

Parenting in Immigrant and Refugee Families

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Ongoing Research Projects

- R03: titled “***Family Stress, Coparenting, and Infant Development among Immigrant Arab-American Families***” from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)-*Examine the associations of parents’ stress, parents’ resources, and coparenting with infant stress and development.* R03HD101662
- 2021 BBRF Young Investigator Grant Title: “***Psychobiological Factors Affecting Mental Health among Immigrant and Refugee Parents and their Children.***”



Transition to Motherhood

- Transitioning to motherhood may involve a loss of:
 - Autonomy and independence
 - Personal freedom
 - Appearance
 - Sexuality
 - Social attachment and engagement
 - Occupational self

Maternal Stress

- Maternal stress and psychopathology during pregnancy increase offspring risk for numerous mental and physical health problems across the lifespan.
- Increase the risk for abnormalities in functional and structural brain development, neurocognitive functioning, and stress reactivity.
- E.g., higher maternal stress and depressive and anxiety symptoms during pregnancy are linked to shorter newborn telomere length.



Immigrant/Refugee Mothers

- Immigrant and refugee mothers face significant and unique challenges in their mothering beliefs and practices due to cultural differences and variation in social constraints between their country of origin and their host country, such as language barriers, social isolation, and limited resources



Stressors Facing refugee mothers

- Communication and language issues
- Discrimination
- Negotiation of gender roles
- Lack of social support
- Mental health stigma
- Lack of trust
- Lack of resources

Postpartum Practices Across Cultures

Middle East and Arab World

- 40 days of isolation and relaxation follow the birth of a child.
- Mothers get help with childcare and housework by relative women.
- The woman gets hot meals and avoids cold foods and beverages.
- The woman's social reputation is raised after giving birth to a male child (old generation/education)

Turkey

- The woman and the child are not left alone for 40 days after childbirth.
- Woman's mother or mother-in-law or some female relatives stay with her throughout the day for protection from the evil spirit.



Postpartum Practices Across Cultures

Pakistan

- “Chila”: 40 days of seclusion and relaxation. The new mother is considered dirty, and she is not allowed any activity.
- Decisions about the care of the child are taken by the whole family (parents, mother-in-law, other family members).
- A positive fact is the birth of a male child

India

- 40 days of home care from family and friends.
- Women should look cheerful and happy for the child’s good luck.
- There is an intense criticism, resentment and hostility from society when a baby girl is born

Postpartum Practices Across Cultures

Korea

- A period of 21 days—5 weeks. A special traditional diet (seaweed soup “mi-yukgook”) for at least 2 months is followed.
- Hot foods and liquids are included.
- The woman has to wear warm clothes and avoid the exposure to cold water or air.
- Women are encouraged to “form” the shape of the infant’s head with their hands so that it becomes rounded

Malaysia

- A candle is lit for 40 days and 40 nights.
- The woman stays in a warm room, dressed in warm clothes and fed with hot food.
- The aim is to restore the body’s balance and protect it from evil spirits

Postpartum Practices Across Cultures

Ukraine

- Mothers are expected to be happy
- Breast feeding is encouraged
- Mother and grandmother take care of the baby
- Mental health stigma
- Parenting style
- 3 years of government support for all mothers

Afghanistan

- Seclusion of mother, 40 Days (Rest, sleep, Special and separate meals, men are not allowed to visit postpartum women)
- Diet, Perceptions regarding characteristics of different foods (cold and hot)
- Lettee or halwa (sweet dishes made from flour, oil and sugar) and yellow oil (melted butter)
- Eggs, soup, chicken, lamb or mutton, soft rice
- Avoid eating beef, goat, beans, peas, pickles, pepper, onions, watermelon, melon, cold water, sour milk and yoghurt

Postpartum Depression (PPD)

- 12- 20 % of U.S. mothers
- 11- 37% of immigrant women in Canada
- 25.5% and 41% of immigrant women in Taiwan
- 43%-60% of immigrant Hispanic women in the U.S.
- PPD incidence among U.S. immigrant women of Arabic descent 25%-36%



Postpartum Depression

- Long-term and devastating consequences for both the mother and the child, as well as the family harmony.
- Mothers who suffer from PPD express withdrawal, negative emotions, and insensitive unresponsive interactions with their infants.
 - Inadequate parenting
 - Impaired maternal–infant bonding, and attachment insecurity
- Children of mothers with PPD have negative behavioral and cognitive outcomes, and poorer language and IQ development

Tips to help Refugee/Immigrant Mothers

- Refugee mothers in our studies had little formal education, strong cultural beliefs, and limited social support.
- Understanding the transition process of a refugee mother, determining her caring needs, and planning effective interventions to promote well-being are important responsibilities of nurses, and health care providers.
- Refugee mothers need many things related to baby care and self-care during the postpartum period.
- Provide specific education for refugee and immigrant mothers that is directed to address their needs, culture, and literacy level.



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Questions?



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