed until the child is about 3 years old.”



“Here in the US, women believe that formula has better nutritional value than breast milk. Many are now exclusively using formula.”

Limitations

While four woman’s perspective cannot fully represent the experiences or beliefs of their entire community, they can provide an in-depth, first-hand account of their experiences which may be similar to others from their community.

Recommendations

Tarrant County needs more programs focused on refugee families beyond the initial months of resettlement. Outreach and education should be conducted in the parent’s language, by a trained member of the refugee community. Topics that should be offered include parenting in the US and the benefits of breastfeeding. Refugees currently do not have cultural and linguistic access to this information.

Conclusions

Refugees endure many hardships before they arrive to the United States. Adapting to new laws and norms governing the care and well-being of young children is essential for success in their new country and improvements in the health of their children and future generations. Understanding more about these experiences from the voice of refugee women can help inform and guide local interventions that address refugee maternal and child health. A study exploring refugee women’s experiences with breastfeeding following resettlement is currently in process.