

Assessment of the oral health knowledge, beliefs, and practices of parents of Afghan preschool-aged children in the California Bay Area

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Introduction

In recent years, there has been more focus on psychological and social influences on development of dental caries in the immigrant population¹. A high number of Afghan immigrants who reside in the United States suffer from chronic health problems. Although there are reports of the health condition of Afghan adults in the United States, there is currently no published study focused on the oral health of the children in this population².

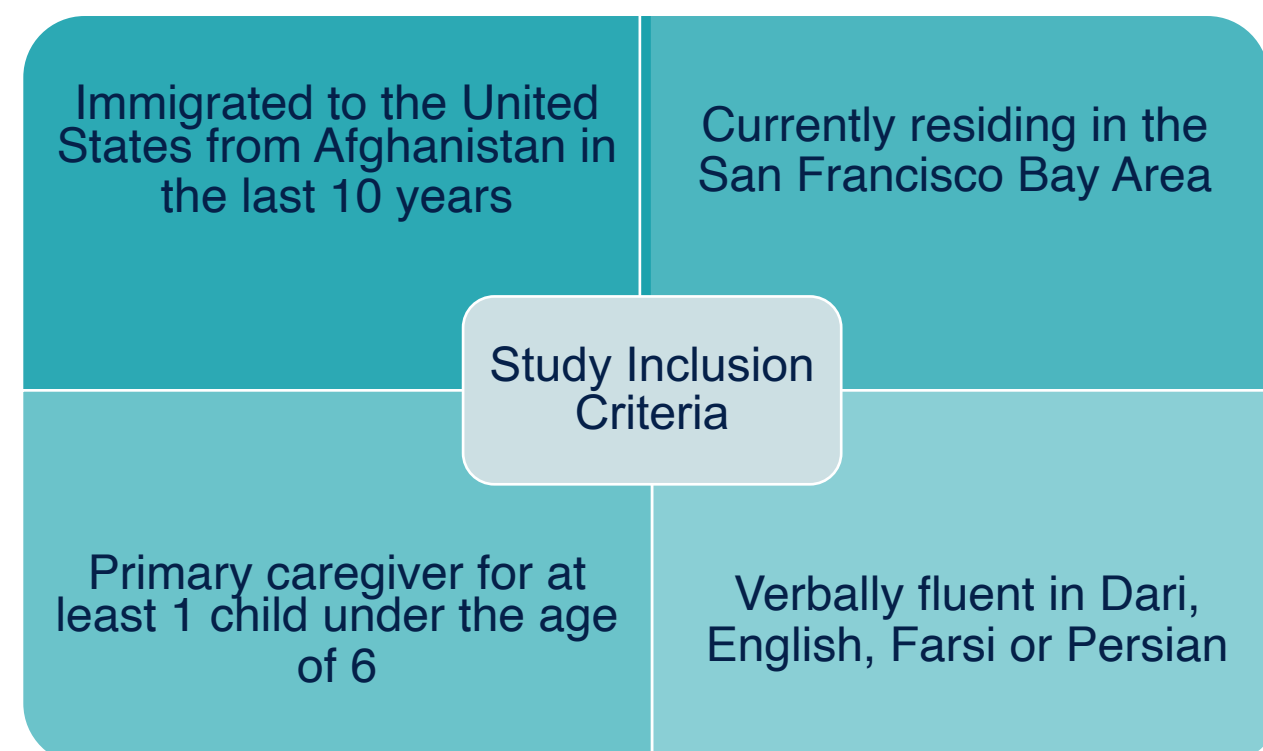
The aim of this research is to assess the beliefs, oral health knowledge, and oral health practices of parents of Afghan preschool-aged children who have immigrated to the U.S.

Methods

Interviewees were recruited from multiple sources in the San Francisco Bay Area. Following standard qualitative procedure, a preliminary list of codes was developed. This list was created based on the experience of the main interviewer serving the Afghan population in a dental clinic.

Interviews were conducted in Farsi in-person or via online video conferencing.

Inclusion Criteria:



Results

- Ten parents agreed to participate in the research study.
- Interviewees immigrated to the United States between two to nine years ago.
- All families included two parents (a mother and father) and ranged from having one to seven children.
- Half of the children under age 6 in the interviewee families were female.
- All mothers breastfed their children until the child was at least 1.5 years of age.
- Nine out of ten interviewees said that they help their children to brush their teeth.

Parental Knowledge

- Parents' knowledge about primary teeth, the etiology of dental caries, and prevention and the oral health status of their children varies widely. "In my personal opinion, the weather is influential or water and sweet things like chewing gums, ice creams ...the powder milk destroys the teeth ... when children have too many cookies, cookies decay the teeth." One mother of a 4 year old male said.

Language Barriers

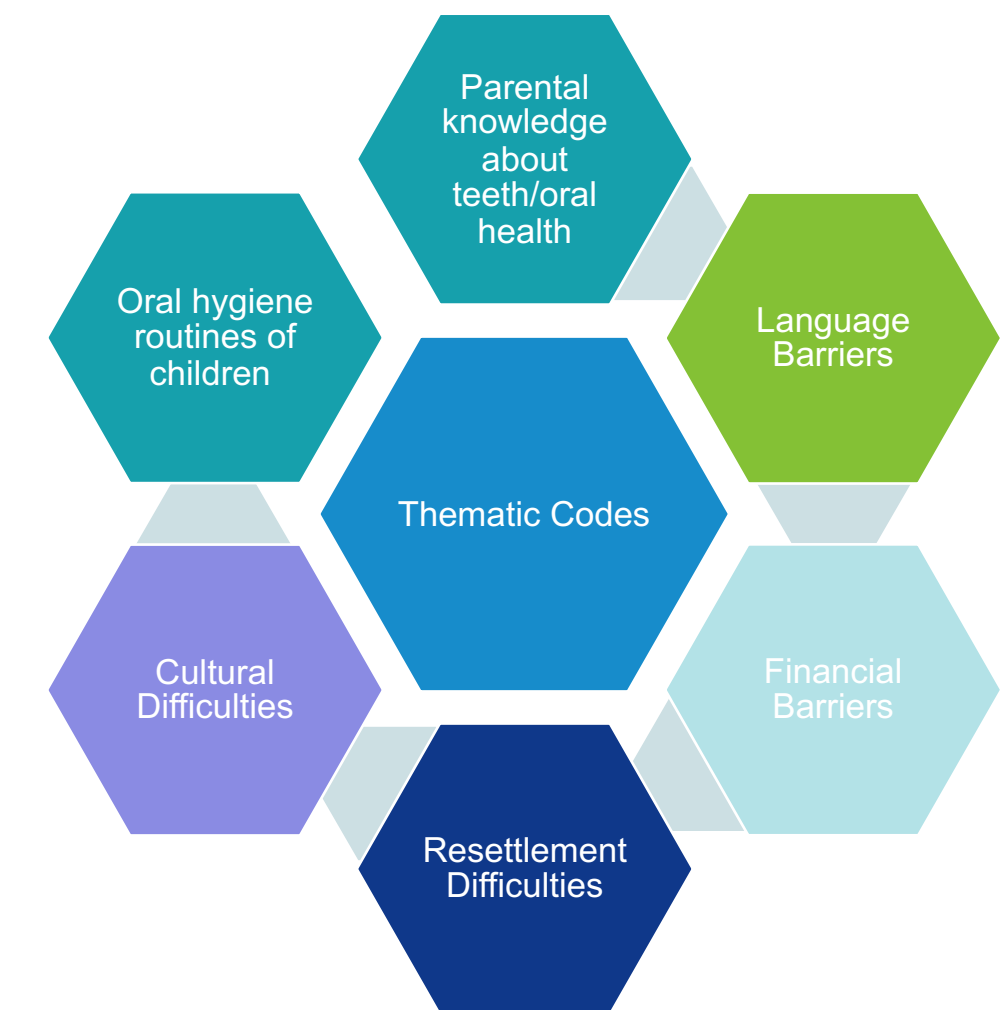
- Majority of interviewees described difficulty in communicating with dental providers due to language barrier and lack of translation services. "You can talk more easily about your problems with a person who speaks the same language as you. I don't know English. My daughters have to accompany me to the dentist. This will be easier if the dentist is a Farsi speaker. I can talk more easily to him/her. On the other hand, when he speaks, I can understand him ..." A mother of a 6-year-old female said.

Resettlement Difficulties

- Most interviewees stated that immigration to the US was difficult for the first few months. Language, finances, and being away from the family were among the common barriers they mentioned "When we came, we did not know anything, we did not know anyone, there were no close friends ... In general at first, it was hard." A mother of a 4-year-old female said.

Financial Barriers

- Most interviewees mentioned that health care and especially dentistry is too expensive in the United States "When the dentist made crowns for my child's tooth...he did not use a white crown. Because white was expensive for us. Each tooth would cost \$250 to be crowned. And we could not afford it." A mother of a 4- year-old female said.



Discussion/Conclusion

- Afghan immigrants face many challenges to optimal oral health in the early years of immigration. Language, financial, and cultural barriers are among the more pronounced barriers.
- Interpreters should be available in every dental office
- Mental and psychological health of Afghan immigrants should be considered, especially in the early years after immigration.
- Finally, considering the increasing number of Afghan immigrants to the United States, more studies are needed to understand this population, and the enablers and barriers to ensuring optimal oral health for all children of Afghan immigrant families.

References

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