MOBILE HEALTH PARENTING INTERVENTION IN SOMALI REFUGEE FAMILIES

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To address health disparities within the Somali diaspora, we engaged in community-based participatory research to examine if mobile health interventions can be used to reach this underserved population. We collaborated with community leaders and a health clinic in Minnesota, home to the largest Somali refugee population in the US. Community members expressed interest in learning information about maternal and child wellness. A key finding from our current study was that Somali culture is oral-based and many refugees are not literate in Somali or English. As such, instead of text messages, we sent audio messages that addressed parent-child relationships, child nutrition, child health, and maternal self-care – topics identified by the community and providers. Messages were delivered through SMS audio files or voicemail. We also incorporated Somali folktales and Islamic teachings. Messages were sent three times a week for six months.

We recruited 46 parents (M age = 31) with at least one child between age 0-3. All parents were born outside the US (M years in US = 6). The majority of parents preferred messages in Somali (N = 42) and voicemail (N = 34). Twelve parents participated in follow-up interviews to assess intervention feasibility and cultural appropriateness. There were no significant demographic differences between parents who did and did not participate in follow-up, except that younger parents were more likely to participate in follow-up (M age = 27 vs. 32). Through thematic analysis, we learned Somali parents found the content and delivery style helpful in caring for their children and themselves and expressed an interest in continuing this intervention. Audio-based mobile health parenting intervention for Somali parents may be a better alternative to text-based interventions to address health disparities. This type of intervention may also be appropriate for refugees in other countries.