

IMMIGRATION IMPACTS ON IRANIAN-AMERICAN YOUTH MENTAL HEALTH

by

MANDANA MALYANI, MD, MPH

A Dissertation Submitted to the Faculty
in the Department of Public Health and
the College of Health Professions
at Mercer University
in Partial Fulfillment of the
Requirements for the Degree

DOCTOR OF PUBLIC HEALTH

Atlanta, GA

2024

IMMIGRATION IMPACTS ON IRANIAN-AMERICAN YOUTH MENTAL HEALTH

by

MANDANA MALYANI, MD, MPH

Approved:

Dawood H. Sultan, PhD Date
DrPH Dissertation Committee Chair

Suneetha B. Manyam, PhD Date
DrPH Dissertation Committee Member

Huey T. Chen, PhD Date
DrPH Dissertation Committee Member

Cheryl L. R. Gaddis DrPH, MPH, CHES Date
Associate Professor of Practice and Chair, Department of Public Health

Lisa M. Lundquist, PharmD, BCPS Date
Dean, College of College of Health Professions

©2024
MANDANA MALYANI
All Rights Reserved

DEDICATION

To my husband, Faramarz, and my daughter, Parmida.

Your love, encouragement, and understanding have sustained me through the highs and lows of this journey. With your constant belief in me, you have made every step of this achievement possible. Your patience, sacrifice, and endless encouragement have been the guiding lights that led me through the challenges and joys of academia. This dissertation is a testament to our shared journey, and I dedicate it to you both with profound gratitude and love.

ACKNOWLEDGMENTS

I extend my deepest gratitude to the participants of this study whose willingness to share their experiences enriched the research endeavor. Your openness and honesty have contributed immensely to advancing knowledge in this field.

I am indebted to the participants' parents who facilitated the recruitment process, their support and cooperation were invaluable. Your assistance played a pivotal role in the success of this study.

To my beloved family, your unwavering love, encouragement, and understanding have been the foundation upon which I built this dissertation. Your patience and sacrifices have been my constant source of strength.

A special acknowledgment goes to my committee chair for his steadfast support, wisdom, and encouragement. Your belief in my abilities has been a source of inspiration and motivation.

I express my sincere appreciation to my committee members for their guidance, expertise, and invaluable feedback throughout this journey. Your mentorship has been instrumental in shaping this research endeavor.

I extend my thanks to the director of the program of Doctor of Public Health, the faculty, and the staff of the Department of Health Professions for their support and assistance throughout my academic pursuit. Your dedication to excellence has fostered an environment conducive to learning and growth.

Lastly, I offer my heartfelt appreciation to the Iranian Americans who courageously navigate the complexities of immigration and its challenges. Your resilience and perseverance serve as a beacon of hope and inspiration to us all.

TABLE OF CONTENTS

	Page
DEDICATION.....	iv
ACKNOWLEDGMENTS	v
LIST OF TABLES	ix
ACRONYMS.....	x
ABSTRACT.....	xi
CHAPTER 1: INTRODUCTION.....	1
History of Iranian Immigration Background	2
Immigration Trends and Iranian American Population in the U.S.....	3
Iranian American Immigration’s Impact on the Economy	4
Iran and America Political Relationships	4
Iranian American Immigrants’ Quality of Life.....	5
Target Population	7
Impact of Immigration on Children and Adolescents	9
Iranian American Immigrant Youth	9
Stress... ..	11
Immigration.....	12
Immigration and Mental Health	13
Immigration Categories	14
Immigration Categories Impact on Immigrants	15
Public Mental Health Conceptual Framework.....	17
Impact of Study	18
Study Assumptions and Questions	21
Operational Definitions.....	21
CHAPTER 2: LITERATURE REVIEW	23
Immigration and Iranian Americans.....	23
History of Iranian American Immigration	24
Immigration Trends and The Iranian American Immigrant Population.....	26
Iranian American Immigration and Economy.....	27

TABLE OF CONTENTS (Continued)

Stress.....	27
Immigration and Mental Health.....	28
Immigration and Disparities.....	31
Generation Z Mental Conditions.....	33
Mental Health Risk Factors Among Youth.....	34
Gaps in Literature.....	36
CHAPTER 3: METHODOLOGY.....	39
Methods.....	39
Methodology Approach.....	40
Interpretative Phenomenological Analysis.....	41
Research Questions.....	43
Rationale for the Study Method.....	44
Research Participants.....	45
Inclusion Criteria.....	46
The Atlanta Persian Cultural Center Partnership.....	46
Study Instrument.....	46
Participants Recruitment.....	46
Procedures.....	47
Data Collection.....	48
Data Analysis.....	48
Triangulation.....	50
Trustworthiness and Rigor.....	51
Ethical Considerations.....	51
CHAPTER 4: RESULTS.....	53
Rationale for Manually Analysis.....	53
Data Collection.....	56
Coding.....	57
Inter-Coder Reliability (ICR).....	59
Aspects Of Inter-Coder Reliability.....	61
Inductive Reasoning.....	62
Themes Identification.....	66

TABLE OF CONTENTS (Continued)

Results.....	67
Interviewer Observations.....	98
Summary of Analysis.....	99
CHAPTER 5: DISCUSSION, CONCLUSION, AND PUBLIC HEALTH IMPLICATIONS ..	102
Implications.....	108
Recommendations.....	109
Limitations of the Study.....	110
Strength of the Study.....	110
Suggestions for the Future.....	111
REFERENCES.....	112
APPENDICES.....	124
Appendix A. Questionnaire.....	125
Appendix B: Mercer University IRB Approval Letter.....	128
Appendix C: Codebook.....	130

LIST OF TABLES

Table	Page
1. An Example of a Code.....	58
2. An Example of Creating Themes.....	58
3. The Eight Criteria of Inter-Coder Reliability... ..	60
4. Entire Codes, Subthemes, and Themes.....	66
5. The Summary of the Analysis	99

ACRONYMS

aOR	adjusted Odds Ratio
CI	Confident Interval
IAI	Iranian American immigrants
ICR	Inter-Coder Reliability
PI	Principal Investigator
PTSD	Post Traumatic Stress Disorder
U.S.	United States

ABSTRACT

MANDANA MALYANI, MD, MPH

IMMIGRATION IMPACTS ON IRANIAN-AMERICAN YOUTH MENTAL HEALTH

Under the Direction of DAWOOD SULTAN, PhD

Field observation of Iranian American Immigrants (IAI) shows a broad spectrum of mental health problems, including unsuccessful/ successful suicidal attempts, schizophrenia, bipolar disorder, depression, anxiety, school dropout, substance abuse, and parent-child conflicts among younger IAI. Although in the onset of mental health conditions like schizophrenia and depression, genetic factors, family history, and pre-immigration incidents are involved, the role of stressful environmental factors and life experiences, including immigration and post-immigration situations are significant. Through in-depth semi-structured interviews with 23 IAI, 18-26, this qualitative research investigated the impact of immigration on their mental health aiming to find if participants had experienced stress and how they assessed this experience. Applying the interpretative phenomenological analysis conducted manually in thematic content and inductive reasoning, the five themes were identified as patterns of stressors, perception of stress, coping mechanisms, manifestations of stress, and participants' reflections. The results showed all IAI youth experienced stress from language barriers, cultural barriers, a lack of social acceptance, and parents' high expectations. Racism, discrimination, bullying, stereotyping, identity struggles, parents' cultural norms, parents' demands, parent-child conflicts, and financial difficulties were among other stressors. Stress experienced by participants affected their emotional and physical health resulting in low self-esteem, worries, perfectionism, and fearfulness. Also, they reported social withdrawal, depression, anxiety, difficulties with transparency, physical symptoms, and academic challenges. To manage their stress, participants

chose physical activities, seeking help, learning new skills, avoidance of stressful situations, and smoking or vaping. All participants seemed satisfied with immigration to the US despite experiencing stress which was particularly true when they compared themselves with their relatives or friends in Iran. Since all participants have experienced stress due to immigration at a younger age, they might have difficulty in communication, confidence, or trust. Their relationships might be affected leading to dissatisfaction and conflict with their partners, families, and social networks. Developing immigrant-supportive policies and providing social support for this population at multiple levels of individual, family, and community are fundamental to decreasing the risk of mental health conditions in IAI youth. Therefore, creating systematic programs that address IAI youth needs in terms of mental health conditions is crucial.

CHAPTER 1: INTRODUCTION

Field observation and monitoring of Persian or Iranian American Immigrants (IAI) families and their children's affairs show the existence of a broad spectrum of mental health problems, including unsuccessful/successful suicidal attempts, suicidal ideations, schizophrenia, bipolar disorder, depression, anxiety, school dropout, drug abuse, smoking/vaping, and malfunctioning parent-child relationships among younger IAI. Although in the onset of mental health conditions like schizophrenia and major depression, genetic factors, family history, and incidents before immigration are involved, the roles of stressful environmental factors and life experiences, including immigration and the living situation after immigration are proven to be important as well (Choudhry et al., 2016). Extensive epidemiological research has indicated that experiencing stress, whether in early childhood or later in life, increases the likelihood of developing mental health issues in adulthood. Various hypotheses, such as disruptions in the hypothalamic-pituitary stress system, atypical immune responses, and persistent alterations in cellular, molecular, and epigenetic forms of adaptability, have been suggested to elucidate the neurobiological mechanisms connecting childhood adversities to the subsequent onset of mental disorders in adults (Gualdi-Russo et al., 2014). Studies argue that early-life adversities, whether emotional or physical, have been correlated with long-term detrimental effects on both physical and mental health. Established models of chronic stress support the idea that adversities experienced in early life can influence growth and have repercussions on various aspects of well-being throughout one's lifespan (Gualdi-Russo et al., 2014). For instance, a study shows that the likelihood of experiencing schizophrenia was notably higher in the second-generation Pakistani immigrants who had the highest odds (adjusted odds ratio [aOR] 2.72, 95% confidence interval [CI] 2.21–3.35). Regarding post-traumatic stress disorder (PTSD), significant increases in odds

were observed for Somalis (aOR 1.31, 95% CI 1.11–1.54), second-generation Pakistani immigrants (aOR 1.37, 95% CI 1.11–1.70), and particularly for Iranians (aOR 3.99, 95% CI 3.51–4.54) (Ekeberg & Abebe, 2020). In the context of various psychiatric diagnoses, Iranians consistently exhibited similar or higher odds compared to the control group of Norwegians (Ekeberg & Abebe, 2020). This study aims to explore the participants, Iranian American Youth, experiences related to stress resulting from immigration as a predisposing factor to mental health disorders.

History of Iranian Immigration Background

The history of IAI is characterized by a diverse and dynamic narrative shaped by various waves of immigration, political events in Iran, and the cultural contributions of the Iranian diaspora in the United States (U.S.). The earliest Iranian immigrants to the U.S. arrived in the late 19th and early 20th centuries (Bayor, 2011). Many students came for education and were part of a small, elite community. A significant increase in Iranian immigration to the U.S. occurred after World War II (Bayor, 2011). Many Iranians came for educational opportunities and pursued advanced degrees in engineering, medicine, and the sciences. The Iranian Revolution of 1979 marked a turning point in IAI history. The overthrow of the Iranian kingdom and the establishment of the Islamic Republic led to a wave of Iranians leaving the country due to political instability, concerns about religious persecution or political conflicts, or simply pursuing a better life (Bayor, 2011).

The seizure of the U.S. Embassy in Tehran and a subsequent hostage crisis strained relations between the U.S. and Iran. During this period, these circumstances significantly impacted the perception of Iranians in the U.S., leading to increased scrutiny and challenges for the IAI community (Ansari, 2009). Following the Iranian Revolution, Iranians continued to

migrate to the U.S. Some were political refugees seeking asylum, while others were drawn by educational and economic opportunities. IAI made notable contributions to various fields, including academia, arts, literature, business, and technology (Lai & Batalova, 2021). However, IAI faced challenges, including discrimination and stereotyping, particularly during periods of political tension between the U.S. and Iran (PAAIA, 2023).

The IAI community is diverse, with individuals representing various religious, ethnic, and linguistic backgrounds. While Farsi (Persian) is the predominant language, IAI also speak Azeri, Arabic, and Kurdish (Lai & Batalova, 2021). IAI often navigate a hyphenated identity, balancing their Iranian heritage with their American experience. This duality is reflected in cultural practices, language use, and community engagement (Lai & Batalova, 2021). The history of IAI is a dynamic story that continues to evolve as subsequent generations contribute to the cultural mosaic of the U.S. The community's experiences encompass the challenges of immigration and the positive impacts of cultural and professional contributions. Simultaneously, they contribute to the cultural and economic fabric of the U.S. (Bayor, 2011).

Immigration Trends and Iranian American Population in the U.S.

Many Iranian immigrants come to the U.S. for educational and professional opportunities. Iranians have been well-represented in fields such as medicine, engineering, academia, and technology. The IAI population is diverse, representing various ethnic, religious, and linguistic backgrounds. The IAI population is estimated to be in the hundreds of thousands (Lai & Batalova, 2021). It is important to note that counting specific ethnic populations can be challenging due to factors such as self-identification and variations in census systems (Mossayeb & Shirazi, 2006). IAI are dispersed across the U.S., with significant communities in

areas such as Los Angeles, Washington, D.C., and New York. Los Angeles, in particular, has one of the largest Iranian communities outside of Iran (Worlddata, 2016).

Iranian American Immigration's Impact on the Economy

Immigrants contribute to the workforce and help reduce labor shortages in some industries. Immigrants typically fill occupations that are difficult to fill with native workers and bring diverse categories of skills and talents, contributing to the overall skill diversity of the labor market (Davies & Harrigan, 2018). Immigrants also further consumer spending and increase demand for goods. Likewise, the impact of Iranian American immigration on an economy is a complex and multifaceted issue, and it varies depending on factors such as the type of immigrants, the economic context, and government policies (Davies & Harrigan, 2018). Many IAI start businesses, create jobs, and contribute to economic growth in various industries such as business, academia, science, arts, and even entertainment (Ansari, 2009).

Iran and America Political Relationships

The political relationship between Iran and the U.S. has been historically strained and complex (PAAIA, 2023). Tensions between the two countries can be traced back to the Iranian Revolution in 1979 when the U.S.-backed Shah was overthrown, and an Islamic republic was established. The subsequent hostage crisis at the U.S. Embassy in Tehran further escalated tensions [(PAAIA, 2023) & (US Department of State, 2023)]. Since then, the U.S. and Iran do not have embassies in each other's country. Instead, Pakistan and Switzerland serve as Iran's and U.S.'s protecting powers for Iran and the U.S., respectively (Travel.State.Gov, 2019). The U.S. has imposed various economic sanctions on Iran, targeting its economy and leadership. These sanctions have been a major point of conflict and have had a significant impact on Iran's economy (Haidar, 2017).

Iran and the U.S. have inconsistent interests in various regional issues, such as the Syrian civil war, Iraq, and the Israeli-Palestinian crisis. Their contradictory positions on these matters have impacted ongoing tensions. For instance, in August 2018, Iran's Supreme Leader banned direct dialogues with the U.S. after President Trump in 2017 signed an executive order that banned travel to the U.S. from seven Muslim countries: Iran, Iraq, Libya, Somalia, Sudan, Syria, and Yemen (Amnesty International UK, 2020). Such anti-immigrant trends cause the marginalization and discrimination of the IAI living in the U.S. (Davies & Harrigan, 2018).

Iranian American Immigrants' Quality of Life

Almost 40% of Iranians outside of Iran reside in the U.S., specifically Los Angeles, California, which according to the U.S. Census Bureau had over 385,000 in 2000. Other states with larger numbers of IAI include Texas, Virginia, New York, and Georgia (Lai & Batalova, 2021) & (Worlddata, 2016)]. Contributors to immigrants' quality of life include immigrants' expectations, principles, and values rooted in their culture, religion, and history among other factors (Hirschman, 2013). Following a complicated and rough admission process, IAI migrate to the U.S. seeking better lives, particularly political security and freedom, financial and occupational security, safety, educational opportunities, healthcare, and healthy living environments (Jimenez, 2011). Immigration assists immigrants in fulfilling some areas of their lives, while other areas might remain poor or deteriorate based on immigration status resulting in low-quality lives due to inadequate housing, lack of healthcare, and insufficient education (Jimenez, 2011).

Ineffective integration into American society prevents first or second-generation immigrants from developing a quality lifestyle (Jimenez, 2011). As an authentic observer and member of the IAI community, the study's Principal Investigator (PI) has witnessed that Iranian

children raised in the U.S., regardless of whether they were born outside or inside the U.S., struggle with manifestations of mental health problems that are probably rooted in parenting styles reflecting traditional Iranian cultural norms, religious beliefs, and disciplining methods. It is fundamental to recognize that attitudes in the Iranian community are diverse. However, traditional Iranian culture imposes strong influences on family values and societal expectations.

Although, the literature indicates recent notable variations, including changes in the mate selection pattern and opposite-sex relationships, higher marriage age, and gender gaps and conflicts, IAI families' institution is built up based on their Eastern culture, the religion of Islam (predominantly), the language of Persian/ Farsi, and other environmental factors like socioeconomic status, educational level, and the path of migration to the U.S. (Atari, 2017).

Iranian traditional family characteristics represent a mate selection model based on the supremacy of parental consent, low-age marriage, prohibition of sexual relations outside of marriage, the centrality of childbearing, the presence of both parents in the family, and traditional gender attitudes (Atari, 2017). These conventional features have changed because of modernization and its outcomes (e.g., general education, industrialization, immigration, and urbanization). Furthermore, the ubiquitousness of modern values of autonomy and individualism contributed significantly to the transformation of the concept of traditional Iranian families (Atari, 2017).

Attitudes concerning male-female relationships differ among cultures and families, and the restrictions imposed by parents are influenced by an array of factors such as marriage customs, and the role of women in the family. As an illustration, Iranian parents, especially fathers, highly restrict their daughters from making relationships before marriage and particularly having boyfriends, compared to their sons having girlfriends. Muslim parents, mostly fathers,

feel a responsibility to protect their children specifically, daughters, and the family's reputation. They regard how the community perceives their families, so they maintain social and cultural norms that lead to restrictions on their children's behaviors. Religious beliefs shape attitudes toward relationships before marriage. Therefore, parents prioritize faithfulness to religious values restricting the behavior of their children, particularly their daughters' behaviors (Atari, 2017).

Iranian families enormously value educational achievement and degree attainment by forcing their children to attend colleges and universities (Hosseinkhani et al., 2019). In Iran, the most significant academic stress is related to university entrance which is a stressor that notably impacts the youth's mental health because it determines their future career (Hosseinkhani et al., 2019). Hosseinkhani et al., claim that families' perfectionism, comparing adolescents with each other, and low socioeconomic status are among the most significant factors affecting youth. While some parents adapt their perspectives based on individual circumstances, their children's experiences, and changing societal norms, some parents adhere to traditional values (Bornstein, 2012). As cultural attitudes evolve and individuals within the Iranian diaspora assimilate into different societies, there may be variations in how families approach relationships (Bornstein, 2012). Open and respectful communication between parents and their children can be a crucial factor in navigating differences in expectations and fostering understanding within the family. Furthermore, a lack of sincere dialogue between parents and their children contributes to misunderstandings. Communication about values, expectations, and the reason behind certain decisions is crucial to fostering understanding (Bornstein, 2012).

Target Population

The age of this study's target population is between 18 and 26 (born between 1997 and 2005) corresponding to the age of Generation Z. According to the Merriam-Webster Online

Dictionary, Generation Z (Gen Z, Zoomers) is "the generation of those born in the late 1990s and early 2000s" (Merriam-Webster, 2022). The Collins Dictionary describes Generation Z as individuals born between the mid-1990s and mid-2010s (Collins, 2023). Generation Z is the demographic group between Millennials and Generation Alpha. This is the social generation that grew up accessing the internet and digital technology from their childhood (Maulik et al., 2011).

Generation Z members, labeled as digital natives, most demonstrate the adverse effects of screen time compared to younger children. In contrast to previous generations, Generation Z has lower teenage pregnancy rates, and lower alcohol consumption (but not other psychoactive substances) (Sachdev, 2023). Generation Z is more stressed than former generations and is better at spending gratification. However, this generation has increased sexting prevalence with youth subcultures becoming quieter. The term sexting refers to a combination of the words sex and texting and means exchanging messages that contain semi/nude or suggestive photos. Additionally, exchanged messages may include graphic or sexy videos (Sachdev, 2023). Also, evidence shows that members of Generation Z spend more of their time interacting with electronic devices instead of reading books, which can explain their shorter attention spans, insufficient vocabulary, deficits in academic functioning, and lower economic contributions (Sachdev, 2023).

These characteristics might be contributing to the higher prevalence of mental health problems (e.g., sleep deprivation, depression, anxiety) among Generation Z compared to the general population [(Veluchamy et al., 2016; Maulik et al., 2011)]. Moreover, the scientific research literature reports a higher rate of intellectual disabilities and psychiatric disorders among Gen Z compared to individuals in older generations (Maulik et al., 2011).

Impact of Immigration on Children and Adolescents

The migration-induced aspects that undesirably impact children and adolescents' mental health are experiences like discrimination, lack of access to healthcare and educational resources, premigration trauma, loss of social support, acculturation, and socioeconomic difficulties[(Hunter, 2016; Fazel & Stein, 2002)]. Migrant children and adolescents are categorized as being a consistently emotionally vulnerable population, exhibiting mental health problems symptoms among which depression symptoms are reported as the most common and major problem in most studies (Andrade et al., 2023). Anxiety, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), suicide attempts and ideation, dissociation disorder, and emotional distress have been reported in these children and adolescents as well (Andrade et al., 2023). Studies show that immigrant offspring also report low self-esteem, powerlessness, behavioral disorders, insecurity, loneliness, and lack of life satisfaction. Andrade et al., (2023) claim that the larger the cultural adjustment that occurs in these minor populations, the more emotionally affected they will be since cultural negotiation is accompanied by traumatic events and regular disturbances like language learning, adjusting to new academic structures, adaption to religious differences, dealing with discrimination, and finding jobs.

Iranian American Immigrant Youth

For Iranians, similar to other immigrants, immigration is not an easy journey. Even for the most convenient immigration pathway, like family reunions, immigrants often struggle with various difficulties. They will experience cultural shock, language incompetency, cultural barriers, financial insecurity, lack of educational-matched degrees to the U.S. system, and many other obstacles (Hakimzadeh & Dixon, 2006).

Adult immigrants experience all these complications. However, immigration has been their own decision. Hence this does not apply to their children (Stacciarini, et al., 2015). Therefore, the most vulnerable and adversely affected group by all immigration consequences typically is the next generation, whether born in their hometown or after immigration to the host country (Stacciarini, et al., 2015).

Children, adolescents, and teenagers have two types of problems. They have to deal with immigration complications like learning a second language, the culture of the U.S., educational system differences, etc. They also have to interact with their parents, who may already have experienced hardships after arrival in the U.S. For instance, in the first months or years, students in school cannot communicate with their peers or staff, and when they return to their homes, they interact with tired, anxious, or even depressed parents struggling with immigration-induced complications such as finding a job or learning a second language (Rashidian et al., 2013).

Limited research has been done on Iranian Immigrants or Middle Easterners who are similar to the Iranian population in terms of religion, culture, and many other characteristics. However, there are almost no studies on IAI youth that examined their perspectives on how the immigration complications affected them. Field observations by the study's PI indicate that many Iranian families have a younger population suffering from mental illnesses, including anxiety, depression, substance abuse, school dropout, conflict with parents and siblings, and suicide attempts, to name a few. So, this study intends to evaluate IAI youth to learn about their experiences adjusting to their new living situations and how this adjustment has impacted their mental health.

Stress

Centers for Disease Control and Prevention (2023) defines stress as “how our body responds to pressures or tension”. Experiencing stress can evoke feelings of unease, anxiety, frustration, nervousness, fearfulness, or helplessness (CDC, 2023). It often manifests in noticeable changes in sleep patterns, appetite, or energy levels. Feeling stressed is a common reaction, particularly during times of significant life changes. There are various reasons why an individual might experience stress, including heightened responsibilities, financial difficulties, or health worries. The impact of stress can be substantial, affecting both mental and physical well-being, and it has the potential to become overwhelming if not addressed (CDC, 2023).

The stages of infancy, childhood, and adolescence, which encompass significant periods of growth and development, also signify heightened susceptibility to stressors. The pace of growth during each of these phases is contingent upon the intricate interplay of various factors, including genetics, environment, diet, socioeconomic conditions, development, behavior, nutrition, metabolism, biochemistry, and hormones. Stressors can directly influence growth by modulating the growth hormone axis or indirectly through other mechanisms. The adaptive response to stressors manifests in behavioral, physiological, and biochemical changes that collectively promote survival and energy conservation (Mousikou et.al, 2023). The immediate stress response involves the activation of the sympathetic nervous system and the hypothalamic-pituitary-adrenal axis. While the short-term stress response is inherently anti-growth, anti-reproductive, and catabolic. Chronic activation of the stress system and hypercortisolism can have significant negative impacts on growth and development (Mousikou et.al, 2023). Early-life adversities, whether emotional or physical, have been correlated with long-term detrimental effects on both physical and mental health. Established models of chronic stress support the idea

that adversities experienced in early life can influence growth and have repercussions on various aspects of well-being throughout one's lifespan. Implementing targeted interventions to mitigate stress during infancy, childhood, and adolescence can yield extensive benefits for long-term health and contribute to achieving optimal growth. Mousikou et.al (2023) study delves into the neuroendocrinology of the stress response, factors influencing growth, and the repercussions of chronic stress on growth during critical stages of infancy, childhood, and puberty,

Immigration

Immigration, defined as relocating from Indigenous countries or countries in which one is born to another country, has certain purposes such as education, employment, tourism, or settlement (Merriam-Webster, 2023). Immigration is a complex and multifaceted phenomenon, influenced by factors such as economic opportunities, political stability, and social conditions. Immigration has both positive and negative impacts on host countries, shaping their demographics, culture, and economy. To migrate, individuals need to fill up applications, complete requirements, and show evidence that they could support themselves in order to migrate to the destination country (Androff et al., 2011). Still, the immigration process does not stop at this point and people come across decision-makers or agents in the host country embassy and/or at the departure/arrival airport, all having the power to impact the journey (Androff et al., 2011).

The impacts of immigration on children vary widely depending on numerous factors, including the circumstances of migration, the host country's policies, and the level of family support. Positively, immigration exposes children to diverse cultures, languages, and perspectives, fostering open-mindedness and adaptability. However, challenges may arise among

immigrant children, such as the stress of adapting to an unfamiliar environment, potential language barriers, and the need to navigate unfamiliar education systems (Bayor, 2011).

Family separation due to immigration can have emotional and psychological effects on children. They may experience feelings of loss, anxiety, or identity confusion. Conversely, successful integration into the host society can provide children with opportunities for personal growth, education, and a broader worldview. Ultimately, the impact of immigration on children is nuanced and depends on numerous factors, emphasizing the importance of supportive policies and community initiatives to facilitate positive outcomes (Bayor, 2011).

Immigration and Mental Health

When discussing mental health problems, most studies describe psychological factors such as low self-esteem, anxiety, overthinking, and interpersonal and familial conflicts in relationships as the main causes (Kim-Cohen et al., 2003). Also, socioeconomic status variables such as lack of positive opportunities, poverty, unmet secondary needs, discrimination, and economic unfairness are mentioned among the principal factors generating mental health problems (Kim-Cohen et al., 2003).

Immigration is a stressful social phenomenon that significantly affects mental health and alters individuals and families in several ways. The immigration process involves leaving the motherland to establish a new life, adjusting to a new culture with unfamiliar values and a decrease in traditional values, and facing legal difficulties. These factors create stress, which is believed to be a substantial cause of mental health problems. Indigenous approaches to living a simple life, including adaptation to new cultures, languages, and social norms contribute positively and negatively to stress and mental health consequences (Choudhry et al., 2016).

Sometimes immigrants experience forced migration because of persecution, conflicts, or other crises that lead to mental health problems like anxiety PTSD, or other mental illnesses. Furthermore, immigrants might experience xenophobia, discrimination, and racism, which adversely affect their mental health by generating stress, anxiety, and depression (Fazel & Stein, 2002).

The conditions become worse due to the lack of mental health assistance because of language barriers, lack of culturally competent care, or concerns about the legal implications of mental illness diagnoses. Particularly, undocumented immigrants worry about seeking mental health assistance due to fear of deportation and other legal concerns. Consequently, immigrants often develop coping strategies, drawing on cultural, familial, and community resources to navigate challenges and stressors (Hunter, 2016); Fazel & Stein, 2002).

Immigration Categories

IAI arrive in the U.S. through diverse pathways. Besides those students who eventually find jobs and permanently stay in the U.S., others come by using family-sponsored visas, diversity visas, as refugees or asylees from the United Nations (UN) offices (e.g., in Turkey or Europe), employment-based visas, or even as undocumented immigrants through Central American countries (NUFDI, 2020).

Family-sponsored immigration occurs when a foreign citizen looking to permanently live in the U.S. is granted an Immigrant Visa (IV) that is sponsored by a family member. This is under the U.S. immigration law that permits U.S. citizens to apply for lawful permanent residency for their noncitizen's family members. Eligibility to apply for an IV is defined as being a foreign citizen sponsored by an immediate relative (e.g., spouses, children, parents, siblings)

older than 21 years of age, and a green card holder, or being a U.S. citizen (U.S. Department of State, 2023).

Another way to arrive in the U.S. is to apply for a Diversity Immigrant Visa (DV) Program (or Green Card Lottery) that every year awards up to a total of 50,000 immigrant visas. The eligibility criteria for the lottery are to be a citizen of a country with lower immigration rates to the U.S., have graduated from high school or its equivalent, or have qualifying work experiences (US Green Card Service, 2023). In the Green Card Lottery DV-2024, 5,077 Iranians won the lottery to receive American lawful permanent residency (US Green Card Service, 2023).

Typically, those Iranians who have political issues, belong to the LGBT community, or have converted to other religions usually flee to Turkey which is home to Iranian refugees (NUFDI, 2020). This is because based on the Islamic Republic of Iran's Constitution and according to Islamic law, homosexuality and converting from Islam to other religions (particularly if they are not officially recognized) are considered illegal and are subject to punishment (Beehner, 2007).

Finally, a small number of IAI also come to the U.S. through illegal passage. A total number of 553 Iranian individuals illegally arrived in the U.S. They received 356 positive admissions decisions, and over 81% of new applications were accepted (World data, 2016).

Immigration Categories Impact on Immigrants

Immigration generates numerous stresses, tensions, and pressure for immigrants (Fazel & Stein, 2002; Andrade et al., 2023). Leaving the homeland and building a new living situation in a foreign country is not an easy endeavor. Still, there are significant differences between the pathways one migrates. People who come to the U.S. through a family-sponsored visa or win a Green Card generally are psychologically and emotionally prepared for the process, and in many

circumstances are excited about their adventure. They will confront the immigration consequences after landing and starting daily life. In many cases, these people research the destination and country's immigration policies, perform health checks and vaccinations in advance, gather necessary documentation, learn English, search for jobs, prepare financially, do legal consultation, and become ready for cultural adaptation (Eldridge, 2023).

On the other hand, living in refugee camps as the first step to finding a new residence is another story for immigrants or refugees. Refugees in camps are exposed to problems such as overcrowding, lack of sanitation and hygiene, lack of clean water, and food, risk of fire because of lack of safe cooking equipment, violence, and unavailability of healthcare and medications (Article 18, 2023). These living conditions increase the risk of exacerbation or onset of stress, anxiety, PTSD, and other mental health conditions in individuals (Hunter, 2016).

For example, Turkey is Iranians' main access point to Europe to earn better living opportunities outside of Iran. However, they are at risk of being victims of human trafficking in the region. They also face challenges such as unhygienic conditions in camps, and inaccessibility of food, medications, and hot water. In the refugee camps, family members are required to live separately, so husbands are held far from their wives and children, and they are only allowed to see each other for 15 minutes once a week in the presence of a guard (Article 18, 2023). Furthermore, some refugees report they live in fear of deportation since the Turkish authorities keep threatening them of being returned to their country (Article 18, 2023). Such situations create a sense of insecurity and anxiety about the future and impact refugees who have already experienced trauma. The sense of uncertainty and the fear of returning to unsafe conditions in Iran contribute to mental health problems because of the lack of protection standards for deported refugees in their home countries.

Public Mental Health Conceptual Framework

The most critical age in one's development and growth is under 18 years (WHO, 2019). Therefore, if children or adolescents have been exposed to individual, familial, or personal stressors their mental health outcomes can be affected (WHO, 2019). Although there are no detailed conceptual frameworks to explain how environments impact the mental health outcomes of young immigrant children, particularly in urban areas, Dykxhoorn et al. (2022) intended to create a comprehensive conceptual framework for Public Mental Health (PMH). Dykxhoorn et al. studied a combination of academic research, public viewpoints, and practitioner knowledge to create a PMH conceptual framework defined as utilizing an individual's ability and knowledge to promote mental health and well-being and prevent mental illnesses through society-organized efforts. They discuss that based on the PMH approach various determinants at the individual, family, community, and structural levels positively or negatively impact mental health outcomes and well-being. Therefore, public health interventions must be conducted at one or more of these levels to improve the population's mental health. For instance, at the individual level, one's skills and knowledge can be improved by training; while at the family level, advancing parenting skills programs play significant roles. Interventions to alter natural or built environments work effectively at the community level, and improving social norms and policies are proper approaches at the societal level. The stated determinants are intersected in complicated directions and efficient PMH interventions will influence multiple levels addressing determinants at various levels (Dykxhoorn et al., 2022).

This study aims to explore the experiences of IAI youth aged 18-26 years after immigration to the U.S. This age bracket indicates younger age and the possibility of being born to an immigrant family. It also indicates that the children are/were under the education and

discipline of immigrant parents who had confronted a variety of stressors directly or indirectly as a result of immigration and making a living in the U.S. The study aim is to determine how this group of individuals recall and describe their life experiences in their family and school, the way their parents treated them, and if they used unhealthy coping mechanisms such as substance abuse, or experienced behavioral disorders such as dropping out of school to overcome the mental suffering and compressions.

Impact of Study

Immigration is a crucial Social Determinant of Health (SDoH) for both the host and the immigrant communities. Immigration defines moving to a new area or country, planning to stay, and living there (Merriam-Webster, 2023). People decide to immigrate for distinct reasons, including finding new employment, escaping a violent conflict like war or environmental factors, continuing education, or reuniting with family. According to the WHO reports there are nearly one billion immigrants worldwide, which is about one in eight of the universal population. This includes 281 million international immigrants and more than 82 million forcibly displaced (WHO, 2023). More importantly, the UN reports estimate that there are 31 million child migrants worldwide, including 17 million internally forcibly displaced, 13 million refugees, and 936,000 asylum-seekers (IOM, 2019). Most of them travel through the immigration corridors toward the nearby perceived stable countries (IOM, 2019).

One of the primary destinations for immigrants is the U.S. Department of State reports that about 286,000 noncitizens attained LPR status in the U.S. in the fiscal year 2022, and almost 136,000 noncitizens obtained immigrant visas from the Department and entered the U.S. a 29% increase in new arrivals from the fiscal year of 2021 (DHS, 2023). The diversity of these immigrants varies. According to a UN report, 48% of immigrants are female, and about 38

million are children; three out of four international migrants are working age, between 20 and 64 years old, and 164 million are immigrant workers. Around 31% of the international migrants worldwide lived in Asia, 30% in Europe, 26% in the Americas, 10% in Africa, and 3% in Oceania (UN, 2023).

Similarly, reports illustrate the development of Iranian asylum applications from 2000 to 2021, with about 20,000 to 70,000 cases (World Data, 2022). Iranian refugees continue to form one of the largest refugee groups in Turkey. Many crossed initially into Turkey in the 1980s, fleeing the regime's conflicts, including the Islamic Revolution in Iran, the Iran-Iraq War, and the subsequent 1991 Gulf War (VoA News, 2013). According to the UNHCR report, about 4,890 Iranian refugees need resettlement in Turkey to enhance the protection space for all refugees, and there will continue to be the need for permanent solutions available to non-European refugees in 2013 (VoA News, 2013). The importance of being a refugee and asylum in Turkey is that many of the Iranian population will eventually come to the U.S. for permanent residence with a background and history of difficult living situations (article 18, 2023). Pondering these statistics indicates how the replacement of these populations impacts individuals' health aspects, mentally, physically, and socially, and countries' interaction globally. Therefore, immigration remains a crucial subject of study for states and policymakers, universities and academia, and health professionals primarily.

Refugees and immigrants must be healthy to safeguard themselves and host populations. They are entitled to the human right to health and should be provided healthcare services as a vulnerable population. This is because they are potentially or actively subject to xenophobia, discrimination, poor living and working situations, housing, and insufficient health and educational services access. Therefore, they are exposed to physical and mental health problems.

Studies show that family and neighborhood contexts, immigrants' social positions, social support and exclusion experiences, language competency, discrimination exposure, and acculturative stress influence immigration and mental health associations. For example, using a multilevel model, Steel et al. (2008) indicate that immigration independently contributes to the risk of PTSD, depression, and mental health-related disability. The model studied family clustering, age, gender, pre-migration trauma, length of residency, detention, and temporary protection status (Steel et al., 2018). Immigrants are most likely to work low-wage jobs, live in poverty, lack health insurance coverage, benefit from welfare, and not own their homes (Camarota & Zeigler, 2015). Also, 21% of immigrants and their children- under 18 live in poverty, compared to 13% of the host population and their children; immigrants and their children build up about one-fourth of the population in poverty (Camarota & Zeigler, 2015).

Learning about immigration and its impacts on IAI youth will help, families, school authorities, academicians, and policymakers to find appropriate solutions to treat children and adolescents to prevent the onset or exacerbation of underlying mental health conditions in these individuals. Examples of solutions can be empowering IAI immigrant children to be able to find their positions in the school among their peers (individual level), providing education for parents not to transfer their frustration to their children, and learning how to treat them (family level), providing complementary opportunities for children and families to vent their pressure and release their stress to improve their relationships such as after school activities, or interactions between immigrants and native population (community level), and developing policies to facilitate job finding for IAI families to lower their potential financial burden to decrease the stress in Iranian families.

Study Assumptions and Questions

This study relied on several assumptions based on findings from literature reviews and observations. It is presumed that immigration creates stressors that might profoundly impact the mental health of the IAI youths. Leaving their home country, learning and adapting to a new language and environment, acculturation, and navigating unfamiliar systems and institutions, contribute to higher levels of stress. Also, IAI youth possibly encounter extra challenges, for example, social segregation, discrimination, and prejudice, which may exacerbate their stress levels. The increasing impact of such stressors might be exhibited in a number of mental health disorders. Additionally, IAI youth might experience feelings of loneliness, homesickness, and isolation besides the loss of social support. Considering these assumptions, this study investigates the lived experiences of stress among IAI youth, how IAI youth interpret and navigate their immigration experiences, why they perceive their immigration experiences as stressful, how IAI youth phenomenologically interpret the immigration impact on their mental health, how IAI youth subjectively perceive and interpret the stress origins and stimuli within their lived experiences as immigrants.

Operational Definitions

This study uses the following operational definitions.

- **Code:** a phrase or word that symbolically assigns an essence-capturing, collective, noticeable, and/or suggestive attribute for a portion of data
- **Coding:** an active process of identifying data that belonged to or represented types of stress as the under-investing phenomena (Tracy, 2019, p. 213).

- **Immigration:** relocating from indigenous countries or countries in which one is born to another country, has certain purposes such as education or settlement
- **Iranian American Immigrants (IAI):** any adult individual who left Iran and is residing in the state of Georgia, US at the time of this study
- **Mental health:** a significant disorder in the individuals’ emotional regulation, cognition, or behavior
- **Participant:** individuals participating in the study and meeting the following criteria: self-identified Iranian immigrant, 18-26 years of age, male or female, Georgia resident, attended high school in the US, at least one parent is Iranian, speaks and understands English
- **Phenomenological interpretative analysis:** a qualitative research approach focusing on understanding how individuals perceived their lived experiences
- **Stress:** according to the Centers for Disease Control and Prevention (2023) stress is defined as “how our body responds to pressures or tension”. Experiencing stress can evoke feelings of unease, anxiety, frustration, nervousness, fearfulness, or helplessness
- **Theme:** a focal idea or repeated pattern that emerges from the data analysis
- **Youth:** age between 18 and 26 at the time of this study

CHAPTER 2: LITERATURE REVIEW

Immigration and Iranian Americans

Data show that more than 1.2 million immigrants from the Middle East and North Africa (MENA) region live in the U.S. About 70% of MENA immigrants living in the US are from the Middle East, and the rest are from North Africa. These immigrants represent 23 ethnically diverse countries, including Arabs, Iranians, Kurds, and Afghans (UN, 2023).

IAI are U.S. citizens or residents of Iranian ancestry or holding Iranian citizenship. Estimations of the Iranian population are over one million according to many Iranian and non-Iranian organizations (Katzman, 2021). However, one report indicated that an estimated 1,500,000 Iranians are in the U.S. (Esfandiari, 2012). The estimates of the number of Iranians who left the country differ. Scholars agree that the size of this emigration wave has grown overall. Observatory research institutions report that the number of Iranian migrants has more than doubled in the past three decades, from around 800,000 in 1990 to 1.8 million in 2020 (MEI, 2022).

Immigration pathways for IAI to arrive in the U.S. are different. One is via the Diversity Immigrant Visa Program (DV Program). Each year, the DV Program administered by the U.S. Department of State (DOS) issues about 50,000 immigrant visas drawn from a random selection of entries to individuals from countries with lower proportions of immigration to the U.S. Out of these 50,000 visas, about 2,000 are issued for Iranian applicants (USCIS, 2018). Another way is applying as a refugee or asylum seeker to the United Nations (UN).

According to the UN High Commissioner for Refugee (UNHCR) data (World Data, 2022), 20,575 people from Iran fled in 2021 and applied for asylum in other countries. The most

common destination countries have been the United Kingdom, Germany, and Canada (World data, 2016).

People migrate for various reasons such as to escape hardship, conflict, and persecution, to seek a better life, because of environmental factors, to family reunification, to find new employment opportunities, to study, etc. (citation needed here). Media focus is predominantly on the fugitives who flee because of conflict in their original countries to face the complex migration system. However, not all immigrants migrate for the same reasons; only 10% of international immigrants are refugees or asylum seekers (Hernandez, 2019). The primary migration was because of widespread human rights abuses, denial of legal rights, inadequate access to resources such as food, healthcare services, education, and exposure to violence to terrorize the population. Economic instability, political transition, and lack of social support motivate people to migrate to new countries (citation needed here). Similarly, an extensive collection of reasons motivates Iranians to migrate from Iran. These reasons primarily include poor economic conditions and the lack of political and social stability. Iranian immigrants are typically highly educated and relatively financially secure (Hakimzadeh & Dixon, 2006).

History of Iranian American Immigration

IAI are U.S. citizens or permanent residents with Iranian ancestry. Most are excelled in business, academia, science, arts, and entertainment. Most IAI arrived in the U.S. after 1979[(Ansari, 2009;(Hakimzadeh & Dixon, 2006)]. According to the 2012 report of the National Organization for Civil Registration, an organization of the Ministry of Interior of Iran, the U.S. hosts the highest number of Iranian immigrants among other countries (Ansari, 2009). In 2004, according to the report of the Massachusetts Institute of Technology, the number of IAI was over 690,000 with half of which live in the state of California (Ansari, 2009).

The very first IAIs' migration to the U.S. started centuries ago when Martin an Iranian-Armenian tobacco farmer visited North America in 1618 and stayed in Jamestown, Virginia. Mirza Mohammad Ali (Hajj Sayyah) was another Iranian who came to North America in the 1800s. His stay in the U.S. lasted for 10 years, and he traveled across the country from New York to San Francisco (Papazian, 2000). Between 1842–1903 there were 130 Iranians in the U.S. with the majority coming because of education (Bayor, 2011). The U.S. has always been an attractive destination for Iranian students since American universities provided the best academic programs and were eager to accept foreign students (Bayor, 2011).

In the 1900s the number of Iranians who visited the U.S. increased from about 35,000 in 1975 to over 98,000, in 1977. As of the 1977–78 academic year, 36,220 students, and in 1979–80 over 45,000 joined American institutions of higher learning. The dominant pattern of this emigration was individual students returning home to apply knowledge, skills, and professions learned in the U.S. in Iran (Bayor, 2011).

After the Islamic Revolution of Iran in 1979, the number and pattern of Iranian immigration shifted to families who left or fled Iran, voluntarily or forcefully, to stay in the U.S. for a lifetime making it home. Numerous students who intended to come back home ended up remaining in the U.S. as refugees. They unintentionally developed the cultural, economic, and social networks enabling large-scale immigration in the future years which initiated the second phase of Iranian immigration. This period was particularly correspondent to the time when Iraq attacked Iran and the Iran-Iraq war started in 1980 motivating many Iranians to leave their country. Therefore, both the revolution and the war forced many Iranians especially those of the best-educated and most wealthy families to migrate to the U.S. (Bayor, 2011).

The immigration flow continued progressively. According to Middle Eastern specialist and Congressional Research Service member, Kenneth Katzman, in December 2015 the number of IAI was estimated at over one million (Katzman, 2021). Almost all IAI living in the U.S. are either citizens (81%) or permanent residents (15%). According to the Department of Homeland Security (DHS) report over 13,000 people born in Iran were issued green cards and over 10,000 became naturalized (American citizen) in 2015 (Katzman, 2021).

Immigration Trends and The Iranian American Immigrant Population

IAI constitute a small portion of the U.S. population. This corresponds to approximately 0.023% of all residents (Worlddata, 2016). Despite the lack of political relationships between Iran and the U.S., America is among the top countries where Iranians choose to establish a new life. Although IAI migrate to the U.S. for a better life and a successful future, they face many challenges in settlement and provision for their families. The lack of reasonable resources, immigration costs (financially, psychologically, etc.), adjusting legal status, cultural and language barriers, and history of hardship before immigration are among the challenges. IAI with higher education levels or professional statuses might not experience serious language difficulties compared to lower-educated immigrants. Such expected and unexpected life distress and struggles complicate the immigration process and impact many aspects of immigrant lives, including their and their children's mental well-being (Stacciarini, et al., 2015).

People migrate to the U.S. to work or study to make a fulfilled life. However, they face various obstacles. For example, to study they have to enroll in colleges or universities, but they are not allowed to work more than 20 hours per week even if they need to work in order to pay tuition (U.S. Citizen and Immigration Services, 2017). So, they would depend on their families back home for financial support and continue to be worried about their financial situations.

Iranian American Immigration and Economy

According to Lai & Batalova (2019), IAI have considerably higher household incomes than average immigrants and native-born populations. In 2019, IAI had an average household income of about \$80,000, compared to about \$65,000 for foreign-born and native populations. Also, IAI had a poverty level same as the U.S.-born (12%) that was lower than the other immigrants' level of (14%) (Lai & Batalova, 2021).

Immigrants including IAI significantly impact the U.S. economy since they provide services that are in demand. IAI similar to other immigrants have different education levels. According to the 2000 Census, about 51% of IAI hold a bachelor's degree or higher, compared to the 28% national average, and more than one in four IAI holds a master's or doctoral degree, the highest rate among 67 ethnic groups (Lai & Batalova, 2021). Typically, less educated individuals are supposed to work in areas where lower skills are needed, such as in the home services sector; In many cases, IAI might have sufficient education and a distinguished career background, but they have difficulties continuing their lifestyle as they had in their country because of cultural background or lack of native connections; so, many Iranian immigrants work in lower-rated jobs after immigration. For instance, there are many physicians as taxi (Uber) drivers, engineers working in retail stores, and teachers as hair stylists. The highly educated IAI are innovative and persistent. They usually continue their education in different fields such as medicine, nursing, law, engaging, and politics or journalism by which they advance the U.S. economy.

Stress

A systematic research review of 17 articles examined factors influencing stress, adjustment, and/or depression and found that mental health encompassed both immigration-specific elements, like acculturation stress, and resilience-based factors such as cultural

flexibility. The within-group differences, such as variations in religious identification, were also highlighted as factors that could significantly impact adjustment and stress levels among Iranian immigrants and refugees (Amini et al., 2022).

Immigrant children residing in low-income, disadvantaged communities characterized by prevalent poor lifestyle habits may experience adverse effects on growth, health, and psychosocial adaptation (Gualdi-Russo et al., 2014). According to Gualdi-Russo et al. (2014), long-term exposure to chronic stress is linked to adverse physical and mental health outcomes in later life. Children and adolescents, undergoing critical periods of development and brain maturation, may be particularly susceptible to severe stressors, with potentially irreversible effects. Interventions designed to manage and reduce stress in children during their formative years should prioritize optimal growth and the appropriate timing of puberty (Gualdi-Russo et al., 2014).

Immigration and Mental Health

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), mental health is defined as psychological, emotional, and social well-being impacting one's feelings, acting, and thinking. Mental health determines how the individual governs life stress, controls decisions, and relates to others. SAMHSA discusses that mental health is an essential stage of life, if one experiences mental health problems, regardless of being mild or severe, thinking, behavior, and mood will be affected (SAMHSA, 2023).

Immigration is an important life experience that predisposes individuals to the onset of or aggravation of mental health. It is a sociopolitical occurrence with psychosocial outcomes accompanying immigrants' mental conditions. The literature indicates enduring and severe psychological outcomes resulting from immigration (Porter & Haslam, 2005). According to the

WHO Regional Office for Europe reports immigration is not the most significant mental disorder risk factor; however, immigration exposes immigrants to various stressors during the process that negatively influence mental health (Hunter, 2016). These stressors include pre-migration issues (e.g., persecution status, physical vulnerability) or stressors happening during or after immigration (e.g., financial strain, home seeking) (Hunter, 2016).

Immigrants characteristically leave their homelands because of enormous tensions (e.g., financial, social, political, etc.). Hence, they might have faced some extent of mental health conditions before starting their migration. Sometimes, they are not even ready to leave their homes or are not equipped linguistically, financially, etc., which puts them in inconvenient situations. Pre-migration experience generates fear and trauma, particularly for involuntary immigrants (Hunter, 2016).

Post-migration factors such as ambiguity about the future situations, detention, and violence, worsen mental health conditions in immigrants. Living in refugee camps damages mental health more seriously. These psychological damages are due to the uncertainty of their future and lack of control over life settings (Hunter, 2016). Migration influences immigrants at three levels: prior to the migration (in origin country), during the migration process, and when stepping into the host country. O'Connor (2020) notes that during the 11 months, she spent in a refugee camp as a psychiatrist, she observed elevated levels of PTSD, anxiety, depression, suicidal ideations, suicide attempts, and self-harms, in 208 individuals with about 60% (124 individuals) having suicidal ideations, and 30% (63 individuals) attempting suicide (O'Connor, 2020). Children are also affected by migration. The literature indicates that psychological morbidity in immigrant children constantly increases, in particular, for anxiety disorders, depression, and PTSD (Eldridge, 2023).

A systematic literature review indicates that adults, adolescents, and children experience high mental health problems, including anxiety, depression, and PTSD, most commonly reported during and after detention (Werthern et al., 2018). Immigration detention involves limiting individuals suspected of unauthorized or illegal arrival, visa violations, or those facing deportation. These people are retained until immigration authorities determine whether to grant a visa for them to integrate into the community or to deport them to their country. Individuals who seek political asylum, are suspected of illegal immigration, or arrive without authorization in a country face mandatory detention (International Detention Coalition, 2024). The study states that higher scores were found in detained than non-detained refugees, with detention duration positively associated with the severity of mental symptoms. Additionally, severe trauma exposure before detention is associated with symptom severity (Werthern et al., 2018). This implies that the IAI who have a preplanned arrival (e.g., win a Green Card Lottery or family-sponsored visa) in the U.S. have fewer financial and housing problems because they have enough time to save money and become financially secure or plan for their settlement before arrival. On the other hand, Iranian asylum seekers and refugees who lived in refugee camps in countries like Turkey and European countries under UN protection typically have numerous social, financial, housing, and employment problems after arrival, in addition to underlying distress due to living in refugee camps. These difficulties are compounded by a lack of certainty of immigration status and decision of the authority for their host country, lack of services in refugee camps, and situations that forced them to immigrate, such as religious conversion, being under persecution due to political conflicts, belonging to the LGBT community, etc. (Eldridge, 2023).

Immigration and Disparities

Literature indicates that immigrants have less access to healthcare services, insurance coverage, and a regular place of care or medical providers than their U.S.-born equivalents. This is worse for Middle Easterners, including IAI, since they are excluded from the definition of health disparity populations. The U.S. Census categorizes them as ‘White.’ Therefore, populations from MENA countries are regularly classified as “White” in social science and health research. In contrast, the life experiences of MENA populations show that they are treated as non-White. Such inconsistency impacts their health outcomes (Jamal & Naber, 2008).

Samari et al. (2020) in their study “Racial and Citizenship Disparities in Healthcare among Middle Eastern Americans” state that White respondents to questionnaires have 71% lower odds of delaying care (adjusted odds ratio (AOR)=0.34; 95% CI= 0.13, 0.71) and 84% lower odds of being rejected by a physician as new patients (AOR=0.16; 95% CI= 0.03, 0.88) compared to non-White. U.S. citizens have higher odds of visiting a physician in the past 12 months than non-citizens (AOR=1.76; 95% CI= 1.25, 2.76) (Samari et al., 2020).

Immigrants experience various features of social disparity and injustice due to cultural and language barriers, financial insecurity, and experience of hardship before being settled. For instance, most Middle Eastern immigrants, including Iranians who apply as refugees or asylum, start their application process from countries like Turkey or Europe while living in refugee camps. Therefore, they live in difficult situations with deprivation of primary resources, even not having enough food for themselves or their families. Their children cannot go to school or see any healthcare providers. Massive pressure on these populations is fear of detention and deportation. This fear is more severe for the ones who have conflicted with the government in their homeland. Because if they are deported, they will be arrested and persecuted or imprisoned.

Eventually, they will arrive in the destination countries, including the U.S., if they have exceptional opportunities (Article 18, 2023).

Social determinants of health (SDoH) influence health outcomes (citation needed here), though refugees and immigrants face additional determinants, including risky legal status, discrimination, cultural, linguistic, social, and financial barriers, lack of information about health rights, health illiteracy, and fear of detention and deportation. Moztarzadeh et al. (2015) found a positive association between integration within Canadian society and life satisfaction. However, sociocultural factors were indirectly associated with life satisfaction and acculturation. Also, they found more significant levels of depression in forced immigrants and reduced life satisfaction in those who lost their jobs (Moztarzadeh et al., 2015).

Being an immigrant from an Eastern Muslim country with little speaking proficiency in the host country's language, regardless of the route of immigration, will make immigrants subject to disparity and discrimination in the host country. For example, they have challenges experiencing the U.S. culture, feeling guilt or shame, and dropping old cultural norms. So, acculturation presents IAI women with a deep understanding of the gender roles and sexual-self perceptions impacting their life experiences (Rashidian et al., 2013).

Almost half of IAI experienced (or knew other IAI who experienced) discrimination because of their ethnicity, religion, or country of origin. The most common types of discrimination reported include airport checking, racial profiling, business/employment discrimination, and discrimination from immigration officials (PAAIA, 2023). For example, in 2009, the government accused Merrill Lynch & Co. of rejecting to promote and firing an IAI employee based on his national origin and religion, and the firm agreed to pay \$1.55 million (PAAIA, 2008).

Stereotyping and generalizations about Middle Eastern cultures cause xenophobia against IAI which affects how people are perceived and treated in social and professional contexts. IAI are subject to discrimination because of the lack of support networks, social acceptance, and spaces for cultural exchange to combat discrimination. Sometimes, discrimination can escalate to verbal attacks and hatred. For instance, during a discussion about DNA testing in 2018, U.S. Senator Lindsey Graham on national television stated that it would be "terrible" if he had Iranian heritage (Watkins & Cole, 2018).

The lack of promoting awareness about cultural diversity and challenging stereotypes may lead to discrimination. Therefore, IAI can be affected due to their nationality, religion, and/or culture, leading to harassment or physical violence in 2015, the New York Times reported that a 22-year-old successful Iranian businessperson was stabbed to death by a white supremacist (Mercury News, 2020).

Generation Z Mental Conditions

The British National Health Service (NHS) data indicate that between 1999 and 2017, the rate of facing at least one mental condition in children below the age of 16 increased from 11.4% to 13.6%. Also, the self-harm rate doubled among teenage girls between 1997 and 2018, in England. According to the 2020 meta-analysis, the most common psychiatric disorders among adolescents include anxiety disorders, depression, behavioral disorders, and attention-deficit hyperactivity disorder (ADHD). Moreover, UNICEF 2021 reports that 13% of teenagers (10-19) have been diagnosed with a mental health condition with suicide as the fourth most common cause of death (15-19). Among the root causes for such conditions are a disruption to routines, education, and recreation, family income insecurity, and increased stress and anxiety.

Another health issue observed in this generation is poor sleep behavior because of sleep disruption by noise, light, or electronic devices, caffeine consumption, a discrepancy between biologically ideal sleep schedules at around puberty and social demands, and increasing homework load and extracurricular activities. Sleep deprivation leads to mood disability, emotional dysregulation, anxiety, depression, self-harm, suicidal ideation, and impaired cognitive functioning (Maulik et al., 2011).

Mental Health Risk Factors Among Youth

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), adolescents might have a higher risk of developing mental illnesses such as depression, anxiety, substance abuse, or suicide. These risk factors could be genetic, biological, environmental, and cultural considerations. For example, a positive family history of mental illness increases their offspring's risk of developing mental conditions (SAMHSA, 2012). However, environmental factors like stress, trauma, and poverty have been classified as risk factors. Constant stress might be a risk factor for the onset or exacerbation of anxiety, depression, or other mental illnesses (SAMHSA, 2012). Physical and emotional traumas, neglect, being the victim of violence or witnessing it, and surviving natural disasters are also risk factors for PTSD or anxiety (SAMHSA, 2012). Poverty is another mental illness risk factor where adolescents experience significant insecurity and uncertainty (SAMHSA, 2012).

Significant contributors to mental health conditions include biological factors (e.g., brain chemistry, genes), life experiences (e.g., abuse, trauma), and family history of mental illnesses. Some mental illnesses are more widespread than others (e.g., anxiety, depression, ADHD, PTSD, suicide/ suicidal ideation/suicidal behavior, and self-harm) (Koneru et al., 2007). Eating disorders, sleep disturbances (too much or too little sleep), lack of interest in people and

activities, low energy status, feeling numb, smoking, drinking, drug abuse, hopelessness, confusion, headache, and ideation of harming oneself or others are among common symptoms and signs of mental illness (Kim-Cohen et al., 2003).

Although IAI are among the most highly educated in the U.S. and might be financially independent, their children and adolescents are at greater risk of suffering from mental health illnesses resulting from the immigration process regardless of being born in their homeland country or the U.S. This generation is prone to the onset of different mental health conditions, such as anxiety, depression, substance abuse, bipolar disorder under the influence of drugs), schizophrenia (under the influence of drugs), family conflict, school drop-off, and suicide.

Munroe-Blum et al. (1989) state that the term immigrant corresponds to a set of heterogeneous situations. An individual can be described as an immigrant if they are either born outside the country, live in a non-English speaking family, or have one foreign-born parent whose native language is not English. Therefore, the immigration pathway will be considered as a significant variable in the impact of immigration on mental health. This factor is crucial since immigrant children have social problems compared to their non-immigrant peers (if there are any), which can be related to the replacement path (Munroe-Blum et al., 1989).

Younger children are either moved to or born in the U.S. at the age that they cannot decide for their life's substantial instances, so they are at risk of mental health problems in two ways. First is that people who experience immigration difficulties (e.g., lack of resources, poverty, unemployment, etc.) will transfer stress and tension to their children affecting their emotional well-being and stability since parents are emotional role models for children. Chronic stress impacts the quality of the parent-child relationship leading to lower accessibility for emotional support and having quality time with children (Ward et al., 2020). Children under

stressful parenting styles will be affected in communication, sense of security, coping mechanisms, social skills, and resilience.

Second is that these children will face challenges in their daily lives. Immigrants' children attend multicultural American schools requiring them to adjust between society and families with distinct cultures to acculturate. Studies show that acculturation implies a multiplex set of processes with differential impacts on mental health conditions (Koneru et al., 2007). Acculturation will facilitate everyday social interaction and improve awareness; however, it might add stress or conflict between two competing cultures or be related to a decline in family support. Studies indicate that more acculturation is associated with worse mental health conditions (Koneru et al., 2007). For example, higher acculturation is associated with more substance use and abuse in immigrant children (Koneru et al., 2007).

Gaps in Literature

Because there are limited studies evaluating the IAI population in the U.S., specifically on youth, some references used in this study are research conducted on other immigrant communities, including Iraqis, Syrians, and Middle Eastern due to their similarities from Iraq and Syria have the same religion, Islam/Shia, and Middle Eastern are more similar in culture and eating habits, environmental conditions, climate conditions, etc.). Additional references are studies conducted in other countries besides the U.S. hosting Iranian immigrants.

Investigation of Iranian youth has been missing in the academic literature in recent years. The continuation of the stigma around the IAI community after 1979 because of political conflicts between Iran and the U.S. prevented scholars and researchers from approaching this community for extensive studies. This can be because of the lack of collaboration between scholars since international collaboration is critical to advancing scientific knowledge. Besides

lack of access to resources, including data, and funding, difficulties in data collection, inaccessibility to research findings, and absence of advocacy for academic freedom search of various Iranian community issues have been among factors that hindering advancement of such studies. Finally, the unavailability of participants to participate in studies to discuss their problems and openly speak about their life circumstances made it challenging to explore immigration and its motives in this community. The most available research about various aspects of IAI has been dominantly conducted by Iranian students in their graduation dissertations in recent years. These studies are exceptionally valuable and shed light on different aspects of Iranian lives in the U.S.; for example, “Education and Emigration: The case of the Iranian-American community” (Mossayeb & Shirazi, 2006), “Migration Information Source” (Hakimzadeh & Dixon, 2006), “Spotlight on the Iranian Foreign Born” (Hakimzadeh & Dixon, 2006) are valuable sources to learn about IAI community. However, exploration of Iranian youth is missing and profoundly required. Such factors leave IAI children who are like other immigrants impacted by their parent's decision about immigration without support and protection and susceptible to additional risk factors over genetic and family history for the onset of mental health conditions. Although the investigation of parents and families is crucial to studying youth still that is the reason that even in a study like the present one more information is about the IAI instead of being specifically about youth.

The influence the youth exert on a country's future is massive and multifaceted (citation needed here). They navigate changes and uncertainties with adaptability and resilience in our globalized world to face social, economic, and technical disturbances. The younger generation as the future nation citizens represents the forthcoming leaders, workforce, and innovators. Their visions, acts, and encounters substantially build the country's trajectory in many aspects. The

next generation will offer creativity and willingness to advance technologies, industries, and economic growth. Youth also participate in educational and academic achievements impacting their country's productivity and competitiveness. They impact policy and social transformations through involvement in civic activism and advocacy to improve equity and inclusion. Such an immense and intricate impact of youth on a nation requires proper youth mental health conditions.

CHAPTER 3: METHODOLOGY

Methods

This study used information collected from IAI youth through in-depth interviews conducted on Zoom. Zoom was chosen as the interview platform because it was more convenient for the PI and many other participants. Zoom was a popular application, and typically younger people were familiar with how to utilize it. Potential participants, whether working or studying, usually had access to Zoom through their affiliated agencies. Also, the free Zoom application was available online. When the PI sent the Zoom invites, the link to the free Zoom application was attached to the email so potential participants conveniently could download the application if they did not already have it installed. Moreover, Zoom could record conversations and automatically generate a transcript of the recording that was needed later for the analysis process.

The PI asked for the permission of the participant to record the interview. After the participant agreed to be interviewed, the Informed Consent as read by the interviewer at the beginning of the interview before asking any questions to start and record the interview. The verbal permission was recorded, and the interview was continued after the permission was obtained.

Zoom automatically converted the conversation to a transcript that was used for the analysis. To make sure that conversations were documented accurately, the PI took notes besides recording the interviews. If participants' responses were not properly understood, the PI paraphrased the question or asked probing questions to clarify the participants' responses. Familiarity of the PI with the participants' culture and mother language assisted the PI in capturing words and concepts. At the end of the interview, the PI expressed thanks for the

participation of participants and stopped recording. The transcripts were deidentified before the process of analyzing the contents of the transcript started. The research interview took about 30 minutes.

Methodology Approach

This study applied a phenomenological qualitative research methodology aiming to explore whether immigration status among IAI in the U.S. impacted the younger generation's mental health conditions in this community. The study aimed to specifically investigate the younger IAI, aged 18-26 years, to find if they had experienced stress, a type of mental health condition, and how they assessed this experience. Phenomenology is a research approach that aims to understand the essence of a phenomenon by exploring it from the perspective of those who have experienced it. The goal was to describe not only what was experienced but also how it was experienced. There were various types of phenomenology reflecting the diverse philosophical landscape in this field (Neubauer et al., 2019), each rooted in different ways of understanding the human experience, and each approach was based on a specific philosophical school of thought (for instance, transcendental and hermeneutic).

Phenomenology was a qualitative research method that delved into an individual's lived experiences. Grasping the underlying ontological (related to the nature of being) and epistemological (related to the nature of knowledge) assumptions of the various phenomenological approaches was crucial for effectively carrying out phenomenological research in the field of health professions (Neubauer et al., 2019).

The three main phenomenological approaches were (1) Interpretive Phenomenological Analysis (IPA), (2) Lifeworld research, and (3) Post-intentional (Neubauer et al., 2019). IPA, the

methodology chosen for this study, was a blended research approach designed to offer a detailed examination of the lived experience of a phenomenon by delving into participants' personal experiences and their perceptions of objects and events. Unlike some other methodologies, IPA involved the researcher actively participating in the interpretive process. This meant that the researcher not only collected and analyzed data but also actively engaged in the interpretation of the participants' experiences, aiming to uncover the deeper meanings and nuances inherent in their lived realities (Tuffour, 2017). Lifeworld research was a comprehensive approach that combined various elements to investigate how everyday experiences unfolded in the lifeworld of individuals. This method involved examining selfhood, social interactions, embodiment, the passage of time, and spatial dimensions to gain a holistic understanding of people's lived experiences (Ashworth, 2003). Post-intentional phenomenology represented a blended research approach that considered the phenomenon as the primary unit of analysis. This approach recognized that phenomena were not static entities but were instead dynamic and interconnected, being both produced and producing simultaneously. This perspective acknowledged the complexity and fluidity inherent in the study of phenomena, emphasizing their ever-evolving nature within various contexts (Vagle, 2018)

Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) was a qualitative research approach focusing on understanding how individuals perceived their lived experiences. In an IPA phenomenological study, the researcher aimed to investigate the subjective meanings and interpretations that participants attributed to a particular phenomenon. The study followed precisely identified steps to effectively apply the IPA approach in this phenomenology study to gain deeper insights into the participants' subjective meaning of their experiences attributed to

the phenomenon of immigration stress. The steps that were used to apply the IPA approach were as follows.

- Participant Selection: participants were selected who had experienced the phenomenon of stress resulting from Immigration and were willing to share their experiences (IAI youth). Factors, including diversity of experiences, demographics (e.g., gender, place of birth), and relevance to the research question, were considered.
- In-depth Interviews: semi-structured, in-depth interviews were conducted via Zoom application with participants to explore participants' lived experiences of the phenomenon. Open-ended questions were used to obtain rich and detailed narratives about their perceptions, thoughts, emotions, and behaviors related to the phenomenon.
- Transcription and Familiarization: the interview was recorded by Zoom application automatically; however, the interviewer (PI) took notes during the interview in case some important responses had not been recorded by Zoom properly or if any technical issues happened. To familiarize ourselves with the recordings, they verbatim and immersed themselves in the data through repeated readings. Through note-taking and highlighting key phrases, they began to identify initial themes or patterns in the participants' narratives.
- Initial Coding: the analysis process started by coding the data for themes, patterns, and implications using an inductive approach and generate initial codes to capture the essence of participants' experiences without imposing preconceived interpretations or categories.
- Theme Development: the codes were organized into high-order subthemes and themes reflecting the significant participants' experiences aspects. To conduct these steps they looked for similarities, contradictions connections, and contrasts across participants' narratives to detect emergent themes.

- Interpretation and Understanding: engaging in interpretative analysis to deepen their understanding of the themes and their significance allowed them to understand and interpret participants' insights. To shape participants' interpretations and meanings of the phenomenon, broader socio-cultural, historical, and relational contexts were considered.
- Reflexivity: they practiced reflexivity by considering how their background, experiences, and theoretical orientation may influence their interpretation of the data. They reflected on their biases, perspectives, and assumptions through the analysis process.
- Member Checking: to validate the study results of the analysis they solicited feedback, insights, or corrections, to ensure the finding's trustworthiness and constancy.
- Contextualization and Theory Building: to develop themes that contributed to a theoretical understanding and advance knowledge they situated outcomes in a broader phenomenological theoretical framework and relevant literature.
- Reporting: they drafted a coherent report of study findings using descriptive participants' quotes and instances to support the associated themes. This provided nuanced and enriched descriptions of participants' experiences and the phenomenon interpretations.

Research Questions

To arrive at the research questions for this study, a number of assumptions were made about the immigration experience. These assumptions were based on findings from literature reviews. For instance, in this study, it is assumed that immigration creates significant stressors that might profoundly impact the IAI youth's mental health. Leaving their home country, adapting to a new language, culture, and social environment, being excluded in the community, and navigating unfamiliar systems and institutions, could contribute to heightened stress levels.

Furthermore, IAI youth possibly encounter extra challenges, for example, social segregation, discrimination, and prejudice, which exacerbate their stress levels. The increasing impact of such stressors might be exhibited in different mental health conditions such as anxiety, depression, PTSD, and adjustment disorders. Additionally, IAI youth might experience feelings of loneliness, homesickness, and isolation besides the loss of social support and networks. Given these assumptions, this study explores the meanings IAI youth made out of their lived experiences of stress, how IAI youth interpret and navigate their immigration experiences, why they perceive their immigration experiences as stressful, how IAI youth phenomenologically interpret the immigration impact on their mental health, how IAI youth subjectively perceive and interpret the stress origins and stimuli within their lived experiences as immigrants.

Rationale for the Study Method

The study used Interpretive Phenomenological Analysis (IPA) as the approach for analysis and interpretation. It qualitatively examined participants' responses by using structured and semi-structured questions. The benefit of the qualitative method was that the data was collected comprehensively by providing questions that gave the participants opportunities to substantively express their thoughts and experiences (Palinkas, 2014). Qualitative methods served the crucial purpose of providing a "thick description" or in-depth understanding that complemented the broader insights gained through quantitative methods (Palinkas, 2014). They were employed to capture the perspectives of the study participants, investigate under-explored issues, formulate conceptual theories, test hypotheses, and evaluate the processes associated with a phenomenon (Palinkas, 2014). While adhering to scientific rigor, qualitative methods often differed in study design, data collection, and data analysis strategies compared to quantitative approaches. In qualitative studies, participants were typically purposefully sampled rather than

randomly selected, and the study design frequently followed an iterative process that alternated between data collection and analysis. Primary techniques for data collection encompassed individual semi-structured interviews, focus groups, document reviews, and participant observation. When rigorously applied, qualitative methods held substantial potential to enrich the scientific foundation of mental health services research, offering a nuanced and comprehensive understanding of complex phenomena.

Research Participants

The study's target population included IAI 18-26-year-olds who arrived in the U.S. with their families or were born in the U.S. after the immigration of one or both parents. However, to be included in the study, participants had to have attended at least high school in the U.S. Therefore, this study did not include all 18-26 years of Iranian youth. For instance, young Iranians aged 18-26 years who had migrated to the U.S. after completing high school overseas were excluded from this study. Information was collected from both eligible males and females.

The age of 18 years was the legal age, or the age of the legal majority, at which a person gained the legal status of an adult (LII, 2024). The legal age was defined by state law, and almost all states set the base legal age as 18 years. The study used the age of 26 years as the upper limit of the age bracket because turning 26 was a milestone birthday, and youth were no longer eligible to stay on their parent's health insurance plan. Also, turning 26 was considered a qualifying life event, which made it suitable for individuals to buy health insurance during a particular enrollment period (HHS, 2023). Furthermore, eligible participants had to be able to read and speak English. The sample for this study was drawn from the Iranian immigrant community.

Inclusion Criteria

For this study, participants had to meet the following criteria: self-identified Iranian immigrant, 18-26 years of age, male or female, Georgia resident, attended high school in the U.S. at least one parent is Iranian, speaks and understands English. All others were excluded.

The Atlanta Persian Cultural Center Partnership

To conduct this study, the Principal Investigator (PI) partnered with the Atlanta Persian Cultural Center (PCC). The Atlanta PCC, established in 1989, was a nonprofit organization and a community center for IAI living in the Metro Atlanta area. This center did not affiliate with political parties or religious groups. The Atlanta PCC provided cultural, informational, and entertainment programs for Iranians. The center's mission was to advance IAI integration into American society, socially and culturally by providing resources for the IAI community (Atlanta PCC, 2020).

Study Instrument

The study survey was conducted via interactive Zoom interviews in which the PI asked a list of questions (see Appendix A) that the interviewees were expected to answer.

Participants Recruitment

The participants were recruited through snowball sampling, a type of non-probability sampling involving the sample being extracted from the population section that was readily available to a researcher (Browne, 2005). This sampling method was selected because of the small Iranian-American population living in Georgia. Despite the loss of probability, snowball sampling has often been used in social science studies to recruit potential subjects from their acquaintances. This was an appropriate sampling method when investigated populations were

hidden, potential participant numbers were low, or there was sensitivity to a study topic (Browne, 2005). Also, this technique allowed for the sample size to grow as subjects initially recruited for participation in a study introduced the study to their acquaintances. Snowball sampling began with a convenience sample of one or more primary participants (seeds) and afterward, data collection from recruited acquaintances followed (Browne, 2005). Given the time constraints for completing this study, participant recruitment and data collection lasted for four weeks. This was sufficient time to reach a sample of 20-25 eligible participants.

Procedures

The PI explained the study purpose to the Atlanta PCC and provided the Study Information Sheet for distribution to members. Participants were asked to pass on the study announcement to potential subjects. The PI was of Iranian descent, fluent in Farsi, and was able to explain in Farsi any question in the survey

that a respondent may have difficulty understanding. To reach potential participants, the PI solicited the help of the Atlanta PCC. This center sent a copy of the study flyer to its Listserv members. The flyer described the purpose of the study, and participants' inclusion criteria, solicited participation, and provided the contact information of the study's PI. Eligible participants were consented. They were provided with a Zoom link to participate in the research interview which was expected to take about 30 minutes. Participants were also asked to refer friends and family members who were eligible to the PI who then contacted them to request participation. The PI contacted by email the Atlanta PCC to obtain information on the Iranian-American population in Metro Atlanta and the state of Georgia.

The recruitment script provided brief information on the study's purpose, significance, and potential to provide insights into stress among young IAI. It also encouraged eligible IAI to participate in the research interview and pass on the information to other eligible participants they knew. Eligible participants who contacted the PI were consented and provided with the information to participate in the research interview. The data collected from the interviews was qualitatively analyzed, and analysis results were substantively interpreted to complete the study.

Data Collection

Virtual interviews were the primary method of data collection. A Zoom link was sent by email to the eligible participants. Verbal permission was asked before the interview started to record the conversation. Zoom automatically recorded the conversation and converted the conversation to a transcript. The recording and transcription of the interviews were shared with a trained qualitative researcher in order to establish inter-coder reliability (IRR). These documents were cleaned and deidentified before the IRR process was initiated.

Data Analysis

Qualitative studies primarily utilized non-numerical data and involved analyzing textual, visual, or other non-numeric data. This study applied the thematic analysis method as a foundational method to analyze the participant responses (Braun et al., 2008). Themes were recurrent and significant elements in the data that contributed to the overall understanding of the phenomenon under investigation (Braun et al., 2008). The analysis involved six steps: to familiarize with the data, generate initial codes, search for themes, review themes, define and name themes, and produce a report (Braun et al., 2008).

At the start, the PI became familiar with the content through multiple readings of the transcripts of participants' responses. These documents were cleaned and deidentified before the process was initiated. Then, initial codes were assigned to segments of the data that captured key concepts, ideas, or patterns. This process involved breaking down the data into smaller, meaningful units. Then, related codes or codes with similar meanings were grouped to form potential themes. Codes were organized to reflect the underlying patterns within the data. The PI reviewed and refined themes to ensure they precisely captured the coded data. Themes were outlined explicitly, and the PI considered how they contributed to addressing the research questions.

Since the thematic analysis was an iterative process, the PI revisited the data, refined codes, and adjusted themes as the analysis progressed in order to have a better understanding of the data. A thematic map was created to visually denote the codes and themes' relationships. This map facilitated the organization of the data hierarchically and showed how themes were structured and connected. Every theme was given a concise and transparent name to condense its essence. The PI defined each theme and drew the specific aspect of the data. Themes were rechecked for consistency and coherence throughout the dataset ensuring that they made sense to the entire data narrative and were supported by multiple quotes or insinuations. This process was independently repeated by a trained qualitative researcher, who accessed transcripts after deidentification, in order to establish an intercoder/interrater reliability. Finally, the PI wrote the narrative to present the associated themes. The narrative contained quotes or examples from the data to illustrate the significance of each theme.

Triangulation

To ensure validity and reliability, this study benefited from the triangulation method in terms of investigator triangulation, which includes the use of several researchers in a study, and theory triangulation, which encourages several theoretical schemes to enable the interpretation of a phenomenon. According to Noble & Heale (2019), “Triangulation is a method used to increase the credibility and validity of research findings. Credibility refers to trustworthiness and how believable a study is; validity is concerned with the extent to which a study accurately reflects or evaluates the concept or ideas being investigated. Triangulation, by combining theories, methods, or observers in a research study, can help ensure that fundamental biases arising from the use of a single method or a single observer are overcome. Triangulation is also an effort to help explore and explain complex human behavior using a variety of methods to offer a more balanced explanation to readers. It is a procedure that enables validation of data and can be used in both quantitative and qualitative studies. Triangulation can enrich research as it offers a variety of datasets to explain differing aspects of a phenomenon of interest. It also helps refute where one dataset invalidates a supposition generated by another. It can assist in the confirming of a hypothesis where one set of findings confirms another set. Finally, triangulation can help explain the results of a study. Central to triangulation is the notion that methods leading to the same results give more confidence in the research findings.

Four types of triangulation are proposed by Denzin (p.301):5 (1) data triangulation, which includes matters such as periods, space, and people; (2) investigator triangulation, which includes the use of several researchers in a study; (3) theory triangulation, which encourages several theoretical schemes to enable interpretation of a phenomenon and (4) methodological

triangulation, which promotes the use of several data collection methods such as interviews and observations.”

Trustworthiness and Rigor

To ensure the trustworthiness of the study, IRR was utilized. Employing IRR was crucial, as it served as a critical indicator to assess the degree to which independent coders perceived an artifact and reached consistent conclusions (Belur et al., 2021). The significance of rater reliability was rooted in its role as an indicator of the accuracy with which the collected data in a study reflected the study variables. IRR assessed the degree to which different data analysts (raters) assigned consistent scores to the same variable. Interpretive rigor in research necessitated a clear demonstration of how data interpretations had been achieved, emphasizing the need to support findings with direct quotations from the raw data (Belur et al., 2021). The process often involved the development of a set of codes, possibly organized into a codebook. This development was typically undertaken by an individual who iteratively moved between the data and a working set of codes. Throughout this process, codes might be merged, renamed, redefined, or removed based on a dynamic interaction with the data. Codes could also be predominantly derived from the data, representing an inductive discovery. The overall approach might exist at an intermediate position, encompassing elements of deduction, abduction, and induction in varying degrees. This flexibility in coding strategies allowed researchers to tailor the approach to the specific characteristics and requirements of the research context.

Ethical Considerations

This study adhered to ethical guidelines, including obtaining informed consent, ensuring participant confidentiality, and minimizing harm. Ethical approval had been granted by Mercer

University's Institutional Review Board (IRB) to conduct the study (Record Number H24-02036, approval granted on February 12, 2024) (see Appendix B).

CHAPTER 4: RESULTS

Rationale for Manual Analysis

The study analysis was conducted manually (Tracy, 2019). This approach is notably invaluable for those who are attracted to physically interacting with research subjects (Tracy, 2019). Manual analysis is also used in several other disciplines, including health sciences, psychology, sociology, and education. Smith & Osborn (2003) discussed the significance of manual analysis in IPA. They explained the process of manual coding, interpretation, and analysis in IPA emphasizing the flexibility and sensitivity of manual analysis in this discipline. They discussed how manual analysis allows researchers to immerse themselves in the data, engage in reflective interpretation, and generate themes that are grounded in the participants' particular words. They also argued that manual analysis empowers researchers to uncover delicate meanings, contradictions, and patterns in the data that can be overlooked by computerized methods (Smith & Osborn, 2003). In a study that looked at the advantages and disadvantages of using NVivo software in qualitative data analysis, Sanusi (2019) argued that using NVivo is time-consuming, and is not helpful in data interpretation (Sanusi, 2019). Also, this software enables a user to analyze a keyword only on the basis of the feature or menu that is available in the application (Sanusi, 2019). Non-English words could be nonrecognizable for the software. The official website for NVivo contains statements indicating that the software may not operate as expected when attempting to analyze qualitative data in languages such as Arabic, Hebrew, and Persian/Farsi (NVivo, 2024). Although the present study's interviews were conducted in English, some participants used Farsi words and phrases. To ensure that the study does not preclude any significant ideas, phrases, or quotes that were in Farsi, the study data were analyzed manually. NVivo provides Chinese, British English American English, French,

German, Japanese, Portuguese, and Spanish text content languages. There are recommendations on how to use the software for right-to-left languages such as Arabic and Farsi that require specific training, skills, and formats (WordPress, 2019). However, this study was not performed fully in such languages to apply such strategies.

Moreover, in this study, participants occasionally used Farsi words or phrases that made it challenging to use other analytical software based on the English language and without an extensive Farsi vocabulary. For example, in this quote, the participant mentioned her name: “So, being a young girl, I wanted to fit in, you know my name is [...]”. (The name is not mentioned here due to confidentiality concerns). However, Zoom transcribed it as “ours” because it cannot recognize it. A participant exemplified the last name as:” They see the beard, and they see the [...] last name. So, they are like we have to check him extra.” (The last name is not mentioned here due to confidentiality concerns). Again, Zoom incorrectly transcribed the name. Besides their names, using Farsi words frequently happened during the interviews with participants because they wanted to convey their feelings and experiences genuinely. However, the English transcription provided by Zoom consistently missed the meaning and misspelled the Farsi words. For example, a participant said:” It's not an exciting story. But we were at lunch one day, and I had a sandwich like a What's a sandwich with Jafari (Zoom wrongly transcribed it as Jafati, the correct word is Jafari). It was like, yeah different herbs”.

Despite the popularity of qualitative software packages, the PI of this study preferred to perform analyses manually. One advantage of manual analysis is that it allows the researcher to deeply engage with the documents and immerse themselves in the participants' experiences (Smith & Osborn, 2003). Such depth of understanding is essential for capturing the value, nuances, and density of subjective experiences. This approach is crucial, particularly for studies

conducted on participants who belong to foreign cultures. Manual analysis also provides flexibility and sensitivity to modify the analytical process according to the data and research question (Smith & Osborn, 2003). Researchers can be sensitive to subtle meanings, contradictions, and patterns within the data, allowing for a nuanced interpretation of participants' experiences. Moreover, manual analysis allows contextualization and interpretation of participants' experiences in broader socio-cultural, historical, and personal contexts that foster background understanding of these experiences as an essential method to uncover the fundamental meanings and significance of participants' narratives (John & Johnson, 2000). For instance, a participant recalled their memory of being 13 when they had to protect his mom. This experience might not be as deeply impactful to an English-based software as it is to a researcher with a Muslim Eastern culture. The participant stated: “You kind of have to grow up faster. Because I had to be protective for sure in so many different times to protect my mom from other guys.... She was an inexperienced lady outside of the country, not knowing as much about it...”.

John & Johnson (2000) state that applying the software in qualitative research leads to the privileging of coding, retrieval methods, and deterministic rigid processes. Using software for analysis also causes reification of data and amplifies pressure on researchers to emphasize volume and breadth instead of meaning and depth, time and energy spent learning to use computer packages, increased commercialism, and distraction from the real work of analysis (John & Johnson, 2000). Another reason to use manual analysis was to promote enhanced researcher reflexivity, self-awareness, and critical reflection which in this study were crucial especially because the PI was from the same community as the participants so with this method the PI could carefully distance from the data. This was because manual analysis allows the researchers to acknowledge and interrogate their biases, interpretations, and assumptions, to

enhance the rigor and transparency of the study while it prioritizes the participants' voices and perspectives and allows these experiences to shape the analytical process. The participant-centric approach advances a respectful and ethical engagement with participants' narratives and honors their contributions to the study (John & Johnson, 2000).

Data Collection

The PI carefully selected participants who had encountered the phenomenon under investigation and were willing to articulate their subjective experiences. Factors such as experience diversity, demographics, and relevance to the research question were considered during participant selection. Subsequently, the PI conducted in-depth, semi-structured interviews with the 23 selected participants to discover their lived experiences. The number of participants interviewed was enough to reach the saturation point in data collection and analysis when new information produced little or no change to emerging themes (Tracy, 2019).

The interviews were conducted through a Zoom meeting set for 45 minutes. The duration of the interviews varied between 17- 44 minutes depending on the participants' response length.

The Zoom invitation was sent to the eligible participants via email with the study flyer for their information attached. Moreover, a link to the free Zoom application was attached to the email for participants' convenience in case they do not already have the Zoom application. The appointments were set according to their preference and availability.

At the beginning of each interview, the PI asked for the participant's permission to record the interview, then read the announcement of the study to inform the participant of the study's content and purpose. After the participants agreed to answer questions, the PI asked questions and simultaneously took notes from the participant's responses highlights while the Zoom was

recording the transcript, as well. Through open-ended questions, the PI obtained detailed stories about participants' perceptions, behaviors, thoughts, and emotions. All interview recordings and their transcripts generated by Zoom have been stored in a separate file for further investigations.

After data collection, the PI printed out and cleaned the interview recordings (generated by the Zoom application). Then the PI watched the interviews and read the transcripts verbatim, repeatedly. This process involved note-taking, highlighting key phrases, and identifying initial themes or patterns in participants' narratives.

Coding

Coding was defined as an active process of identifying data that belonged to or represented types of stress as the under-investing phenomena (Tracy, 2019, p. 213). A code was defined as a phrase or word that symbolically assigned an essence-capturing, collective, noticeable, and/or suggestive attribute for a portion of data (Tracy, 2019, p. 213). A theme refers to a focal idea or repeated pattern that emerges from the data analysis. Themes are abstract concepts or categories that capture the qualitative data's key insights, patterns, or meanings (Tracy, 2019, p. 214).

The analysis started with original coding, wherein the PI coded the data for themes, patterns, and implications applying an inductive method. In the first cycle, codes were created to discover the participants' experiences' essence without requiring defined classifications or interpretations in this cycle of coding, a codebook (See Appendix C) was created with a list of codes and a brief definition or descriptive example of each code (Tracy, 2019). As the analysis progressed, the coding process became more focused, and a formal codebook was created with a

data display that included lists of key codes, definitions, and examples that guided our analysis. An example of the code is found in Table 1.

Table 1

An Example of a Code

Code	Definition	Example
Bully	People used harmful words toward vulnerable ones	<i>“Students made fun of my face and appearance”</i>

The PI organized codes into higher-order subthemes and themes reflecting participants' experiences and aspects. Associations, differences, and challenges in participants' narratives were explored to identify developing themes. The process continued to an understanding of the identified themes and their magnitude. Table 2 shows an example of creating themes.

Table 2

An Example of Creating Themes

Codes	Subthemes	Themes
Bully	School-related Stress	Perception of Stressors
Language Barriers		
Parents' High Expectations	Parent-related Stress	
Parents' Cultural Norms		

The PI considered the marked historical, sociocultural, and relational contexts that influenced participants' understanding and importance of stress (Tracy, 2019). The PI organized

the participants' reports into distinct categories based on theoretical and semantic correspondence and then extracted major themes for every inquiry topic (Tracy, 2019). According to O'Connor et al., (2020), a minimum of two independent coders is necessary to establish ICR. Therefore, the IR read the interview transcripts, generated by the Zoom application, separately several times to develop a concentrated familiarity with the content. Next, the IR followed the same steps as the PI to create codes (Tracy, 2019).

Inter-Coder Reliability (ICR)

After the PI and the IR individually analyzed the data and identified their codes, they applied the coding consistency method to establish the coders' agreement on coding. The rationale for implementing ICR during the initial coding phase was that coding represents the starting point where the analysis transitions from raw data to a more abstract conceptual framework. Random or incompatible coding at this stage significantly undermines the analysis's ability to provide an accurate and reliable portrayal of the data. By developing the consistency and transparency of the coding process, ICR can instill confidence that deliberate steps taken to ensure the final analytic framework accurately reflects a reliable interpretation of the data (Bauer et al., 2000).

So, the team met 3 times to converse about the categories, themes, and analyses until they reached a consensus. To be accurate, they verified the categories, themes, and analyses to foster the peer-reviewing conditions (Creswell & Creswell, 2017). Qualitative data was assessed by comparing the codes appointed by each coder (the PI and the IR). Consistent coding for the two coders indicated a high percentage interrater agreement of 90% as a particularly crucial step in

study analysis to ensure the findings' reliability and validity (Cofie et al., 2022). At the end of the procedure, 30 codes were finalized (MacQueen et al., 1998).

The team utilized the recommendation suggested by the study “Eight ways to get a grip on intercoder reliability using qualitative-based measures” to ensure ICR in this qualitative research to achieve consistency in the coding process (Cofie et al., 2022). Table 3 shows the eight criteria for inter-coder reliability.

Table 3

The Eight Criteria of Inter-Coder Reliability

Aspects of Inter-Coder Reliability	Present	Justification (If ‘No’ is selected)
	Yes / No	
There was a minimum of two coders.	Yes	
At least one coder was removed from data collection (to address bias).	Yes	
At least one coder had expertise and previous experience with coding qualitative data.	Yes	
If there were multiple participant groups, a minimum of two researchers (coders) coded transcripts from each participant group.	No	There were no multiple-participant groups
The coders used the same framework for analysis (e.g., inductive, deductive, abductive).	Yes	
Coders focused on the shared meaning of codes through dialogue and consensus.	Yes	
Another coder with expertise in qualitative methods was consulted to resolve outstanding conflicts.	Yes	
Coder consensus resulted in a codebook that was applied when coding the remaining transcripts.	Yes	

Aspects Of Inter-Coder Reliability

This study applied the PI and the IR as the minimum of two coders with the IR removed from data collection to mitigate biases. The PI had expertise and previous experience with coding qualitative data. Both the PI and the IR adhered to the same analytical framework throughout the analysis process, employing a methodological approach that encompassed elements of inductive, reasoning. The inductive framework provided a flexible and comprehensive structure for interpreting the qualitative data, allowing for the exploration of emergent themes. Inductive reasoning was utilized to identify patterns, themes, and insights directly from the raw data, enabling the coders to remain open to new perspectives and unexpected findings. To address unresolved conflicts in the coding process, a collaborative effort was undertaken by consulting another coder possessing specialized expertise in qualitative research methods. This individual brought a fresh perspective and analytical insight to the table, contributing to the resolution of any discrepancies or disagreements that had arisen during the initial stages of analysis. Through open dialogue and rigorous examination of the data, the coder engaged in a systematic review of the coding framework, identifying areas of inconsistency and ambiguity. By drawing on their methodological proficiency and keen analytical skills, they provided valuable input that facilitated consensus among the research team. This collaborative endeavor not only ensured the accuracy and reliability of the coding process but also enriched the depth of interpretation by incorporating diverse perspectives and insights.

The collaborative effort and consensus among the coders led to the development of a comprehensive codebook, which served as a standardized guide for coding the remaining transcripts. This codebook encapsulated the agreed-upon definitions, criteria, and examples for each code, ensuring consistency and reliability in the coding process. By adhering to the

established codebook, the coders applied uniform coding practices across all transcripts, thereby minimizing subjectivity and enhancing the validity of the analysis. The codebook facilitated efficient and systematic coding of the data, enabling the coders to categorize segments of text according to predetermined themes and concepts. Moreover, any discrepancies or ambiguities encountered during the coding process were resolved through reference to the codebook, ensuring accuracy and reliability in the interpretation of the data. Overall, the use of a standardized codebook promoted methodological rigor and facilitated the synthesis of findings across transcripts, ultimately contributing to the credibility and trustworthiness of the study's outcomes. According to this study, there is no need to name codes identically, but codes' meanings must be identical. Moreover, since coding in an inductive analysis is an iterative process; codes might be added to the codebook until the saturation of codes has been achieved (Cofie et al., 2022).

Inductive Reasoning

Inductive reasoning is a form of logical reasoning that involves obtaining general conclusions or patterns from distinctive observations or instances (Bhandari, 2019). Inductive reasoning begins with peculiar observations or data points and seeks to grow broader generalizations or theories that encompass the observations. Essentially, inductive reasoning moves from the particular to the general, to recognize trends, patterns, or regularities informing broader theoretical or conceptual frameworks (Bhandari, 2019). In the context of qualitative research, inductive reasoning has a crucial role in data analysis. Researchers engage in inductive reasoning by inspecting the raw data collected through methods such as interviews or document analysis, then they identify recurrent themes, patterns, or phenomena in the data without identifying predetermined hypotheses or theoretical frameworks that guide the analysis

(Bhandari, 2019). By iterative processes of coding, categorization, and theme development, researchers progressively extract the data into profound insights and interpretations. Inductive reasoning gives researchers the possibility to remain open to developing themes or astonishing conclusions that might challenge available theories or enlighten research questions. It fosters a bottom-up approach to data analysis, in which theories or hypotheses emerge from the data rather than being imposed a priori. By applying inductive reasoning, qualitative research can disclose rich and nuanced understandings of complicated phenomena and capture details of human perspectives and experiences. Inductive reasoning was utilized to identify patterns, themes, and insights directly from the raw data, enabling the coders to remain open to new perspectives and unexpected findings. To address unresolved conflicts in the coding process, a collaborative effort was undertaken by consulting another coder possessing specialized expertise in qualitative research methods (Cofie et al., 2022). This individual brought a fresh perspective and analytical insight to the research process, contributing to the resolution of any discrepancies or disagreements that had arisen during the initial stages of analysis. Through open dialogue and rigorous examination of the data, the additional coder engaged in a systematic review of the coding framework, identifying areas of inconsistency and ambiguity. By drawing on methodological proficiency and keen analytical skills, the additional coder provided valuable input that facilitated consensus among the PI and IR. This collaborative endeavor ensured the accuracy and reliability of the coding process. The collaborative effort and consensus among the three coders led to the development of a comprehensive codebook, which served as a standardized guide for coding the remaining transcripts. This codebook encapsulated the agreed-upon definitions, criteria, and examples for each code, ensuring consistency and reliability in the coding process. By adhering to the established codebook, the PI and IR applied uniform coding

practices across all transcripts, thereby minimizing subjectivity and enhancing the validity of the analysis. The codebook facilitated efficient and systematic coding of the data, enabling the coders to categorize segments of text according to predetermined themes and concepts. Moreover, any discrepancies or ambiguities encountered during the coding process were resolved through reference to the codebook, ensuring accuracy and reliability in the interpretation of the data. Overall, the use of a standardized codebook promoted methodological rigor and facilitated the synthesis of findings across transcripts, ultimately contributing to the credibility and trustworthiness of the study's outcomes. According to this study, there is no need to name codes identically, but codes' meanings must be identical. Moreover, since coding in an inductive analysis is an iterative process; codes might be added to the codebook until the saturation of codes has been achieved (Cofie et al., 2022).

Data Analysis

Qualitative studies primarily utilized non-numerical data and involved analyzing textual, visual, or other non-numeric data. This study applied the thematic analysis method as a foundational method to analyze the participant responses (Braun et al., 2008). Themes were recurrent and significant elements in the data that contributed to the overall understanding of the phenomenon under investigation (Braun et al., 2008). The analysis involved six steps: to familiarize with the data, generate initial codes, search for themes, review themes, define and name themes, and produce a report (Braun et al., 2008).

At the start, the PI became familiar with the content through multiple readings of the transcripts of participants' responses. These documents were cleaned and deidentified before the coding process was initiated. For cleaning, the PI removed unnecessary and rudimentary words and phrases such as "*like*", "*umm*", and "*you know*" that repeatedly were used by participants

from the transcripts. Also, the questions read by the PI during the interviews were crossed by using the strikethrough function (~~ab~~) of MS Word. Then to de-identify the transcripts, the PI removed interviewees' names from the texts and coded each interview by a number, totally the study had transcripts from #1 to #23. Initial codes were assigned to segments of the data that captured key concepts, ideas, or patterns. This process involved breaking down the data into smaller, meaningful units. Then, related codes or codes with similar meanings were grouped to form potential themes. Codes were organized to reflect the underlying patterns within the data. The PI reviewed and refined themes to ensure they precisely captured the coded data. Themes were outlined explicitly, and the PI considered how they contributed to addressing the issues explored in the study. Since the thematic analysis was an iterative process, the PI revisited the data, refined codes, and adjusted themes as the analysis progressed in order to have a better understanding of the data. A thematic map was created to visually denote the codes and themes' relationships. This map facilitated the organization of the data hierarchically and showed how themes were structured and connected. Every theme was given a concise and transparent name to condense its essence. The PI defined each theme and drew the specific aspect of the data. Themes were rechecked for consistency and coherence throughout the dataset ensuring that they made sense to the entire data narrative and were supported by multiple quotes or insinuations. This process was independently repeated by a trained qualitative researcher, who accessed transcripts after deidentification, in order to establish an intercoder/interrater reliability. Finally, the PI wrote the narrative to present the associated themes. The narrative contained quotes or examples from the data to illustrate the significance of each theme.

Themes Identification

Themes were not necessarily predetermined but derived from the data through systematic coding, categorizing, and interpretation. Themes play a crucial role in qualitative research and help researchers make sense of the rich, nuanced, and context-dependent nature of the data by providing a framework for generating insights, interpretations, and conclusions. The five themes were identified for the study as follows: (1) Patterns of Stressors, (2) Perception of Stress, (3) Coping Mechanisms, (4) Manifestations of Stress, and (5) Participants Reflections. The table illustrates codes, subthemes, and themes. Table 4 shows the entire codes, subthemes, and themes.

Table 4

Entire Codes, Subthemes, and Themes

Code	Subtheme	Theme
Language Barriers	School-Related stress	Patterns of Stressors
Bullying		
Discrimination, Racism, ...		
Cultural Barriers		
Identity Struggle		
Social Acceptance		
Parents' High Expectations	Parents-Related Stress	
Parents' Cultural Norms		
Parents' Demands		
Parents- Children Conflicts		
Parents Financial Issues		

Table 4 - Continued

Differences		Perception of Stress
Responsibility		
Perfectionism		
Avoidance of Stressful Situation		Coping Mechanism
Physical Activity		
Seeking for Help		
Learning Skills		
Substance Abuse		
Physical Symptoms		Manifestations of Stress
Pressure		
Social Withdrawal		
Fearfulness		
Depression and Anxiety		
Low self-esteem and Worries		
Academic Challenges		
Lack of Transparency	Behavioral Changes	
Development of Immigration- friendly Regulation and Policy		Participants Reflections
Research and Due Diligence Before Immigration		
Satisfaction with Immigration		

Results

Demographics

Out of 23 study participants interviewed 11 were male and 12 were female. In terms of birthplace, 17 participants were born in the US and 6 were born in Iran and immigrated to the US along with their families in the school age. Their ages ranged from 19 to 26 years. in terms of the level of education, one (1) participant was a high school graduate, seven (7) held a college or

bachelor's degree, seven (7) had a postgraduate degree, and eight (8) were current students. Only one (1) participant lived in a refugee camp for 15 months. All participants were citizens of the U.S. because they were born in the U.S. or have been citizens based on their parent's citizenship status. The parents of two (2) participants were asylees, and the rest used immigration pathways through student visas, the Green Card lottery (Diversity Visa Program), or marriage. Finally, 15 participants were employees and eight (8) were students.

Theme 1 - Patterns of Stressors

To determine the theme of the “Impacts of Stressors”, the analysis team (the PI and the coder) identified segments of data where participants described their stressful experiences or situations. These stressors were experienced in different settings such as school (k-12, college), society, work, or family. Therefore, the team coded these experiences under School-Related Stress, Language Barriers, Discrimination and Bullying, Cultural Barriers, Identity Struggle, and Social Acceptance.

Subtheme: School-Related Stressors

IAI students struggled to integrate into the school community and form significant relationships with their peers and teachers/staff. Differences in culture, language, background, and values created obstacles to social inclusion and acceptance that led to isolation and loneliness feelings. School-related stress was defined as stressful situations that the target population faced in school. They discussed these situations in response to the questions asking if they ever had any issues in their school interactions (e.g. peers, staff, or teachers) or society integration that they think were caused by being an Iranian immigrant. (The first thing all participants shared was their stories, memories, and experiences from their school). The analysis

team categorized participants' responses in a variety of codes, including Language Barriers; Bullying; Discrimination, Stigma, Racism, Stereotyping; Cultural Barriers; Identity Struggle; and Social Acceptance.

Code - Language Barriers

Language Barriers impacted all (100%) IAI participants' ability to communicate with peers, teachers, and parents, understand lessons, and participate in classroom activities. Such occurrences led to feelings of isolation, frustration, and inadequacy. A participant remembered: "When I was in elementary school one of the kids on the bus who was older started to hit me, and I remember I was on the school bus and she would hit me, and I just was crying. I was asking for help, and I couldn't speak English. So, none of the other kids did anything. And then when I got off the bus, the bus driver, so I was crying, and she was like what's wrong? But I was too shy to say anything." The language barrier put pressure on participants to feel secure. Another said: "... if she was saying something offensive to me. I wouldn't understand, but I do think she picked on me because there was a language barrier. After all, maybe I was different from the other kids."

This problem that all participants assessed as a source of stress, was more impactful on participants who arrived in the U.S at school age versus individuals who were born in the US and were fluent in English. Seven (six were born in Iran and one was born in the US but lived in Iran until she was 7) out of 23 participants (about 31%) who started their elementary, middle, or high school in the US mentioned had serious difficulties in understanding their classmates' or teachers' conversations, learning lessons, and interacting with people in school. A participant said, "I cried at night because of the frustration and stress that I had in school". Another participant said: "Just

learning a new culture and language, a lot of pressure and stress.” Also, it was difficult for them to make friends because they could not communicate with American students. They described themselves as “ isolated and lonely”. A participant said:” The process of making friends and getting to know people made me feel depressed and lonely. That stress just came with going to school here, having to learn a new language, and then going to college.” Another participant stated: “I’m very tied to my culture. It’s kind of hard to make friends. I can relate to my problems, and have similar values in a way, being Persian has shaped me and my values, and so I sometimes felt in the middle, so like I’d have Iranian family or friends who’d come here, but they were so Iranian that it’s hard for me to connect with them because there’s a language barrier.”

Another form of language barrier that impacted students was that their parents could not guide them with their homework, and school tasks and expectations, or communicate with school staff or teachers to discuss their circumstances. “I had to learn everything by myself because I didn’t have my parents living here to guide me. I had to kind of figure out a lot of the things about my education by myself.” a participant said. The language barrier was mentioned as a main conflict for participants who arrived at their school time where they had to immediately continue their education. On the other hand, participants who were born in the US reported fewer language difficulties since they learned English from the early days of life. Furthermore, the majority of their parents arrived in the US years before they were born. Therefore, they have more feelings of belonging to the community. However, they had more language conflict in their homes communicating with their parents. They recalled they “were not taken seriously” or being “called dumb” because of a lack of Farsi language proficiency. :” Because I’m somewhere in the middle I didn’t grow up fully in Iran, so my Farsi isn’t perfect. It’s hard for me to express myself in Farsi. and I’m not fully American.” A participant said:” I want to be able to speak in Farsi to them [my

family]. But I'm not. I can't speak as eloquently. I can't give my points the way I want to, and so I sound dumb. And so that's been a struggle for me because I feel like it belittles me. After all, my Farsi's bad, so they don't listen to me, because this sounds like a child is speaking.” Regardless of the birthplace, both groups of participants reported language barriers as a significant stressor leading to struggling in their school tasks accomplishments, making friends, and community integration.

Almost 87 % (20 out of 23) of IAI students encountered bullying based on their immigration status or nationality. These experiences had profound impacts on their mental health and well-being by increasing stress. The participants used terms such as “anxiety”, “sadness”, “insecurity”, ”isolation” and “loneliness” when they described their feelings. They shared stories of being bullied because of their appearances, for example, “My classmates made fun of me because of my nose which was bigger than American students”, one said. Another participant said:” And then there were some people that messed up people who would like bully people, you know. They'd call us terrorists and stuff like that.” Another occurrence that many girls shared was about being “hairy in arms and legs” or having “unibrow” compared to American girls.

A female participant said: “But here they bully you if you have a unibrow. So, I got bullied a lot, and my mom wouldn't let me take out my unibrow. So, I remember I think I was still in elementary school, maybe fifth grade. When I was in the shower, I just shaved it!” Another female participant said: “I had to do a hair laser at 8 since I was bullied constantly in school. It was the only solution my mom found”. Male participants stated they felt insecure because they were treated differently because of their beards as American people typically categorized people like them as having Middle Eastern looks. A participant said:” In some cases, they don't know that I'm Iranian. They just see that I'm like Brown. I have a beard...” or “ They see the beard, and

they see the last name. So, they are like: we have to check him extra.” A participant stated that “there's a lot of stigma about being Iranian in the United States. I could feel judged a lot. There's another girl in our school who was Middle Eastern, and she wore a hijab to school, and kids would always call her terrorists. So, I just tried to say as little as I could about where I was from. I didn't want to be associated with terrorism or anything like [that]”.

Code - Discrimination, Stigma, Racism, And Stereotyping

Over 78 of the participants (18 out of 23), reported a form of discrimination, stigma, racism, and stereotyping. These participants mentioned that their classmates called them “terrorists” and “bomb makers” because they were Brown or Iranian. A participant stated:” I had another kid [in school], told me: say, Allah- o- Akbar and show me your gun if you have it in your backpack.” They mentioned that such incidents happened especially after September 11, 2001, and when President Bush labeled Iran as “The Axis of Evil” on January 29, 2002. A participant said:” I was always a really good student, so my teachers liked me. But I had one teacher in seventh grade, specifically, she would make comments about the Middle East a lot. That would just make me uncomfortable. She [the teacher]was just talking about the types of people [Middle Easterners] that were sitting by her on an airplane which she didn't feel safe flying here.” Another participant remembered:” ...we talked a lot about the news and politics and stuff. And I think that was the time like 2019, 2020. So, it was right around the time, Iran, struck a plane out of the sky or something. So, we were talking about that in class. People don't make a distinction between the government and the people's descendants and things like that. So just always makes me feel uncomfortable when you talk about everyone. “ Moreover, participants had witnessed their parents or family members being intimidated because of being Iranian immigrants. One participant shared a story of how their family was treated in society:

“I’ve seen people treat my family poorly, especially once they find out where we are from. I’ve seen my family experience discrimination because of immigration. There was this one time my mom took me and my brother to Helen Georgia, and a man asked my mother where we were from because he heard her accent. And she said, Oh, we’re from Iran. And he said, oh, you are to shoot people, just in the middle of a restaurant, for no reason. My mom didn’t say anything. All she did was just answer a question because that was the truth. And so that caused an argument between them. I’ve had people tell my parents to go back to their country if they get into an argument with somebody”. Another participant remembered:” Eating our food, just being interested in learning about it. But before it was just so hesitant. They just had like a stereotype about you.” Participants had been through stressful circumstances even when they were sporting. One said:” Sometimes, on the soccer field, you’d hear some racist stuff said towards you, so that would be a case where immigration would cause stress and anger towards me”. Also, a participant who lived in refugee camps struggled with a lack of support from the host country population before arriving in the US. The participant said:” I worked a little bit at carpentry when I was 13 and they didn’t even pay my wages ... because I was Iranian. I was working for them for almost a month, and they didn’t pay me anything after that.”

Code - Cultural Barriers

Cultural barriers defined as individual lifestyle, parenting style, celebration of holidays, religious rituals, language, and values were experienced by all participants (100%). One IAI participant stated their experience as:”... different culture. You know, we grew up doing different stuff, eating different foods, celebrating different holidays. You know I never felt, even though I was born in America, I never felt I was an American.” Every IAI participant stated that these barriers impacted their social integration, educational attainment, and consequently their

mental health to some extent. A participant stated:” Yeah, there were a lot of times. I had teachers who whenever we were studying history, when I was in middle school, just because I was from Iran, assumed that I would be uncomfortable with a topic, and I was like, I’m not uncomfortable, I’m okay. So, it wasn’t something that anyone would be uncomfortable with. She just assumed for some reason and then made a comment in front of the whole class, and I didn’t appreciate it.” A dominant aspect of cultural barriers in school noted by participants was related to their food and eating habits. They recalled that they had to explain their eating habits to their peers in school over and over. “I would get bullied for having food that was different, I would bring my food to school, and kids would make fun of me and say that it smelled bad or things like that. The emotional burden that I experienced ...” one said. Sometimes they were “embarrassed” because of eating certain foods they had for lunch.” I remember when I would go to school and bring food, they would be like, oh, why does it look like that, or why does it smell like that? So, sometimes it was hard because you, as a kid, don’t know how to explain it. And then, sometimes you feel embarrassed because you’re not exactly like them.” This happened more for students with religious families that for instance forbade their children from eating ham or pork in school. A participant remembered:” Their parents would make his breakfast, and they would make bacon and they would always make turkey bacon for me, and like regular bacon for everyone else. But then I think I want to have regular bacon I just don’t get it.” Another cultural barrier was regarding Iranian holidays which are different from Americans. IAI students celebrated their holidays at different times of the year. More than 17 % of participants (4 out of 23) specifically indicated the cultural issues in the Southeast they encountered. One said:” Growing up in the South especially, and in Georgia, it was a lot of hard to explain your culture to other people”. A participant said:” Living in the South for many years, so there wasn’t a lot of

Iranians around me. And there also weren't a lot of people from different cultures completely not even that many people from the Middle East. So, I would say it was kind of hard to try to relate to people, I guess. Sometimes when I would go to my friends' houses, I didn't have as much of a problem understanding things. But when they came to my house it was a little different, like they don't know what kind of food we eat, or they would always be asking questions, or it was just different for them. “ Another participant indicated that:” People have many different experiences. For instance, being in the South is a lot more different than growing up in New York, California, Chicago, or somewhere like that. New York is very, very culturally diverse. And I feel like they're a lot more open-minded than the South.”

Code - Identity Struggle

More than 39% (9 out of 23) participants declared their feelings of irritation or frustration when their classmates or teachers/school staff mispronounced their names because they had Persian names. “You always want to fit in when you’re younger. Right? So, being a young girl, I wanted to fit in, you know my name . . . , it’s very Iranian. And so, it’s hard, even just people saying your name wrong or, you know, you don’t fit in.” one said. They said that mispronunciations of their names had a significant impact on their sense of identity, emotional well-being, and social relations within the school environment. One participant said, ”I never felt myself during school because I always had two identities”. They found it questionable how people did not try to learn their correct names’ pronunciations because they believed it was not attentive and respectful to mispronounce their names and did not create inclusive environments for students to feel accepted and valued. A participant said:” I think the biggest issue was that they couldn’t pronounce my name.” Another one indicated that they are confused between being Persian or American because people accept neither. “I think it is supposed to be different if you

were born here versus if you came here. But actually, all the identity questions are something both groups deal with. Who are you? I guess you are more connected to the two. Does it even matter to me? I speak Farsi also and I can read now, but when I try to speak in Farsi to other people who are from Iran, I guess, maybe they don't normally take me seriously. I don't think I can speak Persian, or even try. And then sometimes there are people in America who don't treat me like I'm American. It's like on both sides. People tried to tell me what I was like, the Iranian would say, oh, you are American, and the American said you are American, everyone has an idea about what I am except me. Basically. Yeah, that's my thoughts ". Another participant stated:" I faced a lot of adversity when I was a kid, especially growing up because kids are ignorant. So, I'd face people who could not pronounce my name ..., so I went by ... [another name] for my whole life. It was just like I didn't feel like I was me around everyone." One participant stated:" There were times where they would think I was from Mexico, or they would assume that I knew how to speak Spanish, and I'm Iranian. They would label me as something else, because I looked different, or my name was different."

Code – Social Acceptance

All (100%) participants faced challenges in social acceptance. Over half of them had stories about making friendships, mainly struggling to befriend White students. They typically settled towards friendships with other Brown students, particularly those of Indian or Middle Eastern nationality. "I became close with some friends that were from India, and I had a friend who was from Syria for a while, so it got a little bit better because I could find people I related to", one said. Another participant said:" The only people that would want to be friends with me were the one Korean Kid or the one Vietnamese Kid. My best friend growing up, was one of the only black girls in the school." They stated that the American population did not recognize them

as “American”. A participant stated:” Oh, one thing I always remember, people would always ask like, where are you from? And I'd be like, well, I'm from Georgia, and they'd be like, no, I mean where are you actually from? And I'm like, oh, well, my parents are from Iran. And I remember getting that question a lot from teachers and stuff, and, in school”. Another participant had a similar story;” I always took it as like, oh, I guess I'm just not American because they don't. They look at me and they're like, where are you? Actually, from?” Recalling their school encounters, they stated that White students didn't smoothly accept IAI students. Some participants said that immigrant students never were "popular" in school. One mentioned that “popularity looked synonymous with beauty” and added, “The boys I was interested in didn't return my feelings because they preferred White girls who were seen as more beautiful”. Additionally, they felt isolated and found it difficult to make friends due to a lack of shared experiences with American students. For instance, they didn't share memories of popular movies or cartoons, didn't consume the same foods or beverages, and didn't engage in the same games. Consequently, they felt isolated and lonely in school. A participant said: “ I did not watch and was not able to talk about popular TV shows at the time so other students did not take me seriously”. Participants attended schools with both diversified and White- dominant students. Participants who attended diversified schools typically reported a disparity (e.g., discrimination, bullying) less than students who attended schools with the majority being White students. Participants noted that such experiences were more common in schools located in White- predominant neighborhoods. Schools with diverse student populations tended to have fewer instances of such social challenges. A Participant said: “I grew up in a diverse area. It's a lot of people from different places. But it was just like, Oh, I'm the Iranian kid. I kind of liked it, I liked being different. I like being the Iranian kid in the group. But yeah, there weren't any difficulties.

Another participant said:” I guess where I went to school like Elementary, Middle, High School, it was a pretty diverse environment, so there wasn't any sort of emotional distress.” One said:” We were selected to go into a magnet program, and it put us in an environment with a lot of smart people around the county, and a very, very diverse mix of cultural backgrounds within the school. So, in terms of going to school, everybody came from different backgrounds and because of that, we kind of had a full understanding within the school. We were all coming from different places. And we never had that kind of [things] even from the teachers. Everything seemed pretty smooth in terms of not stepping on each other's toes because of culture.” However, participants who were in White dominant schools had different stories. A participant said:” The middle and high schools that I went to were predominantly White population, I think there was me and one other Middle Eastern person in my entire grade and sometimes it was hard to fit in, just because most kids were trying to avoid us. It was just like we were different than them.” Another participant said:” I went to a very White Middle School and high school. Everyone there was Caucasian White. So, there weren't a lot of black people or Hispanic people either. So, I was always one of the most diverse people in the group. And so, I just always noticed popular girls were White blonde girls that type of vibe it was. All the boys I liked always liked those kinds of girls, and I would always just kind of be embarrassed to say where I was from.” The majority of participants did not have any major issues with their teachers and school staff they typically recalled their schools as:” I never had any issues with teachers. The teachers always really liked me as well as my sister. So, it's because we're very hardworking, studious people.” Still, 13% (3 out of 23) of participants experienced a lack of support or criticism from their teachers. A participant mentioned: “At the time there were a few kids in my math class and of course my teacher. She almost failed me in that class. I'm good at math. I would be honest with you. I'm

good at math, and I knew most of those questions. That lady, my teacher, she was very much so picking on me, and one of my friends.” Another participant said that teachers did not support them because they did not know what to do. “They turned a blind eye because I don't think they knew how to react.” Social integration was found challenging for older participants after they had graduated from high school and started working or continuing their education. Because it requires effort, time, and collective support from IAI communities and American society.

Obstacles that participants faced in their childhood or adolescence such as language barriers, lack of cross-cultural understanding, discrimination, racism, and stereotyping remained until their adulthood. Participants confronted discrimination, racism, prejudice, and stereotypes because of their nationality which appears from their skin and hair color or their accent. These encounters might lead to social exclusion and inaccessibility of resources and opportunities that would impact their mental health. Participants indicated that a lack of social support and network systems underlie their feelings of insecurity which is stressful. A participant stated:” There would be people who hunt you because they just do not understand different cultures. Same thing as civil rights for black people they always have to be cautious around cops, for example, 99% of them are good but if you encounter one person who has prejudices it's going to be very difficult in a short interaction, to change that. So, you'd rather try to avoid that and not come into some kind of confrontation”. Moreover, one participant stated that they struggled to build connections with the American population to form relationships and support networks, which contributed to their feelings of loneliness and isolation. “I think dating is very challenging. I feel like I don't have as much in common with an Iranian guy that would just move here. But at the same time, I feel like if I'm dating an American guy, he would also not have any understanding of where I come from what is my culture, and how to connect with my parents. There are all of these

different things that I feel make it very challenging.” A participant said:” we couldn't get into the same bar that we wanted to go to because we were wearing a certain type of pants, but a White guy with the same pants got in right immediately after. So, it sounds like that when it messes with you a little bit, knowing that there are still problems like this in society just because of our skin color people are going to look at us differently, or treat us differently, and in terms of that aspect that would say, Yeah.” This participant continued:” we are per- se American, will never be white or American. If you put a cover over my face and just heard me speak. You wouldn't be able to tell, but as soon as I take that off, I have brown skin. So, and then it kind of opens up your eyes...”

Subtheme - Parents-Related Stressors

Parents-related stressors are the stressors that originate from parents' expectations, behaviors, and demands and how they interact with participants.

Code – Parents' High Expectations

The results showed that all participants (100%) encountered pressure from their parents to excel academically and achieve success in their education as a way to fulfill their parents' desires and expectations. These high expectations added to their already existing stress because of academic accomplishment and social integration. They faced stressful occasions when they did not obtain a grade A for an assignment, or they failed a grade. They recalled that cried due to such grades, they hid their grades, or they lied to their parents to escape a crisis. “I went behind their back a little bit actually a lot, probably when I was a teenager. I just stopped telling them. I know now what to tell them and what to focus on versus what to not tell them.” All participants noted that their parents expected them to be “doctors, lawyers, or engineers”. Other occupations

were assessed as low-rated by their families. A participant who already holds a master's degree and a successful career said: “My mom still is hoping that one day I become a lawyer”.

Code – Parents' Cultural Norms

Out of 23 participants, 18 (over 78%) indicated that their parents were “restricting” and controlled all their activities, hobbies, and extracurricular activities. They were not allowed to go sleepover, hang out with their friends, or have the same gatherings or entertainment that American children did. A participant stated that their father did not allow them to hang out with friends:” My father said bad things happen at night, it is what my dad would say but for the most part, I'm not even going to bother to ask them, because it's not worth going and coming back.” Participants discussed that their parents' rationale was they could not ensure their safety and monitor their activities when they were with their American peers. A participant said:” My dad, not understanding how we can stay out later here, or the way that people would dress here is very different for me to wear earrings or to wear certain shirts. It's okay over here, but he might see it as something bad to do.” One shared a memory of the sleepover. “After I begged to go to a sleepover for years, my mom allowed me to have my friends for a sleepover in my house for my birthday. She could not believe it when she noticed that more than ten parents left their kids at my home for a sleepover”. Participants indicated that their parents could not trust families that they did not know; therefore, did not allow them to join them frequently as it is normal in American culture. One participant recalled they lied to their parents, and it was a stressful situation:” I would have to plan my lies in advance. I'd have to plan to tell my friend in advance, to back me up. Every time I went to the same friend because she knew exactly what my situation was.” Another stressful situation was about their parents' habits in interacting with school-related details. They recalled that their parents packed their lunch boxes with Persian food instead of

regular food that their peers consumed in school and they noted it was “ embarrassing”. A participant said:” I didn't feel comfortable taking food from my culture to school. I would ask my parents to get me normal food because I didn't want to be made fun of for it. So that made it difficult. I mean, I didn't enjoy the majority of my childhood because I was different from everybody else.” Moreover, they felt stressed because of their parent’s accents when they came to school and talked to the teachers and staff or students. A participant said:” several times where it happened, there were times where we'd be at school, and there was an event. Then my parents were meeting, my friends, and parents, and sometimes I felt they would hear their accents, and they might have a hard time understanding them. So, I think there were times when I felt stressed about that. Because I didn't want them judging my family for something”. Sometimes they asked their parents not to speak in school or lessen their interactions. They said this was because their parents thought they should be proud of their culture and background. The participant continued:” I would just talk to my parents about my feelings in advance, and I think my mom was a little bit more understanding. But my dad, you know, how Iranian dads can be. They're just, proud and like don't worry about it.”

Code – Parents' Demands

A stressful situation pointed out by participants was about their families’ demands and consequent pressure. Except for two that were from the same family, others (over 91%) had faced some extent of demand. One represented that they had to assist their families in particular circumstances, for instance, as a translator. This generated too much stress because it imposed too much responsibility. This primarily happened for participants born in Iran and their families who lacked English proficiency. One participant shared a story of the first years they arrived in the US:” I found myself having to figure out a lot of the stuff on my own and also just having to

help my parents in a lot of aspects because I spoke much better English than my parents did at the time, I understand, much more. So, as a 15-year-old, not only I had to, deal with everything that I had to deal with in terms of schoolwork, socializing, making friends all of that. But I also had to help my parents navigate this entire new lifestyle here that was just like a different level of stress that was added. I didn't want to do it. To be honest, I feel at that age it wasn't something that I was expected from in the past. The participant continued: "My parents always supported me and all of a sudden, the roles were kind of reversed, whereas now, I have to help them get their driver's license or have to help them make a call to get insurance or just things that as a 15-year-old you are never used to doing that and it's also just a whole new way of living. It's like, you have to learn a lot of the stuff." They mentioned that unfamiliarity with adult concepts and feeling of accountability for serious consequences put a massive amount of pressure on them. A participant said: "It was just like a very huge adjusting period". Another aspect of cultural issues was the essence of responsibility to take care of their families. A participant recalled a story from when they lived in a refugee camp: "I had to be protective so many different times to protect my mom from other guys. She was an inexperienced lady outside of the country, not knowing as much about it. [when] a guy comes to you, and you don't have a man to protect you, I would step up, he was being too rude, I kind of thought my mom was unsafe." An additional significant demand revealed by participants was that some parents expect their children to visit them if they do not live with them regularly. This imposes a lot of pressure because they have to adjust their work and life routine based on such requirements.

Code – Parents-Children Conflicts

Over (65%),15 participants, revealed that they had experienced poor, stressful, tense, or demanding circumstances with their parents. These experiences occurred primarily when they

became older like being in high school, college, or work. They felt angry or frustrated about having such interaction with their parents. “It made me upset that somebody who was supposed to be so close to me disagreed with me on such a fundamental level. It made me feel like I was misunderstood”, a participant said about their relationship with the father. They shared that they are stressed because, for example, their immigrant parents believe they do not need to drive hours to reach a higher rank university while they can attend a college that is close to home, or they do not need to move out of home to live in a dorm or leave the town. A participant said: “When I did apply to college and I got into UGA it's an hour and 45 minutes away, and that caused a lot of issues. It was a lot of me explaining why I can't go to a certain school that's like 30 min away versus why I should go to a bigger school. That was an hour and 40 min away, and a lot further. But it's a better school. It's a better environment. I liked it a lot better. And they just didn't understand the concept of the fact that it's better like they just didn't understand it, because on their minds, all I was trying to do was like escape from home and like. Go run away”. A participant assessed some of these behaviors as “co-dependence” which according to them is common in Iranian culture in which offspring do not leave homes until they are married, or they have to keep close relationships with their parents. “So, my parents are very dependent on me, and they expect me to be very dependent on them. And so, for instance, I am expected to call my mom every day”. Another significant confrontation, female participants had with their parents was related to having boyfriends, living with them, or dating someone. They mentioned that they are under severe restrictions from their fathers, especially, because they “do not understand” them. One participant indicated: “When my father found out I am a queer, we had many problems in our home. My father could not accept me as a gay individual”. Participants had other experiences related to religion such as consuming certain kinds of food that influenced their

parent-child relationships. It was because if their parents found out that they ate such food they criticized them, so they had to lie about it or hide it, that was another stressful situation. Finally, participants stated that misunderstandings existed between parents and children because of language barriers. Participants who were raised here and are fluent and comfortable in English despite their parents are not able to express themselves in Farsi. In particular, in serious discussions, they choose to speak English to be able to express themselves for which their parents who cannot follow them become frustrated and force them to make their statement in Farsi for which they do not feel enough to represent themselves. A participant said: "Sometimes my parents assume me dumb because I cannot make my point in Farsi that it is painful for me". Another participant added:" ... so another thing I struggled with sometimes was when my parents would speak Farsi with me. They would always be confused, like what language are you speaking? Just always asked questions, and I think it was kind of hard because I didn't want people to see me as being different. I was just diverse and unique. But it was hard because sometimes I felt like I was being judged and it was just different because you didn't have a lot of people that were like you around". Another way immigration impacted the parent-child relationship was that children were tough with their parents or constantly corrected them to fit them into the American communities. "I probably put a lot of pressure on my parents when I was growing up trying to make them fit a mold and would try and control what they said in front of certain friends, or when people came over". Additional conflict participants (35%) mentioned were in terms of difficulties their parents faced to find jobs to support their families. A participant added:" My mom studied for a very long time to become a doctor here again and growing up from my point of view she worked harder than any college student I've ever met in

my life but if I was very young throughout all of this. So, if I remember correctly, it had nothing to do with how much knowledge she had.

Code – Parents Financial Issues

Six participants (about 26%) reported financial instability in IAI families possibly led to stressful experiences that they faced. They encountered stress and anxiety and worried about their family's financial situation and prospects. Furthermore, limited financial sources restricted access to educational opportunities for participants since they were inability affording extracurricular activities and tutoring. A participant said:” I paid for all of my school myself driving in the street”. Another participant stated:” If there were any extracurricular classes or camps or anything like that it was difficult for my parents to afford for us, even though I know that they would want to. Babysitters were difficult for my mom to get; so, she worked at daycare because that way she could afford to work, and her kids could stay at the daycare for free”. Also, they were forced to work part-time jobs to improve family income which impacted their academic performance and mental health consequently. “I've been honestly, financially supporting myself since I was 14, it's just like my way of getting away from home and being able to do stuff”. Participants who lived in refugee camps before arriving in the US faced higher levels of financial insecurity or to some extent poverty. A participant said:” [Living in a refugee camp] was very difficult. We had to live on very low expenses. We always commuted by walking different distances. I remember that the weather was so cold, it was negative 45 degrees. So, we had to walk.” Financial insecurity also impacted IAI family dynamics, strained their relationships, and created tensions within households. IAI children witnessed their parents' struggles with financial hardship which led to feelings of responsibility. A participant stated:”

My mother would work the night shift, and my father worked the day shift, so they coordinated childcare. They would have to pass this off to each other”.

Theme 2 - Perception of Stressors

Perceptions of stress indicate how individuals subjectively address and recognize their life stressors. Stress could have arisen from numerous sources such as school/work, relationships, financial issues, or major life changes. Participants perceived and experienced their stress in different ways that extensively depend on their coping mechanisms, past experiences personality, and social support. Perceptions of stress and how individuals reacted to confronting situations varied among participants.

Code – Differences

For two participants out of 23 (about 9%), immigration outcomes were seen as a normal part of life. They assessed their experiences with immigration and having immigrant parents simply as “differences”. “I don't think I've had that many issues in my family. Yeah, maybe sometimes like misunderstanding on certain stuff just growing up in a different culture, it's around a different environment”, one said.

Code – Responsibility

Over (91%) of participants assessed their parents’ immigration decision as a “sacrifice” for which they feel responsible that imposes pressure on them. They felt compelled to repay this scarification. One said: “My mother especially, left behind a life that she had made for herself. She had a well-paid job. She was directing her business. She was doing pretty well, and she left that all behind to come here, to create a new life for herself, and to create a new family for her

kids and everything. So, a lot of the time I feel that I can't let my parents down because they work so hard to be here. Everything I have is because of the sacrifices they made to get here". Another participant shared the story about being forced to serve parents:" I'm expected to visit them frequently throughout the week. So as someone who grew up here, it's difficult, because I work all week, and then I have two days to myself. So, it can be a little imposing. But of course, I love my family, and I always will comply because they sacrifice so much for me, but because they sacrifice so much there's a power dynamic where they expect certain things because of those sacrifices they made. It can be difficult for me because I didn't grow up being able to be dependent on others, or I grew up independently. That's the culture here trying to meet their demands. Another said:" I do feel responsibility for my mom, for sure". However, some participants are merely grateful: "I feel like I can do anything because of the sacrifice my parents made to come over here. So, I have to say I'm thankful", one said.

Code – Perfectionism

About (83%), 19 out of 23, participants assessed themselves as perfectionists and sometimes buried under detail to finish their projects even when they had small tasks to conclude because of the pressure of stress. "It's a little bit hard to accept when things don't go my way," a participant said. Another participant mentioned how being raised with higher expectations from parents affects individuals to seek perfectionism. "... it was mainly the expectation to be successful. I don't know how much of that was them being Iranian, or them wanting that for me to be successful, maybe a little bit of both. So, I'm still a student and I sometimes worry about school a little bit too much for assignments, I know, some of my classmates, I asked them for help, and they're like. Oh, I didn't know that question. It was only worth 2 points, but for me, it's

like I don't care how much the question is worth. I want to know how to do it. I want to get it right”!

Theme 3 - Manifestation of Stress

Stress is a normal part of human life, especially in adolescence, but it is important to recognize that chronic or excessive stress can have damaging impacts on adolescents' health and development. Youth typically represent their stress in a variety of harmful or detrimental ways. Similarly, this study participants represented their stress in different ways.

Subtheme - Physical Symptoms

Physical symptoms stated by three participants (13%) might be a result of the body's physiological response to stress, such as increased gastrointestinal (GI) dysfunctions, poor appetite, eating disorders, or weight change (losing or gaining). A participant (4.3%) indicated that they suffered from GI symptoms because of too many arguments in their family over making decisions for choosing friends, hanging out with them, or even choosing the college they wanted to register for. “I feel this stress. The first year that I moved here, I started having stomach refluxes. So, I just feel my abdomen completely messed up since then, and now, every time that I have bad stress or just anxiety my abdomen gets abdominal problems like I can't eat. Or if I eat, my stomach hurts”. The participant also stated that they had eating problems and weight transformations, “ I would lose weight a lot or start eating a lot which I would gain weight”, one said. Another participant (4.3%) mentioned that they had weight loss as the result of stress and depression, “I think it was 2 months, I lost about 30 pounds, and I was very skinny”. One participant (4.3%) stated how they experienced stress:” I used to binge eat, especially my first year of college I used to binge eat. It was every night and I gained about 25

pounds in my first year of college because I was so stressed being away from my parents for the first time, like trying to keep up those grades, and not make sure.”

Subtheme - Emotional Changes

Out of 23 participants, 21 (more than 91%) experienced stress and exhibited emotional changes such as anxiety, depression, or feelings of overwhelmedness. “ It's hard to do simple things because you feel there are so many other things you have to do or there are lots of things going on at once, and then I get overwhelmed by it”. They also became more isolated or socially withdrawn as a way to overcome their stress. “I think I was very depressed at the time. I would just cry to sleep. To be honest, it was very challenging. It was very isolating. I feel very lonely.”, one said. They also felt engulfed in managing their routine particularly when they run multiple responsibilities (e.g., school, extracurricular activities, and social obligations).

Code – Pressure

Eight participants (about 35%) have experienced stress associated with parents’ high expectations. Pressure to excel academically and socially led to perfectionism, feelings of inadequacy, and fear of failure. For instance, a participant represented that as a student, “I find myself occasionally overly concerned about academic assignments. I've encountered situations where my classmates even dismissed questions because of the lower worth of the question in the final grade by stating they weren't even aware of that question's point value. However, for me, the importance lies not in the point value, but rather in completely addressing the questions. My primary goal is to grasp the material thoroughly and ensure accuracy in my work”.

Code – Social Withdrawal

Stress affected participants' social interactions and relationships. Six participants (26%) mentioned they may withdraw from friends and family members, avoid social activities or gatherings, or experience difficulties in forming and maintaining friendships. A participant said: "I was very embarrassed to be Iranian, I didn't see as much anymore we could communicate, they (parents) just wanted me to speak Farsi, but I would just speak English. They could feel the disconnect. So, if we had gatherings with our family friends who are Iranian, I wouldn't go. Because i didn't think they were that fun, that was another reason why i didn't go. But it was like, I very much distance myself from them".

Code – Fearfulness

Other signs of stress reported by 18 out of 23 (78%) participants were being scared or fearful of their parents in certain situations such as disobedience to religious rules. Such situations triggered feelings of fear or anxiety in their adolescence, predominantly when they were facing uncertainties or encounters that they perceived as overwhelming or threatening. The cultural or religious differences were the source of stress leading to fear and insecurity as a result. "I just didn't necessarily identify with being Muslim at all, it just felt like a very much cultural thing, not a religious thing, so I was really scared that if I told my parents that they'd be like really mad, so that always stressed me out whenever we talked about religion so much." One participant recalled a story of their childhood: "I would sleep over at my friend's house on the weekends and then in the morning parents always would make breakfast like bacon. They would always make turkey bacon for me and regular bacon for everyone else. But then I think one time I was just like I wanted to have regular bacon. My mom ended up finding out that somehow, I

had regular [bacon]. -Why would you want to eat a regular one? You're Muslim. That conversation [with my mom] stressed me out".

Code – Depression and Anxiety

Five participants (about 22%) assessed themselves as depressed and reported their occurrences of depression. Some had signs and symptoms of depression, including poor appetite, weight loss, loss of interest, and loneliness. "I lost interest in a lot of my hobbies; I stopped doing sports for a while; There was no meaning in my life that I would put value in enough for me to be able to move towards; I wasn't even interested in school anymore." Another one said: "I was completely lonely. I didn't have any friends here, nobody to hang out with, it made me feel depressed and lonely. That stress just came with going to school here and having to learn a new language". Anxiety also was among participants' experiences resulting from stress. One (4.3%) participant reported: "I used to have anxiety attacks, mostly my junior and senior year of high school, and then in college I still had anxiety attacks, but at a lower level"; the participants indicated their symptoms as: "Usually my chest would start hurting, it would honestly worry me a bit more and so I would start gasping, and usually that would go on for about 2 minutes. It wasn't too long, but I'd start crying then because I got scared of what was happening."

Code – Lowe Self Esteem and Worries

Over 87% (20 out of 23) of the participants mentioned they worry about things especially when they have to manage multiple tasks. A participant declared: "I think I'm very peculiar about things. It's a little bit hard to accept when things don't go my way." They added: "I get worried about my parents a lot that maybe people aren't treating them very fairly, especially so my dad speaks English a little bit better than my mom does. And sometimes I feel when people listen to

my mom, they don't take her very seriously. I think that they think she's a little less smart than she is.” Some explained their worries and frustration because of a lack of confidence and lower self-esteem. A participant said:” [the immigration process affected] my confidence, it did affect me. Because, of course, the language barrier was one of those in the beginning. Still, after all these years it's hard to communicate certain feelings because a lot of expressions are different here in the US.”

Code – Academic Challenges

Stress impacted some participants' academic performance and motivation. One participant (4.3%) stated that struggled to concentrate, experienced difficulty in completing assignments or studying for exams, or exhibited changes in their grades and attendance patterns. “My grades started declining; I just felt like I had no purpose.”

Subtheme - Behavioral Change

Code – Lack of Transparency

Five participants (about 22%) mentioned that to feel secure in their homes and protect themselves from their parents' harshness and criticism, they lied to their parents. One participant asked their close friends to support them and act as they planned. They had friends who responded to their parents based on their instructions to hide the truth from their parents. “I would have to plan my lies in advance. I'd have to plan to tell my friend.”, one said. Another participant said: “ I hid things from my parents.”

Theme 4 - Coping Mechanism for Stress

The importance of understanding the perceptions of stress is because it influences how individuals develop effective coping mechanisms and strategies to manage and mitigate their stress in order to prevent negative effects on their mental well-being. Participants selected different approaches to manage their stressful situations and handle their stress as follows, such as exercising, seeking help, talking to others, avoiding situations, learning new skills such as playing music, adopting pets, and working hard, especially in school.

Code – Avoidance of Stressful Situations

Five participants (about 22%) mentioned avoidance of stressful situations was a coping mechanism for some participants to escape or minimize stressors to temporarily relieve their stress. A participant who had many conflicts at home stated: "I would be at school from 7 am to 9 pm. I was just never home". The participant continued: "My parents and I fought a lot; we were distant from each other when I was younger. I just lied to them a lot, and it caused a lot of stress. So, it's just my way of getting away from home and being able to do stuff". Another participant added: "When I lived with my parents it was a lot harder, so I think the best thing for me is stepping away and taking time trying to distract and relax and take some time for myself".

Code – Physical Activity

Out of 23 participants, 16 (70%) stated exercise helped them release constrained stress and tension and promoted overall mental well-being. Walking, running, soccer, gym, or tennis were among the activities participants selected to cope with stress effectively. "For me when I'm playing soccer, it's very much so. I'm like zoned out.", one said. Another participant stated: "Sports, gym, doing all of that trying to keep me pretty occupied." And another one added: "I

would exercise. I've always gone for a run, played soccer, or did something physical to get my mind off of stress. And that's still what I do today. But even back then I just remember that playing soccer would be the only time I felt mentally free from my stresses.

Code – Seeking for Help

One approach participants selected to overcome, manage, or handle their stress was seeking help. Eight participants (about 35%) talked to trusted people in their lives. For instance, they reached out to their friends, family members, or teachers and talked to them about what they were undergoing. They believed that sometimes, simply sharing their feelings with others who care could comfort them. “I guess to handle the stress I would figure out talk to teachers and get help, reach out to get help, ask my friends, other classmates.”, one said. Additionally, making friends was another way for them to mitigate the pressure and stress. A participant who migrated to the US alone and lived here for a while as an adolescent indicated:” Eventually I found my circle of friends. And well, they're mostly Persian. So, I had that sense of community. Finally, after years.”

Code – Hardworking and Learning New Skills

Seven participants (over 30%) handled their stress by working hard in their school or their workplace. “I was very involved in school. I was head of a lot of clubs and organizations. I would be at school from 7 am, go in early, have club meetings, and sometimes be there and pick up activities to do until the latest. Sometimes when I went home all I did was just go to sleep, and then wake up and do it all over again. Participants also tried to learn skills such as playing music (4.3) or playing soccer (about 9%) to control or lessen their stress. “... to learn music.

That was the only thing I could say about that was very positive to me. I try to use those times to play guitar and sing songwriting.” A participant said.

Code – Substance Abuse

Among participants, one (4.3%) mentioned that they tried smoking and/ or vaping to hide or overcome their stress. The participant started using substances in school, particularly with other immigrant friends, including Iranians, who shared stressful experiences.

Theme 5 - Participants Reflections

Participants expressed their thoughts, ideas, and points of view in different ways. Some of them believed that it is the family’s responsibility to ensure their children's convenience and ease in the process of immigration, while others believed that this is a constitutional responsibility. Some were grateful because of immigration, and some believed “immigration shaped and made them who they are now”.

Code – Research and Due Diligence Before Immigration

Two participants (about 9%) shared their ideas and thoughts on how they think that immigration can be less stressful for immigrant families and their children. They believed that since immigration consequences such as financial insecurity, a lack of support, or unfamiliarity with rules and regulations impose massive pressure and stress on immigrants; it is wise and beneficial or even necessary for families to research the host country's language, culture, employment opportunities, legislations, etc. Before relocating to a new location. A participant indicated “A lot of families bring their children for a better life and future. But it's not just that. Research is really important. In a matter of just 5, or 6 years you know how to run the business

and how the taxing paper works, a lot of people come here, and they don't know as much about it. Because there are a lot of opportunities in the US that you could take advantage of.”

Moreover, participants discussed the policies and legislation that do not support immigrants.

Code – Development of Immigration- Friendly Regulation and Policy

Two participants (about 9%) believed that the US as a country that accepts numerous count of immigrants, in general, every year required to develop more supportive policies, rules, and regulations for such a vulnerable population that forms a significant portion of the US population. A participant said:” America has this weird problem where we bring in immigrants and we hate them at the same time. Not the American people necessarily but more the Government [policy and regulations]. [They] taking away that country's resources, bringing those people into America, and then creating a situation that's many times it's no better than the life they came from. America doesn't make life easier for immigrants. They don't because the stress and the need to survive is still there. They're giving them maybe some better health care and a safer environment to live in. But they're not taking away that stress or the pain that those immigrants are in. And it's bringing them in on an empty promise if that kind of makes sense”.

Code – Satisfaction with Immigration to the U.S.

All participants (100%) were satisfied with their parents' decisions to immigrate from Iran to the US. They stated that they went through hard times, tolerated vast amounts of stress, and dealt with stressful situations impacting their mental health. Yet, when they compare themselves with their relatives and friends in Iran, they feel blissful that they are here because they can manage their lives freely and have many opportunities in the US. A participant said:” I have to say I'm thankful because I have such a big opportunity now, even now so young. I feel

like I can do anything because of the sacrifice my parents made to come over here. So, I have to say I'm thankful.”

Interviewer Observations

Some of the study findings were the PI visual observations during the interviews. We did not code these observations since they were not worded by the participants verbally. However, they were recorded as videos. These observations included the ways participants expressed their feelings, talked about stressful situations, or shared their stories. For instance, a participant happily spoke of their grandmother's cooking style when discussing their culture; on the contrary, a participant cried when talking about their relative left in Iran. Some participants were anxious without any cheerful appearances with shaky voices when they shared stories about their conflicts with their parents. Other observations were participants mumbling with a soft and low-energy voice, out-of-portion laughing, or constantly playing with their hats, scratching faces, and unsteadiness. The topic of conversation which was speaking openly about stressful situations might signify such observations. Table 5 shows the summary of the analysis.

The results from the analysis presented in the table illustrate various codes and their corresponding prevalence or occurrence (percentages) of specific issues in each theme. The findings show that language barriers, cultural barriers, social acceptance, and parents' high expectations impacted all participants (100%) in different forms to some extent. Language barriers posed significant challenges, with a complete hindrance to effective communication and integration; cultural barriers delayed cultural adaptation and understanding, hindering participants' integration efforts; achieving social acceptance posed challenges, influencing participants' sense of belonging and inclusion; and high parental expectations exerted pressure on participants, impacting their mental health and well-being. Parents' demands and feelings of

Table 5*The Summary of the Analysis*

Codes	Percentage	Codes	Percentage
Language Barriers	100	Physical Activity	70
Bullying	87	Seeking for Help	35
Discrimination, Racism, ...	78	Learning Skills	30
Cultural Barriers	100	Substance Abuse	4.3
Identity Struggle	39	Physical Symptoms	13
Social Acceptance	100	Pressure	35
Parents' High Expectations	100	Social Withdrawal	26
Parents' Cultural Norms	78	Fearfulness	78
Parents' Demands	91	Depression and Anxiety	22
Parents- Children Conflicts	65	Low self-esteem and Worries	87
Parents Financial Issues	26	Academic Challenges	4.3
Differences	9	Lack of Transparency	22
Responsibility	91	Development of Immigration- friendly Regulation and Policy	9
Perfectionism	83	Research and Due Diligence Before Immigration	9
Avoidance of Stressful Situation	22	Satisfaction with Immigration to the US	100

Summary of Analysis

The results from the analysis presented in the table illustrate various codes and their corresponding prevalence or occurrence (percentages) of specific issues in each theme. The findings show that language barriers, cultural barriers, social acceptance, and parents' high expectations impacted all participants (100%) in different forms to some extent. Language barriers posed significant challenges, with a complete hindrance to effective communication and integration; cultural barriers delayed cultural adaptation and understanding, hindering participants' integration efforts; achieving social acceptance posed challenges, influencing participants' sense of belonging and inclusion; and high parental expectations exerted pressure on

participants, impacting their mental health and well-being. Parents' demands and feelings of responsibility (91%) were other sources of stress. Parents' demands created stress and tension within familial relationships, affecting participants' emotional health, while the burden of responsibility weighed heavily on participants and influenced their mental health and decision-making processes. Other sources that generated stress for participants were bullying, discrimination, racism, stereotyping, and stigma (87%). These instances were prevalent and impacted participants' sense of safety creating barriers to social inclusion and equality. Also, cultural norms enforced by parents (78%) were among the higher ranks' sources of stress for participants contributing to the complexity of cultural adaptation and identity formation. More than half of the participants faced parents-children conflicts (65%) exhibiting generational and cultural differences. Moreover, (39%) experienced identity struggle and had difficulties in reconciling their cultural identity with societal expectations could be leading to internal conflicts. Finally, parents' financial issues (26%) were another reason for participants to experience stress.

Stress with various resources experienced by participants affected their emotional and physical health. Low self-esteem and worries (87%), perfectionism (83%), and fearfulness (78%) were the most common perceptions participants described as their experiences. Prevalent senses of low self-esteem, worries, perfectionism, and fearfulness reflecting underlying concerns and anxieties in participants could impact individuals' confidence and mental health. Pressure (35%), social withdrawal, depression and anxiety, lack of transparency (22%), physical symptoms (13%), academic challenges (4.3%), and other adverse impacts of stress were among their experiences. Out of all participants, (70%) chose physical activity, (35%) seeking help, (30%), learning skills, (22%) avoidance of stressful situations, and (4.3%) smoking and vaping to cope with their stress. Some participants (9%) recommended the development of immigration-friendly

regulations and policies, and (9%) recommended research and due diligence by parents before immigration to assist IAI youth in encountering immigration stress. All participants (100%) seemed satisfied with immigration to the US indicating positive experiences despite experiencing stress for many individuals.

CHAPTER 5: DISCUSSION, CONCLUSION, AND PUBLIC HEALTH IMPLICATIONS

Stress for IAI youth exists in different settings, including school, society, and home. IAI youth experience immigration stress at school age and tolerate hardships, difficulties, and challenges alone or with minimal support from their families or other adults such as teachers or school staff creating chronic stress and psychological distress, impacting students' academic performance and overall well-being. IAI youth strive to fit in their school because they do not have the same culture and background as American students. IAI youth experience stress in navigating unfamiliar social customs, academic opportunities, and classroom dynamics. Variations in teaching styles, school systems, disciplinary methods, and peer communications contribute to feelings of alienation and social isolation, impacting students' sense of belonging and self-confidence. They experience constant stress when they desire to make friends, communicate with their classmates or teachers, or hang out with other students. They even experience stress for small things every day such as eating their lunch in school or being called by their names. IAI youth experience stress when they frequently face discrimination, racism, stereotyping, and bullying in school. Being in circumstances with a feeling of rejection and unwelcoming can pose stress and pressure to one, particularly if they do not have the language proficiency to express themselves or are too young to understand the situation. Additionally, academic attainment identified as achieving social motion and excelling in school assignments leads to enhanced stress and performance anxiety. IAI youth feel stressed about fulfilling their teachers' expectations or competing with American students who are in an advanced status in terms of language proficiency, familiarity with the environment, and the advantages of family support.

IAI youth also stand in chronic stressful situations at home. IAI youth might experience further pressure to excel academically since they attempt to meet their families' expectations, and communities. Their families typically perceive academic success will guarantee social progress which leads to intensified stress and anxiety for IAI youth. Higher parental expectations might force IAI youth to strenuously study and work hard at school or hide their grades and lie to their parents not to be in trouble, either way, they feel excessive stress. Moreover, their parents have cultural and language barriers besides financial difficulties. Therefore, IAI youth can not rely on supportive parents such as American parents who assist their children in their schoolwork. Furthermore, their parents do not possess sufficient information, knowledge, and insight about the US lifestyle and its demands. They sometimes are unable to meet their civic duties, find jobs, and provide for their children. Therefore, Iranian parents might have difficulty assisting their children despite their righteous intentions. Furthermore, IAI youth who observe their parents' obstacles and worries feel responsible for their sacrifices. IAI youth have to think about and appreciate their parents' challenges persistently which imposes additional pressure on them. They accept significant family duties, such as assisting in the translation of documents, helping with household chores, or providing emotional support to their family members. IAI youth are required to balance academic pressures with familial responsibilities that are challenging and might contribute to overwhelming stress.

IAI youth also feel stressed at home and in society because of the paradoxical values and principles in their Iranian community and American society. IAI youth are expected to value Iranian customs and embrace their culture. However, they are born or raised in an entirely different society with a distinct culture. This is stressful for them to satisfy their families and survive in society at the same time. They even have to carefully monitor their basic daily life

such as eating habits or celebration of holidays. Furthermore, the feeling of sacrifice that their families made for them imposes a constant feeling of anxiety and stress.

IAI youth feel stressed about integrating into society and feeling of acceptance. They experience uncertainty and anxiety due to their immigration status, eligibility for social services, and educational and occupational opportunities due to the experience of stereotyping or discrimination they might be facing or have already faced in school because of their skin color, appearance, accent, and so on. They also do not have many chances to meet and date people to marry and or build their families because they do not have the same background, culture, and religion as American youth while they live in a small community of Iranians who might not necessarily suit them for marriage.

IAI youth perceive the role of immigration and its consequences on the stress they feel. Immigration is a challenging endeavor because people move to a new place with profound cultural, language, religious, and legislative differences. Immigration is a stressful event for every immigrant, including IAI youth. The cultural adjustment that requires adapting to a new culture, language, and social norms could be challenging and stressful for IAI youth resulting in a feeling of stress. IAI youth relate their experience of trauma, discrimination, disparity, and exclusion to their immigration status. Since they believe they have been through many of these stressful situations because of their differences with the host population. They tolerate financial insecurity, child labor, the pressure of being responsible for their families, a lack of social support, loneliness, and other stressful occurrences because they have immigrated and sometimes are not welcome or appreciated in the US. IAI youth perceive limitations such as inaccessibility to supportive resources, barriers to incorporating into society, challenging communication opportunities, and academic supplementary programs in the educational system as a result of

their being Iranian immigrants. Generally, the IAI youth's perception of immigration and its consequences on stress is versatile and modeled by their specific identities, experiences, socio-cultural perspectives, and expectations.

IAI youth perceive the causes of stress they feel are diverse. An essential cause of stress perceived by IAI youth is the essence of exclusions and differences in school and society that never allow them to feel integrity, stability, and belonging. They are regularly reminded that they are not from the environment surrounding them. This starts with a mispronunciation of their names to an explanation about their food or holidays, and to an inability to understand slang native people use every day. Moreover, because they feel discriminated against and separated from their society, they hide their identity or are embarrassed to introduce themselves proudly, all these produce stress.

IAI youth are in a constant battle of adjustment between their community and their family. They do not have steadiness even in the everyday language. They should repeatedly switch from English to Farsi and vice versa. This feeling of swaying between English to Farsi is not limited to language only, they have countless cultural differences such as different kinds of food, family gatherings, religious rituals, celebrations, travel destinations, and entertainment. IAI youth come back every Monday to school to interact with American students who did not spend time last Saturday and Sunday the same way as they did. Constant adjustment creates a massive amount of stress for them.

Lack of language proficiency generates additional sources of stress because foreigners do not have a vocabulary pool enough to express themselves. They cannot share their desires,

requests, happiness, frustrations, and other feelings. This can lead to miscommunication, misunderstanding, and stress, eventually.

Cultural differences are a significant cause of stress. The majority of Iranian parents are Muslim, or at least under the influence of Islam. They were also raised in an Eastern culture that is completely different from American Western culture with Christianity as their dominant religion. Iranian parents want to raise their children based on their values; however, this is challenging for IAI youth who are growing up in the United States with a distinguished culture. The obligation of living in such a condition is pressurizing and stressful.

Stress leads to the desire for stability and steadiness, causing IAI youth to withdraw into their comfort zones instead of venturing into unfamiliar territories. They prefer to avoid potentially exacerbating situations and stick to what they know so as not to be exposed to further challenges. Chronic stress affects IAI youth's daily lives as they assess themselves as overwhelmed or anxious to complete their college or workplace tasks. IAI youth even after turning to adulthood still feel the impact of stress by the essence of lower self-esteem, perfectionism, and anxiety. They feel unsafe and live in a fearful and uncertain environment that frequently makes them anxious. Lack of sensation of belonging to society and previous feelings of rejection, even if they do not face it currently, still prevent them from making communications and building intimate connections with others. Lower self-esteem restricts them from having big dreams and seeking opportunities in their professional and personal lives. Therefore, they do not desire to pursue supportive social networks or encouragement from peers.

Some struggle to regulate their relationships with their parents and still feel compelled to satisfy their parents. IAI youth still feel pressured by cultural expectations in Iranian

communities that hinder them from having a risk-taking attitude. They maintain their commitments to their parents although they are not their priorities. Many IAI youth are studying in majors or choosing careers that are not their choices, but their parents' ambitions or desires. They do not progress in their pathways since they are not motivated.

Pursuing stability, conformity, and risk aversion discourages IAI youth from deviating from conventional patterns or taking unconventional paths. The IAI youth might even choose their mates consciously or unconsciously based on their parents' value system or if they choose to have their desired partners, they have to explain themselves and defend their choices.

Those IAI youth who chose unhealthy coping mechanisms such as substance abuse are affected by stress, as well. They turned to smoking or vaping as a way to cope with stress temporarily reducing their feelings of tension and anxiety. This might provide a sense of relief for them in stressful circumstances or emotional distress but its effects last for a short time and repeated exposure might lead to tolerance and dependence that eventually will impact their wellbeing. Finally, some IAI youth suffer from objective conditions such as GI disorders, eating disorders, weight gain or weight loss, and anxiety attacks. Stress and anxiety cause changes in eating patterns or habits associated might contribute to the onset or aggravation of GI disorders among IAI youth. Illnesses such as acid reflux and gastritis and their symptoms (e.g., abdominal pain) might be stress manifestations or consequences. In addition, Anxiety or panic attacks can be triggered by stressors associated with immigration status, family dynamics, academic pressure, or social integration.

Implications

Immigration was a decision made by parents; however, the IAI youth have to contend with its consequences specifically, stress. Regardless of their birthplaces, the US or Iran, IAI youth tolerated bullying because of their skin color or stereotyping because of their nationality as immigrants. They shared experiences of being called by certain names because of their geographic area or their parents not being taken seriously because of their accents, which all are consequences of immigration. Therefore, this process should be considered stressful and tough, leading to mental health conditions, including depression, isolation, low self-esteem, loneliness, identity struggle, and substance abuse.

IAI youth perceive that the causes of stress are multiple, sometimes lack of social support is the reason. For instance, they were not supported by their school authorities to feel more comfortable in the school or be protected against students who bullied them. Furthermore, they did not receive family support as well because their parents, themselves did not have enough insight into the circumstances. Lack of communication because of language and cultural barriers was another reason for which they faced stressful situations. Since they were not able to communicate with people or express themselves properly, they might face more stress compared to a typical individual. Furthermore, they believe that the lack of rules and regulations to support immigrants and provide them with adequate resources is among other causes of stress they encounter. Finally, financial insecurity also was a cause that left them in more stressful situations.

The onset of a mental health condition could be because of many reasons including genetics, family issues, and environmental factors. However, immigration as a major

environmental factor and a source of stress can impact the mental health of youth (Choudhry et al., 2016). Despite the outcome representing participants are satisfied by immigration to the US still stress experienced at a younger age is a significant risk factor for the development of mental health disorders, including anxiety, depression, and post-traumatic stress disorder (PTSD). Adverse childhood experiences lead to enduring effects on brain development, cognitive functioning, and emotional regulation, and predispose the individual to mental distress and psychological disorders in the future (Jurueña et al., 2020). Early-aged stress influences the quality of interpersonal relationships. Individuals who have experienced stress when they were young might have difficulty in communication, confidence, or trust. Their relationships might be affected and lead to dissatisfaction and conflict with their partners, families, and social networks.

Recommendations

Immigration-associated stress affects IAI youth's lives and necessitates the execution of systematic programs, developing policies, providing social support, and implementing interventions to mitigate or eliminate the impact of stress and promote the resilience and success of IAI youth. Stressors tolerated by IAI youth underscore the importance of providing inclusive support services, comprehensive mental health resources, and culturally subtle interferences to support IAI youth in managing the challenges of immigration and facilitating their incorporation into the host society. Moreover, focusing on systematic issues such as immigration procedures and policies, socioeconomic disparities, and discrimination, is fundamental for fostering the well-being and resilience of IAI youth. Such interventions can focus on the three levels of individuals, family, and society. By providing culturally competent healthcare provisions, mental health services, and preventive interventions, IAI youth can regulate their physical health, decrease stress-related symptoms, and enhance overall well-being. Additionally, IAI youth need

assistance to promote their awareness, destigmatize mental health problems, and foster healthier environments within their families, schools, and communities. These are essential steps to address the unique confronts faced by IAI youth and promote their strength, resilience, flexibility, and health equity.

Limitations of the Study

The study's limited time available for conducting the research was a restriction. Having more time could allow the researcher to reach out to more participants for interviews or run extended interviews with participants to a deeper understanding of their experiences. Also, an essential source of stress in IAI youth similar to other immigrants is the history of living in refugee camps which is a common way for migrating Iranians to the US. However, this study only had the chance to interview one participant with such experience. It might be because the majority of IAI settle in California not Georgia. Therefore, it is less likely to visit immigrants with a history of living in refugee camps.

Strength of the Study

A strong point of this study was the homogeneity of participants as all had similar backgrounds with two Iranian parents and were in the same age range. The in-depth interviews were conducted via Zoom interviews in which the PI and the participants were able to comfortably speak to each other and gather a rich and deep data source. Moreover, interviews were conducted in English with which participants felt comfortable expressing themselves fluently while the PI had the same background as the participants which equipped the PI to understand the participants' expressions.

Suggestions for the Future

Since this study was perhaps the first study done on the IAI youth mental health which is a significant and essential issue in every society, we suggest that similar studies be conducted to examine IAI youth in other states especially California where most Iranians are located. Besides, since Iranian parents play a significant role in IAI youth as we found in this study, it is crucial to investigate their rationale for being restricted by high expectations and demands from their children. IAI youth experiences can be studied to benefit from those experiences to explore the best way to moderate and manage stress in the next generations. Finally, while this study's findings offer significant insights into IAI youth experiences, future research could advantage from utilizing multiple methods or data resources to enhance the findings' credibility and reliability.

REFERENCES

- Addiction Research Center. (2023). Depression Anxiety Stress Scale-21 (DASS21). Retrieved from <https://arc.psych.wisc.edu/self-report/depression-anxiety-stress-scale-21-dass21/>
- Amnesty International UK. (2020). A license to discriminate: Trump's Muslim & refugee ban. <https://www.amnesty.org.uk/licence-discriminate-trumps-muslim-refugee-ban>
- Andrade, G., et al. (2023). Children's emotional and behavioral response following a migration: A scoping review. *Journal of Mental Health*, 7:100176. PMID: 37034241; PMCID: PMC10074795. PubMed
- Androff, D., et al. (2011). U.S. immigration policy and immigrant children's well-being: The impact of policy shifts. Retrieved from <https://psycnet.apa.org/record/2011-05506-004>
- Ansari, A. (2009). Iranian-Americans cast ballots on Iran's future. Retrieved from <http://www.cnn.com/2009/US/06/12/iran.elections.voting/>
- Article 18. (2023). Iranian Christian asylum seekers caught up in Turkey's deportation drive. Retrieved from <https://articleeighteen.com/news/12448/>
- Article 18. (2023). Iranian Christian asylum seekers caught up in Turkey's deportation drive. Retrieved from <https://articleeighteen.com/news/12448/>
- Ashworth, P. (2003). An Approach to Phenomenological Psychology: The Contingencies of the Lifeworld. *Journal of Phenomenological Psychology*, 34(2), 145-156. <https://doi.org/10.1163/156916203322847119>
- Atari, M. (2017). Assessment of Long-Term Mate Preferences in Iran. *Evol Psychol.* 15(2):1474704917702459. doi: 10.1177/1474704917702459. PMID: 28401792; PMCID: PMC10480950. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10480950/>

- Bhandari, P. (2022). Inductive Reasoning | Types, Examples, Explanation. Retrieved from <https://www.scribbr.com/methodology/inductive-reasoning/>
- Bauer, M., et al. (2000). Using thematic analysis in psychology, quality, quantity and knowledge interests: Avoiding confusions. Retrieved from <https://www.torrossa.com/gs/resourceProxy?an=4913047&publisher=FZ7200#page=14>
- Bayor, R. H. (Ed.). (2011). *Multicultural America: An Encyclopedia of the Newest Americans*. Retrieved from <http://publisher.abc-clio.com/9780313357879>
- Beehner, L. (2007). Religious Conversion and Sharia Law. Retrieved from <https://www.cfr.org/backgrounder/religious-conversion-and-sharia-law#:~:text=Conversion%20by%20Muslims%20to%20other,a%20crime%20punishable%20by%20death.>
- Belur, J., Tompson, L., Thornton, A., & Simon, M. (2021). Interrater Reliability in Systematic Review Methodology: Exploring Variation in Coder Decision-Making. *Sociological Methods & Research*, 50(2), 837-865. <https://doi.org/10.1177/0049124118799372>
- Bornstein MH. (2012). Cultural Approaches to Parenting. *Parent Sci Pract.* 12(2-3), 212-221. doi: 10.1080/15295192.2012.683359. Epub 2012 Jun 14. PMID: 22962544; PMCID: PMC3433059.
- Braun, V., & Clarke, V. (2008). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Browne, K. (2005). Snowball sampling: using social networks to research non-heterosexual women. *International Journal of Social Research Methodology*, 8(1), 47-60. <https://doi.org/10.1080/1364557032000081663>

- Centers for Disease Control and Prevention. (2023). Mental health. Retrieved from <https://www.cdc.gov/mentalhealth/learn/index.htm>
- Centers for Disease Control and Prevention. (2023). Stress. Retrieved from <https://www.cdc.gov/howrightnow/emotion/stress/index.html>
- Choudhry, F. R., Mani, V., Ming, L. C., Khan, T. M. (2016). Beliefs and perception about mental health issues: a meta-synthesis. *Neuropsychiatr Dis Treat*, 12, 2807-2818. <https://doi.org/10.2147/NDT.S111543>
- Cofie, N., Braund, H., Dalgarno, N. (2022). Eight ways to get a grip on intercoder reliability using qualitative-based measures. *Can Med Educ J*, 13(2), 73-76. doi: 10.36834/cmej.72504. PMID: 35572014; PMCID: PMC9099179.
- Collins English Dictionary. (2023). Generation Z. Retrieved from https://en.wikipedia.org/wiki/Generation_Z#cite_note-65
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. 4th Edition. Newbury Park, CA: Sage Publications.
- Davies, P., & Harrigan, J. (2018). The economic case for immigration. Retrieved from USNews: <https://www.usnews.com/opinion/economic-intelligence/articles/2018-02->
- Dykxhoorn, J., et al. (2022). Conceptualising public mental health: Development of a conceptual framework for public mental health. *BMC Public Health*, 22, 1407. <https://doi.org/10.1186/s12889-022-13775-9>
- Ekeberg, K.A., Abebe, D.S. (2021). Mental disorders among young adults of immigrant background: a nationwide register study in Norway. *Soc Psychiatry Psychiatr Epidemiol*, 56, 953–962. <https://doi.org/10.1007/s00127-020-01980-z>

- Eldridge, A. (2023). What's the difference between a migrant and a refugee? Retrieved from <https://www.britannica.com/story/whats-the-difference-between-a-migrant-and-a-refugee>
- Fazel, M., & Stein, A. (2002). The mental health of refugee children. *Archives of Disease in Childhood*, 87, 366-370. <https://adc.bmj.com/content/87/5/366.short>
- Gualdi-Russo, E., et al. (2014). Health, growth and psychosocial adaptation of immigrant children. *European Journal of Public Health*, 24(1), 16-25. <https://doi.org/10.1093/eurpub/cku107>
- Hamilton, V. E. (2016). Adulthood in law and culture. Retrieved from https://heinonline.org/hol-cgi-bin/get_pdf.cgi?handle=hein.journals/tulr91§ion=6&casa_token=A8YvxgLxnwMAAAAA:Xsc0zHcLC4QrVg6ZKqGtY71e1iQfjrh3AHajTdHvu7i-Fuxa65nYB1GvqViOLO1qGvDZfNMYQ
- Hirschman, C. (2013). The Contributions of Immigrants to American Culture. *Daedalus*, 142(3), 10.1162/DAED_a_00217. doi: 10.1162/DAED_a_00217. PMID: 24339451; PMCID: PMC3856769.
- Hosseinkhani, Z., et al. (2019). Academic stress from the viewpoint of Iranian adolescents: A qualitative study. *J Educ Health Promot*, 8, 13. doi: 10.4103/jehp.jehp_202_18. PMID: 30815484; PMCID: PMC6378819.
- Hunter, P. (2016). The refugee crisis challenges national health care systems: Countries accepting large numbers of refugees are struggling to meet their health care needs, which range from infectious to chronic diseases to mental illnesses. *EMBO Reports*, 17, 492-495. <https://doi.org/10.15252/embr.201642171>

- International Detention Coalition. (2024). What is immigration detention? And other frequently asked questions. Retrieved from <https://idcoalition.org/>
- IOM. (2019). *World Migration Report 2020*. Retrieved from https://publications.iom.int/system/files/pdf/wmr_2020.pdf
- Jimenez, T. R. (2011). Immigrants in the United States. How well are they integrating into society. Retrieved from <https://www.migrationpolicy.org/research/immigrants-united-states-how-well-are-they-integrating-society>
- Katzman, K. (2021). *Iran: Internal Politics and U.S. Policy and Options*. Retrieved from <https://www.fas.org/sgp/crs/mideast/RL32048.pdf>
- Kim-Cohen, J., et al. (2003) Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. *Arch Gen Psychiatry*, 60(7), 709-17. doi: 10.1001/archpsyc.60.7.709. PMID: 12860775.
- Koneru, V. K. et al. (2007). Acculturation and mental health: Current findings and recommendations for future research. *Applied and Preventive Psychology*, 12(2), 76-96. <https://doi.org/10.1016/j.appsy.2007.07.016>.
- Lai, T., & Batalova, J. (2021). Immigrants from Iran in the United States. Retrieved from <https://www.migrationpolicy.org/article/iranian-immigrants-united-states-2021>
- Legal Information Institute. (2024). Legal age. Retrieved from https://www.law.cornell.edu/wex/legal_age
- Lovibond, P. F, & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behav Res Ther*, 33(3), 335-343. https://github.com/jjcurtin/arc_measures/raw/main/DASS21/LovibondP1995a.pdf

- MacQueen, K. M., et al. (1998). Codebook Development for Team-Based Qualitative Analysis. *CAM Journal*, 10(2), 31-36.
<https://doi.org/10.1177/1525822X980100020301>
- Maulik, P. K., et al. (2011). Prevalence of intellectual disability: a meta-analysis of population-based studies. *Res Dev Disabil*, 32(2), 419-36. doi: 10.1016/j.ridd.2010.12.018.
- Merriam-Webster Dictionary. (2022). Definition of Generation Z. Retrieved from <https://www.merriam-webster.com/dictionary/Generation%20Z>
- Merriam-Webster Dictionary. (2023). Immigration. Retrieved from <https://www.merriam-webster.com/dictionary/immigration#:~:text=noun,purpose%20of%20permanent%20residence%20there>.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. 2nd Edition. Thousand Oaks, CA: Sage publications.
- Mossayeb, S. M. & Shirazi, R. (2006). Education and Emigration: The case of the Iranian-American community. *Current Issues in Comparative Education*, 9(1), 30-45.
<https://files.eric.ed.gov/fulltext/EJ847392.pdf>
- Mousikou, M., Kyriakou, A., Skordis, N. (2023). Stress and Growth in Children and Adolescents. *Hormone Research in Pediatrics*, 96(1):25-33. doi: 10.1159/000521074. Epub 2021 Nov 23. PMID: 34814153.
- Moztarzadeh, A., & O'Rourke, N. (2015). Psychological and Sociocultural Adaptation: Acculturation, Depressive Symptoms, and Life Satisfaction Among Older Iranian Immigrants in Canada. *Clinical Gerontologist*, 38(2), 114–130.
<https://doi.org/10.1080/07317115.2014.990601>

- Munroe-Blum, H, et al. (1989). Immigrant children: psychiatric disorder, school performance, and service utilization. *Am J Orthopsychiatry*, 59(4), 510-9. doi: 10.1111/j.1939-0025.1989.tb02740.x. PMID: 2817089.
- Neubauer, B. E., Witkop, C. T., Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspect Med Educ*, 8(2), 90-97.
<https://doi.org/10.1007/s40037-019-0509-2>
- Noble, H., & Heale, R. (2019). Triangulation in research, with examples. *Evidence-Based Nursing*, 22(3), 67-68. <https://doi.org/10.1136/ebnurs-2019-103145>
- O'Connor, B. (2020). I witnessed the horrors of offshore detention and am appalled by the UK's Rwanda plans. *BMJ*, 377, o1502. <https://doi.org/10.1136/bmj.o1502>
- O'Connor et al. (2020). Intercoder Reliability in Qualitative Research: Debates and Practical Guidelines. Sage. <https://doi.org/10.1177/1609406919899220>
- O'Connor, C., & Joffe, H. (2020). Intercoder Reliability in Qualitative Research: Debates and Practical Guidelines. *International Journal of Qualitative Methods*, 19.
<https://doi.org/10.1177/1609406919899220>
- Palinkas, L. A. (2014). Qualitative and Mixed Methods in Mental Health Services and Implementation Research. *Journal of Clinical Child & Adolescent Psychology*, 43(6), 851–861. <https://doi.org/10.1080/15374416.2014.910791>
- Papazian, D. (2000). Armenians in America. *Journal of Eastern Christian Studies*, 52(3-4), 311-347. DOI: 10.2143/JECS.52.3.565605
- Persian Cultural Center of Atlanta. (2020). Persian Cultural Center of Atlanta/mission. Retrieved from <https://atlantapcc.com/>

- Polit & Beck. (2012). *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. Scientific Research.
<https://www.scirp.org/reference/ReferencesPapers?ReferenceID=1596228>
- Polit, D. F., & Beck, C.T. (2012). *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. 9th Edition. Philadelphia, PA: Lippincott, Williams & Wilkins.
- Porter & Haslam. (2005). Predisplacement and Postdisplacement Factors Associated With Mental Health of Refugees and Internally Displaced Persons. *JAMA Network*.
<https://jamanetwork.com/journals/jama/article-abstract/201335>
- Porter, M., & Haslam, N. (2005). Predisplacement and Postdisplacement Factors Associated With Mental Health of Refugees and Internally Displaced Persons: A Meta-analysis. *JAMA*, 294(5), 602–612. doi:10.1001/jama.294.5.602
- Public Affairs Alliance of Iranian Americans. (2023). Public Affairs Alliance of Iranian Americans. Retrieved from
https://en.wikipedia.org/wiki/Public_Affairs_Alliance_of_Iranian_Americans
- Rashidian, M., Hussain, R., & Minichiello, V. (2013). ‘My culture haunts me no matter where I go’: Iranian-American women discussing sexual and acculturation experiences. *Culture, Health & Sexuality*, 15(7), 866–877.
<https://doi.org/10.1080/13691058.2013.789128>
- Richards, B. (2023). *Associations Between Parenting Styles & Parental Self-Efficacy*. A Thesis submitted in partial fulfillment of the requirements for the degree Master of Art, Western Kentucky University.
<https://digitalcommons.wku.edu/cgi/viewcontent.cgi?article=4670&context=theses#>

- Robinson, C. C., et al. (2001). The Parenting Styles & Dimensions Questionnaire - Short Version. Retrieved from <https://psypack.com/assessments/parenting-styles-and-dimensions-questionnaire-psdq-short/>
- Sachdev, P. (2023). What Is Sexting?. Retrieved from <https://www.webmd.com/sex/what-is-sexting#:~:text=The%20term%20sexting%20stands%20for,include%20sexual%20or%20explicit%20videos.>
- Sahinkaya, E., & Jedinia, M. (2020). Iranian Refugees in Turkey Fear Arbitrary Deportations, Possible Surveillance. Retrieved from <https://www.voanews.com/a/extremism-watch-iranian-refugees-turkey-fear-arbitrary-deportations-possible-surveillance/6196475.html>
- Substance Abuse and Mental Health Services Administration. (2012). Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations. Retrieved from https://store.samhsa.gov/product/Identifying-Mental-Health-and-Substance-Use-Problems-of-Children-and-Adolescents-A-Guide-for-Child-Serving-Organizations/SMA12-4700?referer=from_search_result.
- Substance Abuse and Mental Health Services Administration. (2023). What is Mental Health? Retrieved from <https://www.samhsa.gov/mental-health>.
- Sanusi, I. (2019). Strengths and weaknesses of using NVivo. Retrieved from <https://repository.ar-raniry.ac.id/id/eprint/15044/1/Isnandar%20Sanusi,%20140203090,%20FTK,%20PBI,%20082365214353.pdf>
- Stacciarini, J. M., et al. (2015). I Didn't Ask to Come to this Country...I was a Child: The Mental Health Implications of Growing Up Undocumented. *J Immigr Minor Health*,

17(4), 1225-30. doi: 10.1007/s10903-014-0063-2. PMID: 24961580; PMCID: PMC4276733.

Tracy, S. J. (2019). *Qualitative Research Methods Collecting Evidence, Crafting Analysis, Communicating Impact*. Hoboken, NJ: John Wiley and Sons.

U.S. Department of State. (2019). Iran Travel Warning. Retrieved from:

https://en.wikipedia.org/wiki/Iranian_Americans#cite_note-Iran_Travel_Warning-130.

Tuffour, I. (2017). A Critical Overview of Interpretative Phenomenological Analysis: A Contemporary Qualitative Research Approach. *J Health Commun*, 2, 52. doi: 10.4172/2472-1654.100093

U.S. Citizen and Immigration Services. (2017). Citizenship through naturalization. Retrieved from [uscis.gov/us: https://www.uscis.gov/us-citizenship/citizenship-through-naturalization](https://www.uscis.gov/us-citizenship/citizenship-through-naturalization).

U.S. Department of State. (2023). Family Immigration. Retrieved from U.S. Department of State: <https://travel.state.gov/content/travel/en/us-visas/immigrate/family-immigration.html>.

U.S. EEOC. (2023). Retrieved from U.S. Equal Employment Opportunity Commission: <https://www.eeoc.gov/newsroom/merrill-lynch-pay-155-million-job-bias-against-iranian-muslim-former-employee>.

United Nations. (2023). Peace, dignity and equality. Retrieved from <https://www.un.org/en/global-issues/migration#:~:text=Some%20people%20move%20in%20search,disasters%2C%20or%20other%20environmental%20factors>.

US Department of State. (2023). The Iranian Hostage Crisis. Retrieved from

<https://history.state.gov/departmenthistory/short-history/iraniancrises>.

The American Dream-US GreenCard Service. (2023). Green Card winner statistics 2023.

Retrieved from [https://www.the-american-dream.com/green-card-winner-statistics/#:~:text=Iran%20\(5%2C077%20winners\),Afghanistan%20\(4%2C536%20winners\)](https://www.the-american-dream.com/green-card-winner-statistics/#:~:text=Iran%20(5%2C077%20winners),Afghanistan%20(4%2C536%20winners))

Vagle, M. D. (2018). *Crafting Phenomenological Research*. 2nd Edition. Milton Park, Abingdon, Oxon; New York, NY: Routledge.

Vahedi, S. (2010). World Health Organization Quality-of-Life Scale (WHOQOL-BREF): Analyses of Their Item Response Theory Properties Based on the Graded Responses Model. *Iran J Psychiatry*, 5(4), 140-53. PMID: 22952508; PMCID: PMC3395923.

Veluchamy, S., et al. (2016). Perception on managing mental health of generation Z students in creating student superstars: Students' talent management. *International Journal of Pharmaceutical Sciences Review and Research*, 39(2), 45-52.

https://www.researchgate.net/profile/Ramar-Veluchamy-3/publication/307476018_Managing_Mental_Health_of_Students_in_Creating_Student_Superstars/links/580534e608aee314f68e2213/Managing-Mental-Health-of-Students-in-Creating-Student-Superstars.pdf

Ward, K. P., & Lee, S. J. (2020). Mothers' and fathers' parenting stress, responsiveness, and child wellbeing among low-income families. *Children and Youth Services Review*, 116, 105218. <https://doi.org/10.1016/j.chilyouth.2020.105218>.

World Health Organization. (2019). Adolescent mental health. Retrieved from

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

World Health Organization Quality of Life Group. (1995). The World Health Organization quality of life assessment (WHOQOL): Position paper from the World Health Organization. *Social Science & Medicine*, 41(10), 1403-1409.

[https://doi.org/10.1016/0277-9536\(95\)00112-K](https://doi.org/10.1016/0277-9536(95)00112-K).

Worlddata. (2016). Asylum applications and refugees from Iran. Retrieved from

<https://www.worlddata.info/asia/iran/asylum.php#:~:text=A%20total%20of%20553%20people,new%20applications%20have%20been%20accepted>.

APPENDICES

APPENDIX A
QUESTIONNAIRE

APPENDIX A. Questionnaire

Thank you for participating in this interview. Your input is valuable in helping understand and address the mental health needs of youth. The following interview consists of questions aimed at gaining insights into stress specifically. Please answer each question honestly and to the best of your ability. Your responses are confidential, and the information gathered will be used for research purposes only.

1. How old are you?
2. Where were you born?
3. What grade were you when you arrived in the US? (Preschool Elementary School Middle School High School).
4. What is your parents' Immigration Pathway? (e.g. Family/Marriage Diversity Visa/ Green Card Lottery Refugee/Asylum Undocumented)
5. Have your parents lived in a refugee camp? No Yes
6. Have you lived with them at the camp? Yes No
7. Please let me know if you had difficulties (e.g., poverty, financial insecurity, emotional conditions) during that time.
8. Please let me know if you ever had any issues in integrating into American society that you think were caused by your being an Iranian immigrant.
9. Please let me know if you ever had any issues in your school interactions (e.g. peers, staff, or teachers) that you think were caused by you being an Iranian immigrant.
10. Please let me know if you ever had any family issues that you think were because your family were Iranian immigrants.

11. In what ways, if any, has the immigration process influenced your mental health?
12. What has been your experience with stress related to immigration?
13. Could you share a specific situation where you felt stressed that you think was caused by you being an Iranian immigrant?
14. How has stress affected your daily life?
15. What did you do to handle your stress?
16. Can you describe any specific challenges you faced during the immigration process that may have influenced your well-being?
17. Do you have anything else that you like to talk about concerning your experiences living in the US?
18. What is your gender?
19. What is your level of education? (Less than High School High School/GED Some College/ College Degrees Postgraduate)
20. What is your occupation?

Thank you for taking the time to complete this interview. Your input is invaluable in shaping our understanding of youth mental health.

APPENDIX B

MERCER UNIVERSITY IRB APPROVAL LETTER

APPENDIX B. Mercer University IRB Approval Letter



Monday, February 12, 2024

Mandana Malyani
3001 Mercer University Dr
College of Health Professions
Atlanta, GA 30341

RE: Immigration Impacts on Iranian-American Youth Mental Health (H24-02036)

Dear Malyani:

On behalf of Mercer University's Institutional Review Board for Human Subjects Research, your application submitted on 30-Jan-2024 for the above referenced protocol was reviewed in accordance with the 2018 Federal Regulations [21 CFR 56.110\(b\)](#) and [45 CFR 46.110\(b\)](#) (for expedited review) and was approved under category(ies) 6, 7 per 63 FR 60364.

Your application was approved for one year of study on 12-Feb-2024. The protocol expires on 11-Feb-2025. If the study continues beyond one year, it must be re-evaluated by the IRB Committee.

Item(s) Approved:

This study aims to determine whether immigration status among Iranian Americans in the US impacts the younger generation's mental health conditions as indicated by the presence of depression and anxiety symptoms.

NOTE: You **MUST** report to the committee when the protocol is initiated. Report to the Committee immediately any changes in the protocol or consent form and **ALL** accidents, injuries, and serious or unexpected adverse events that occur to your subjects as a result of this study.

We at the IRB and the Office of Research Compliance are dedicated to providing the best service to our research community. As one of our investigators, we value your feedback and ask that you please take a moment to complete our [Satisfaction Survey](#) and help us to improve the quality of our service.

It has been a pleasure working with you and we wish you much success with your project! If you need any further assistance, please feel free to contact our office.

Respectfully,

A handwritten signature in cursive script, appearing to read "Ava Chambliss-Richardson".

Ava Chambliss-Richardson, Ph.D.
Director of Research Compliance
Member
Institutional Review Board

"Mercer University has adopted and agrees to conduct its clinical research studies in accordance with the International Conference on Harmonization's (ICH) Guidelines for Good Clinical Practice."

Mercer University IRB & Office of Research Compliance
Phone: 478-301-4101 | Email: ORC_Mercer@Mercer.edu | Fax: 478-301-2329
1501 Mercer University Drive, Macon, Georgia 31207-0001

APPENDIX C
CODEBOOK

APPENDIX C. Codebook

Codes	Definition	Example
Language Barriers	A barrier to communication between people who cannot speak a common language.	<i>“I was on the school bus and she would hit me, and I was crying. I was asking for help, and I couldn't speak English.”</i>
Bullying	People used harmful words toward vulnerable ones.	<i>“Students made fun of my face and appearance.”</i>
Discrimination, Racism, ...	Prejudice, discrimination, or antagonism by an individual, community, or institution against a person or people based on their membership in a particular racial or ethnic group, typically one that is a minority or marginalized.	<i>“Sometimes, like on the soccer field, you'd hear some racist stuff said toward you.”</i>
Cultural Barriers	Cross-cultural barriers, also known as cultural barriers, are the communicational challenges faced by people due to their differences in cultures. The main cross-cultural barriers are ethnocentrism, stereotyping, psychological, language, geographical distance, and conflicting values.	<i>“... different culture. You know, we grew up doing different stuff, eating different foods, celebrating different holidays.”</i>
Identity Struggle	An identity crisis is defined as a period of uncertainty or confusion in a person's life. This crisis occurs when a person's sense of identity becomes insecure and unstable.	<i>“I think it is supposed to be different if you were born here versus if you came here. But actually, all the identity questions are something both groups deal with.”</i>
Social Acceptance	Social acceptance means that others signal that they wish to include you in their groups and relationships (Leary, 2010). Social acceptance occurs on a continuum that ranges from merely tolerating another person's presence to actively.	<i>“I did not watch and was not able to talk about popular TV shows at the time so other students did not take me seriously”.</i>

APPENDIX C. Codebook - Continued

Parents' High Expectations	Parents who set unrealistic expectations for their children's academic and career success can create stress, anxiety, and a sense of inadequacy. When children feel that they can never meet their parents' expectations, it can lead to a lack of motivation and a decrease in self-esteem.	<i>“My mom still is hoping that one day I become a lawyer.”</i>
Parents' Cultural Norms	Family cultural expectations are multifaceted and often rooted in a particular cultural or ethnic background. These expectations span a broad spectrum, encompassing academic achievements, career choices, marriage, personal identity, religious practices, and family roles, among others.	<i>“ Their parents would make his breakfast, and they would make bacon and they would always make turkey bacon for me, and like regular bacon for everyone else. But then I think I want to have regular bacon I just don't get it.”</i>
Parents' Demands	The continuum of parental demandingness refers to parents' willingness to set limits for children's behavior and to enforce the consequences of violating these limits.	<i>“ I had to be protective so many different times to protect my mom from other guys.”</i>
Parents- Children Conflicts	Parent-child conflicts may revolve around power struggles, misunderstandings about safety, or a lack of empathy for the other's point of view.	<i>“It made me upset that somebody who was supposed to be so close to me disagreed with me on such a fundamental level. It made me feel like I was misunderstood.”</i>
Parents Financial Issues	Economic hardship and financial distress can have devastating effects on families.	<i>” If there were any extracurricular classes or camps or anything like that it was difficult for my parents to afford for us.”</i>
Differences	Refers to the cognitive ability to recognize and acknowledge that individuals can hold unique thoughts, beliefs, and opinions separate from one's own.	<i>“Yeah, maybe sometimes like misunderstanding certain stuff just growing up in a different culture.”</i>
Responsibility	The state or fact of having a duty to deal with something or of having control over someone.	<i>“A lot of the time I feel that I can't let my parents down.”</i>

APPENDIX C. Codebook - Continued

Perfectionism	The tendency to demand of others or of oneself an extremely high or even flawless level of performance, over what is required by the situation.	<i>"It's a little bit hard to accept when things don't go my way,"</i>
Avoidance of Stressful Situation	Cognitive and behavioral efforts oriented toward denying, minimizing, or otherwise avoiding dealing directly with stressful demands and is closely linked to distress and depression (Cronkite & Moos, 1995; Penley, Tomaka, & Wiebe, 2002).	<i>They could feel the disconnect. So, if we had gatherings with our family friends who are Iranian, I wouldn't go.</i>
Physical Activity	Physical activity is defined as any voluntary bodily movement produced by skeletal muscles that requires energy expenditure.	<i>"I would exercise. I've always gone for a run, played soccer, or did something physical to get my mind off of stress"</i>
Seeking for Help	To ask for assistance	<i>"I guess to handle the stress I would figure out to talk to teachers"</i>
Learning Skills	A term that describes the tasks involved in learning, including time management, note-taking, reading effectively, study skills, and writing tests.	<i>"... to learn music. That was the only thing I could say about that was very positive to me. I try to use those times to play guitar and sing songwriting."</i>
Substance Abuse	Excessive use of psychoactive drugs, such as alcohol, pain medications, or illegal drugs. It can lead to physical, social, or emotional harm.	<i>Vaping, smoking</i>
Physical Symptoms	A symptom of an illness is something wrong with your body or mind that is a sign of the illness.	<i>I started having stomach refluxes.</i>
Pressure	Something wrong with the body or mind that is a sign of the illness.	<i>"I find myself occasionally overly concerned about academic assignments"</i>

APPENDIX C. Codebook - Continued

Social Withdrawal	To avoidant or socially restrained behavior that results from anxiety or fear evoked by the anticipation or presence of others in a social context.	<i>I very much distance myself from them”.</i>
Fearfulness	An emotion experienced in anticipation of some specific pain or danger.	“I’d start crying then because I get scared of what’s happening.”
Depression and Anxiety	Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think, and how you act. Anxiety is what we feel when we are worried, tense, or afraid – particularly about things that are about to happen, or which we think could happen in the future.	<i>“in college I still had anxiety.”</i>
Low self-esteem and Worries	Low self-esteem is when someone lacks confidence about who they are and what they can do. Worry refers to the thoughts, images, emotions, and actions of a negative nature in a repetitive, uncontrollable manner that results from a proactive cognitive risk analysis made to avoid or solve anticipated potential threats and their potential consequences	<i>“my confidence, it did affect me. Because, of course, the language barrier was one of those in the beginning.”</i>
Academic Challenges	The difficulties and obstacles that undergraduate students face during their academic work.	<i>“My grades started declining; I just felt like I had no purpose.”</i>
Lack of Transparency	situations where there is limited or inadequate disclosure or openness regarding information related to decision-making processes or actions taken by individuals or institutions.	<i>“ I hid things from my parents.”</i>
Development of Immigration- friendly Regulation and Policy		<i>“They’re giving them maybe some better health care and a safer environment to live in.”</i>

APPENDIX C. Codebook - Continued

Research and Due Diligence Before Immigration	<i>“Research is really important. Because there are a lot of opportunities in the US that you could take advantage of.”</i>
Satisfaction with Immigration to the US	<i>“I have to say I'm thankful because I have such a big opportunity now.”</i>
