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Insights into the Daily Stressors of Rohingya Refugee Men in Chicago

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Background: Refugees are defined by the United Nations High Commissioner for Refugees (UNHCR) as persons who are outside their country of nationality or habitual residence and have a well-founded fear of being persecuted for reasons of race, religion, nationality, or membership in a group or political opinion (UNHCR, 1951). Recent statistics estimate the refugee population at about 15 million (UNHCR, 2016). Amid a trend of decreasing numbers of refugees able to voluntarily repatriate to their country of origin, the resettlement of refugees is a growing challenge at all levels from local to global (UNHCR, 2010). Upon arrival to the US, refugees that have been exposed to trauma such as war conflict, genocide, and natural disasters are unprepared to mitigate the daily stressors such as the unfamiliar social, cultural, racial, and gender norms of the United States (Huijits et al., 2012). Per the direct effects model, previous trauma exposures coupled with daily stressors, are likely to exacerbate adverse health behaviors among refugees (Miller & Rasmussen, 2010). Given that

a significant portion of incoming U.S. refugees identifies as Muslim and are ethnic-minority men, little is known about how they process and overcome such exposures; or how their health needs contribute to the larger discourse about minority men's health in the United States.

This formative study explores how Rohingya refugee men exposed to trauma (genocide and state-sponsored persecution) deal with US-based daily stressors--unfamiliar social, cultural, racial, and gender norms, and if their experiences are linked to increased risks of substance use and HIV/AIDS. Using an ethnographic approach, this study had two objectives (1) explore how daily stressors among Rohingya refugee men contribute to unique minority men's health issues in the United States; and (2) determine Rohingya refugee men's actions or inactions associated with daily stressors are linked to elevated risk behavior patterns.

Methods: Ten (10) 25- to 35-year-old Rohingya refugee men that have settled into Chicago since 2010 and previously designated as refugees by United Nations Refugee Agency (UNHCR) were recruited to participate in two formative methods: 1) Three (3) time-lapse semi-structured interviews that included the Daily Stressor Inventory Scale (DSI; Bradley et al., 1998); and, 2) Participant observations in social and cultural spaces frequented by Rohingya refugee men.

Results: With DSI scores and Rohingya narrative data, we illuminate some of the most salient themes of daily stressors among Rohingya refugee men, in descending order of anxiety inducement. First, issues that caused panic were noted to be linked to receiving reports of ongoing violence and persecution against family and friends in Arakan, Myanmar. Second, among the issues that cause much stress were associated with thinking about the care of their elderly parents and preparing for their children's future. Third, among the issues that caused some stress were anxiety about integrating into USA, and establishing stability for their families.

Discussion: This work provides important preliminary information on how trauma-exposed Rohingya refugee men navigate daily stressors in the United States. The Rohingya refugee men showed that exposures to trauma do not diminish but rather surge during their resettlement in Chicago. At times, they feel hopeless in their attempts to raise awareness about the plight of their family and friends in Myanmar as well as those who have escaped to Bangladesh, India, and Malaysia. As a result, Rohingya refugee men relied on their Muslim faith as a source of strength, but coped with the use of tobacco to endure their fears.