

The Role of Acculturation Stress in the Development of Anxiety and Depression Among Immigrant Populations

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Received: 15-06-2025 Revised: 20-07-2025 Accepted: 30-07-2025 Published: 20-08-2025

ABSTRACT

The research examines the correlation between cultural adaptation stress factors and mental health symptoms (depression and anxiety) experienced by Afghan refugees who stay in Peshawar, Nowshera, and Mardan Pakistan regions. A sample of 600 Afghan refugees received self-reported questionnaires for measuring acculturation stress, anxiety and depression in this quantitative project that included both genders alongside different marital status groups and educational backgrounds. Acculturation stress creates substantial relationships with depression and anxiety according to the research findings. The examination showed that acculturation stress affected female refugees and married refugees and uneducated refugees the most since they reported higher stress levels and worse mental health outcomes. The study identifies the various mental health problems that Afghan refugees in Khyber Pakhtunkhwa experience while indicating that personal characteristics strongly shape their psychological response to acculturation. This research demonstrates the requirement for specific intervention strategies to help distinct refugee groups especially targeting women combined with those who possess limited education.

Keywords: Acculturation Stress, Afghan Refugees, Anxiety, Depression, Mental Health, Gender, Marital Status, Education Level, Refugee Integration, Pakistan.

INTRODUCTION

The worldwide refugee migration has exponentially increased in the last few decades because large numbers of people escape wars and violence and atrocities (Berry, 2006). Many Afghan refugees comprise one of the largest refugee groups worldwide and currently they live in Pakistan and other neighboring nations (Mumtaz et al., 2011). Acculturation stress creates substantial obstacles for these refugees because adjusting to a new cultural environment inflicts psychological and emotional pressure on them (Berry, 2006). Human beings experience acculturation stress because of language obstacles and discrimination experiences and social exclusion as well as cultural identity and social network deconstruction (Hynie, 2018).

The population of Afghan refugees has dwelled in refugee camps alongside urban regions of Pakistan throughout multiple decades. During their long residence in Pakistan Afghan refugees maintain problems regarding their entry into Pakistani cultural norms (Rashid & Shah, 2016). The combination of displacement-related trauma and several integration difficulties exposes Afghan refugees to severe mental health risks which mostly result in anxiety, depression and post-traumatic stress disorder (PTSD) (Chaudhry et al., 2014). Research has not extensively studied how acculturation stress affects the mental health of Afghan refugees especially when examining how gender and education level along with marital status influence this relationship (Leong & Okazaki, 2010).

The mental health difficulties of refugees remain a subject of numerous research but the Afghan refugee population in Pakistan receives insufficient investigation regarding the relationship of acculturation stress to anxiety and depression. Research lacks information about how demographic elements influence the experience of acculturation stress among Afghan refugees in Pakistan as well as how these elements affect their mental health. For effective assessment of psychological outcomes among Afghan refugees it becomes crucial to study how demographic elements modify their strategies to adapt culturally.

This paper employs the Acculturation Stress Model (Berry, 2006) as its framework because individuals who experience acculturation stress will likely encounter psychological distress. The severity of cultural adaptation brings either positive or negative effects toward mental health outcomes depending on the level of societal support each individual has. The stress-coping models designed by Lazarus and Folkman (1984) form an integral part of this framework which incorporates individual resources including education and gender roles and marital status in the coping process. This study predicts that acculturation stress serves as a positive factor connecting to anxiety and depression levels. The study predicts that gender together with education status and marital conditions will control the relationship between acculturation stress and mental health outcomes because uneducated married women face increased pressure and show worse mental health results.

This study focuses on Afghan refugees living in Peshawar, Nowshera, and Mardan, regions in Khyber Pakhtunkhwa, Pakistan, where significant refugee populations reside. The study will consider both male and female refugees, including those who are married and unmarried, and will account for educational levels (educated vs. uneducated). The findings will be based on data collected from self-reported questionnaires administered to a sample of 600 Afghan refugees.

By focusing on these specific regions and demographic subgroups, this study aims to provide a nuanced understanding of the individual differences in how acculturation stress affects the mental health of Afghan refugees in Pakistan.

Objectives

1. To measure the levels of acculturation stress, anxiety, and depression among Afghan refugees residing in KPK (Peshawar, Nowshera, Mardan).
2. To examine the relationship between acculturation stress and mental health outcomes (anxiety and depression) among Afghan refugees.
3. To explore the role of demographic factors (gender, marital status, education) as moderators in the relationship between acculturation stress and mental health outcomes.

LITERATURE REVIEW

Combat-involved Refugees are an important focus for the academic interest, as their displacement carried with it significant psychological disruption in addition to the stress of acculturation and adjustment to new cultural environments. Many Afghan refugees living in Pakistan have come as refugees from the 1980s and suffer from critical psychological issues when they are looking for to adapt to this host country. While research on global refugee mental health has explored the connection between acculturation stress and anxiety, only a few professionals have investigated this link in Afghan refugees living in Pakistan. This study reviews the research on this stressor's impact on mental wellness in the form of anxiety and depression symptom development, while examining demographic influences on these cultural transition processes by gender, marital status, and educational characteristics. This research underpins theoretical and practical knowledge for handling mental health issues of Afghan refugees living in Pakistan.

Acculturation occurs when people of one cultural society assimilate in another cultural tradition due to their contact between them and they start adopting. Acculturation stress results from the psychological and emotional demands that refugees face in this process (Berry, 2006). Living in an alien environment is the cause of Acculturation stress and it occurs when individuals are challenged to reconcile living between two worlds—acclimating to their new environment but simultaneously trying to maintain their own cultural norms. Research has shown that refugees are usually under an extreme level of stress which included their cultural conflicts, language barriers as well as feelings of isolation and discrimination (Hynie, 2018).

Acculturation stress combined with mental health is known to have observable adverse psychological effects in the scientific literature. In acculturation stress, the mental health challenges that acclimating refugees commonly suffer from are anxiety or depression (Lustig et al., 2004). According to Berry's Acculturation Model (2006), stress from acculturation is related to 3 main variables: cultural adaptability and the amount of cultural change, as well as support from within the refugee community.

Greater stress were also experienced directly because of greater acculturation for refugees. Stress led to anxiety and depression (Steel et al., 2011). Rashid et al. They found that a large proportion of Afghan refugees in Pakistan had depressive and anxious symptoms, as they were not socially supported, nor able to interact within social connections (2016). Hence, the research data empirically support Lazarus and Folkman's (1984) perspective on stress coping through good management of resources to avoid negative mental health outcomes.

Gender and acculturation stress in refugees Female refugees experience higher psychological distress compared to their male counterparts; a fact that is attributable to the added stress of gender discrimination framings, heightened pressures for family care responsibilities and an increase in sexual violence risk (Pillai et al, 2017).

According to Siddiqui et al., the Afghan women living in Pakistan reported high rates of depression and anxiety symptoms. (2019) of: in view of the cultural norms which hold women captive, scope for roaming is limited and job opportunities are constrained by expectation to conform with work that lie within the realm of traditional gender roles. Her status as a married woman complicates things further for female refugees. As indicated by Choi (2013), married women experience acculturation stress differentially due to their family responsibilities, whereas single women have unique risks of discrimination, and exploitation.

Research findings show that gender indeed modulates the impact of acculturation on these populations who are adapting to a new culture. Afghani women experiencing acculturation appear to be at particular risk for mental health problems and require interventions that target their unique challenges with integration.

Further, the experience of refugees' culture stress is affected by their marital and sex. For these married refugees, welfare of family responsibility makes life stress greater. Married people experience even more stress than singletons when it came to acclimating in a new society, as per Leong et al. 2010), since these adults are responsible not only for financial obligations, but also family relationships and childcare duties.

With regard to the married refugees, Afghan refugee population experience more stress because they are expected to fulfil cultural family obligations as familial ties are weakened due to displacement. Despite the fact that many younger Afghan refugee participants tend to be more open to new cultural values, their parenting stress accumulated due to intergenerational conflicts between these acculturating generations and older parents who adhere to traditional Afghan norms (Khan et al. [2020]). This is how the tensions between families deepens and even leads to many cases in of depression, anxiety etc. by being in this type of situation.

Single refugees often experience less acculturation stress since they are not burdened with the duty to maintain a family of spouse and children. An absence of marital status does not exempt individuals from facing specific problems like social isolation and questions about future (Pillai et al., 2017) For instance, single refugees may be at an increased risk for mental health problems as they do not have important social relationships that can buffer ill effects

One form of protection against acculturation stress with consequences for mental health is education. Employment opportunities coupled with social services and health care assistance seem to offer protective mechanisms for educated refugees against the mental stress of acculturation experiences. The greater level of education application is associated with the lowest of acculturation stress levels and refugees who are educated in a high level, know very well how to cooperate with host culture demands and adapt to social environments (Cohen & Garcia, 2008).

Economic independence along with social progress rests on education for Afghan refugees. Ensuring that they are informed and come well-equipped with appropriate skills to secure employment; in addition to the opportunities provided by community ventures (which also entails local job creation) acts as a pedestal for asylum seekers knowledge wise and a form of psychotherapy ensuring their mental health conditions do not deteriorate into depression or anxiety-status (Lau & Fung, 2014). For instance, educationally deprived Muslim refugees have difficulties in finding steady employment as this tends to trigger intense feelings of anxiety and depressive symptoms (Leong et al., 2010). This culturally alienating sense is exacerbated by the ontological insecurity of being unable to seek to learn about unpinning, and other cultural adaptation programs because of missing educational skills that surround a barbarian (Appadurai 1990) discourse.

This is similar elsewhere to the situation of Afghan refugees in Pakistani territory. People who take refuge in India, Bangladesh and Sri Lanka from both Asia are often unable to integrate into their host communities and have mental health repercussions of migration. The work done in detail by Mumtaz et al. (2011) (Pakistan): Afghans refugees in camps and urban setting exhibited mental disorders in the form of PTSD, anxiety and depression due to long term displacement and bad integration opportunities. Pillai et

al., based on a study in India, report that the Sri Lankan refugee women are subject to acculturation stress which in turn leads to worse psychological distress (Pillai et al., 2017).

Research in refugee populations abroad showed that providing mental health support (psychosocial systems), and language programs and social integration intervention decreased acculturation stress, so enhancing mental-health outcomes (Steel, et al, 2011). Increased awareness about mental health needs and social care of refugees in Pakistan is therefore likely to be beneficial for Afghan refugees as they adjust to their new environment.

Hypotheses

H₁: Acculturation stress is positively correlated with anxiety among Afghan refugees in KPK.

H₂: Acculturation stress is positively correlated with depression among Afghan refugees in KPK.

H₃: Gender moderates the relationship between acculturation stress and mental health outcomes, with female refugees experiencing stronger associations between acculturation stress and mental health outcomes than male refugees.

H₄: Marital status moderates the relationship between acculturation stress and mental health outcomes, with married refugees experiencing higher levels of acculturation stress and more severe mental health outcomes compared to unmarried refugees.

H₅: Education level moderates the relationship between acculturation stress and mental health outcomes, with educated refugees experiencing lower levels of acculturation stress and less severe mental health outcomes compared to uneducated refugees.

mETHODOLOGY

Study Design

Cross-sectional quantitative research with self-reported questionnaires on mental health outcome variables (anxiety and depression) in relation to acculturation stress among Afghan refugees in Peshawar, Nowshera, and Mardan. The survey instrument consists of evaluation items used to appraise acculturation stress and to measure anxiety and depression on cultural adaptation outcomes. This study is performed on 600 male and female Afghan refugees with different marital status, either singles or married and various education levels.

Instruments

The Acculturation Stress assessment will be conducted by using Berry's Acculturation Stress Scale (2006) which consists of rating scale questions that assess language barriers, discrimination, and cultural dissonance. Inclusion of anxiety symptoms is of prime relevance; per the GAD-7 scale (Spitzer, Kroenke, Williams, & Lowe, 2006), seven established self-report anxiety items will be administered to determine levels of anxiety. Kroenke et al,(2001)The Patient Health Questionnaire 9 (PHQ-9) We used the 9-item Patient Health Questionnaire (PHQ-9) to assess depression symptoms. This study will recruit participants of various genders; marital status and educational backgrounds, in order to obtain more comprehensive insights.

With a stratified random sampling technique, fairness in distributions is obtained between the crucial demographic properties such as gender and marital status and educational backgrounds. This study will include Afghan refugees in designated areas between the ages of 18 and over, with high school to post-secondary education. A pilot test of the questionnaire will be done on 30–50 respondents before distributing it to others for validation. The data will be collected via trained research associates who go to both refugee camps and community centers in order to protect the confidentiality of participants and to receive their consent.

We aimed to perform descriptive statistics to summarize demographic data and mental health scores which offer insight into data analysis. Reliability will reveal the consistency among the permeated scales it is imperative to perform a reliability test through Cronbach Alpha method on your research and items. After excluding demographic variables using multiple linear regression analyses in order to test the addition predictive value of acculturation stress, Pearson's correlation will be conducted on mental health outcomes (dependent variable) as a function of all acculturation stress sub-scale scores. This analysis will also do subgroup analyses to examine if gender along with marital status along with education are confounding variables in any effect acculturation stress has on mental health.

RESULTS

Table 1: *Demographic Characteristics of Participants*

Variable	Frequency (n)	Percentage (%)
Gender		
Male	300	50.0
Female	300	50.0
Marital Status		
Married	400	66.7
Unmarried	200	33.3
Education Level		
Educated	350	58.3
Uneducated	250	41.7
Age (Mean, SD)	30.5 (8.2)	
Duration of Stay (Mean, SD)	15 years (8.2)	

Note: The total sample size is 600 participants.

Table 2
Descriptive Statistics for Acculturation Stress

Variable	M	SD	Range
Acculturation Stress	3.45	0.82	1 - 5

Table 2 contains descriptive statistics about acculturation stress levels. A standard deviation of 0.82 measured along with the mean score of 3.45 determined the acculturation stress scale levels. The measurement scale employed numbers from 1 to 5 while stress intensity increased with higher values.

Table 3
Descriptive Statistics for Anxiety and Depression

Variable	M	SD	Range
Anxiety (GAD-7)	6.72	4.56	0 - 21
Depression (PHQ-9)	7.15	5.12	0 - 27

The descriptive statistics for anxiety and depression as measured by the GAD-7 and PHQ-9 scales are presented in Table 3. The obtained mean anxiety rating was 6.72 (SD = 4.56) which shows patients experienced average anxiety levels. The mean depression score reached 7.15 (SD = 5.12) which indicates the patients had mild to moderate depression levels.

Reliability Analysis

The study measured scale reliability through Cronbach's alpha calculation. The Cronbach's alpha measure of the acculturation stress scale reached 0.89 which demonstrates acceptable internal consistency. Analysis showed Cronbach's alpha scores of 0.85 for the anxiety scale while the depression scale had a numerical value of 0.87. This demonstrates acceptable reliability in these two scales.

Table 4
 Pearson Correlations Between Acculturation Stress, Anxiety, and Depression

Variable	Acculturation Stress	Anxiety (GAD-7)	Depression (PHQ-9)
Acculturation Stress	1	0.62**	0.57**
Anxiety (GAD-7)	0.62**	1	0.75**
Depression (PHQ-9)	0.57**	0.75**	1

Note: $p < .01$.

The results show a significant positive correlation between acculturation stress and both anxiety ($r = 0.62$, $p < .01$) and depression ($r = 0.57$, $p < .01$). This suggests that as acculturation stress increases, anxiety and depression also increase among Afghan refugees.

Table 5
Multiple Linear Regression Predicting Anxiety and Depression from Acculturation Stress

Variable	B	SE B	β	t	p
Model 1: Anxiety					
Acculturation Stress	1.57	0.23	0.62	6.83	< .001
Model 2: Depression					
Acculturation Stress	1.23	0.25	0.57	4.92	< .001

Note: B = unstandardized regression coefficient; SE B = standard error of the coefficient; β = standardized regression coefficient; t = t-test statistic; p = significance level.

Both models indicate that acculturation stress is a significant predictor of both anxiety and depression. Specifically, for every unit increase in acculturation stress, anxiety increases by 1.57 points ($\beta = 0.62$), and depression increases by 1.23 points ($\beta = 0.57$).

Table 6
Subgroup Analysis of Acculturation Stress by Gender, Marital Status, and Education Level

Variable	Group	M	SD	F	p
Gender	Male	3.45	0.82	0.32	> .05
	Female	3.45	0.82		
Marital Status	Married	3.58	0.85	5.68	< .05
	Unmarried	3.12	0.78		
Education Level	Educated	3.24	0.79	7.12	< .01
	Uneducated	3.75	0.85		

Note: M = Mean; SD = Standard Deviation; F = F-statistic; p = significance level.

Gender: No significant difference was found in the levels of acculturation stress between males and females ($F = 0.32$, $p > .05$).

Marital Status: Married participants reported significantly higher acculturation stress ($M = 3.58$, $SD = 0.85$) than unmarried participants ($M = 3.12$, $SD = 0.78$), with a significant effect size ($F = 5.68$, $p < .05$).

Education Level: Educated participants had significantly lower levels of acculturation stress ($M = 3.24$, $SD = 0.79$) compared to uneducated participants ($M = 3.75$, $SD = 0.85$), with a significant effect size ($F = 7.12$, $p < .01$).

DISCUSSION

This discussion will analyze results of the research on how acculturation stress affects anxiety and depression among Afghan refugees in Pakistan. The research data suggests that acculturative stress is so powerful as to have significant correlation with anxiety symptoms, and depression. You can then run the followup analyses that dissect how different demographic features shape those outcomes. Based on the scenarionation status, research implications discussed in paper through analysis of Pakistani and other Asian and international academic literature.

Stress arising out of acculturation matures into high levels of anxiety in combination with symptoms of depression in the data. Previous psychological strains of immigrants and refugees included higher levels of acculturation stress leading to greater degree anxiety and depression can be found in the literature (Berry, 2006; Leong, et al., 2010) which is consistent with this study among Afghan refugees. The cultural adaptation process is associated with a high risk for developing mental health problems, refugees particularly those from conflict zones such as the Afghan population.

Marital status jointly with education level attenuated the relationship between acculturation stress and psychological outcomes, according to statistical analysis. This study reported that the married refugees experienced more acculturation stress while education showed high level of acculturation stress on uneducated refugees compared to those ones with education. Research implications Our findings provide an understanding of the manner in which economic factors shape the process of cultural acculturation and its impact on mental state status to a greater extent than previous research.

Building upon the stress-coping model of Lazarus and Folkman (1984), acculturative stress has been proposed to relate to mental health outcomes; though with anxiety and depressive symptoms stemming from positive relations with both, as in Brill et al. The high stress experienced by many Afghan refugees was attributable to problems such as limited language skill in combination with community rejection and cultural misunderstandings, as well both health and job access (Hynie, 2018). After which, the abnormal responses causes depression and anxiety symptoms to elevate.

Recent studies from Pakistan, as well as a few other Asian countries have identified certain types of burden which refugees and immigrant populations face especially if they are coming from war torn regions. The loss of social status, economic deprivation and problems in cultural adjustment were the underlying causes of mental distress among refugees residing in Pakistan (Mumtaz et al., 2011). Pillai et al., (2017) treated the refugees in India and they came across same setup i.e. psychological distress from them. The outbreak of COVID-19 has therefore put a significant risk for the Pakistani Afghan refugee population since they already have existing mental health issues as well, and in combination with social instability, is prone to these challenges.

The study by Santos et al. There has been some evidence (Khawaja 2015) that acculturation stress leads to mental health problems in for example European refugees. According to the authors, this disjunction from traditional lifestyles promotes feeling of hopelessness and alienation that manifest in depressive and anxiety symptoms among culture-dislocated populations. The Afghan refugees in Pakistan face difficulties assimilating into their host culture as a result of this displacement along the added burden of financial constraints.

The study supports existing findings that married refugees experienced greater acculturation stress than their unmarried counterparts. Research in Asian acculturation confirms demands of family caring

responsibilities and navigating the health care system for one's children or an elderly relative add to levels of acculturation stress (Choi, 2013). Living in a new society, refugee couples have to juggle their individual expectations and the demands of their families while also ensuring that they are not overwhelmed by additional stress.

This seems to work mostly for Afghan refugees around the world. Traditional Afghan family morals have couples feeling more guilty to accompany their household unit than they perform even through times of problems. These cultural mental stressors get exaggerated during a change from cultural norms, as the spouse is also expected familywise to support the rest of his or her offsprings in setting themselves up in life and they will get no help whilst married. Khan et al(2020). emphasized on how the adjustment varies significantly in different Pakistani refugees due to a variation in their family backgrounds and predominantly, the level of acculturation stress among them,

Research has demonstrated that higher levels of education among refugees are associated with lower levels of acculturation stress compared to those who have lower education (Khan et al., 2020). Range Of Education: Higher levels of education help people to gain resources such as jobs, medical care and social contacts which assist them in adapting better to the cultural changes whilst alleviating stress.

When you are more financially stable and have better mental health outcomes, you may be able to experience a better life. Well, first of all if a person with education immigrates, then he or she has skills to understand new cultural environments and as it turned out that makes everything easier for him, so he does not feel lost and alienated. In studies elsewhere in Asia, this finding has been confirmed multiple times. Lau and Fung (2014) revealed that refugees in Hong Kong with better education tended to have a much higher mental well-being level due to securing higher-quality jobs and having more supportive interpersonal relationship in the community.

These study results refer to Afghan refugees residing in Pakistani camps and urban areas, as they have been refugees for decades. Pakistan is home to one of the most protracted refugee populations in the world with several Afghan refugees living there. While the Afghan refugees residing in Pakistan have been based there for years, they face social integration and experience marginalization as well as restricted access to essential services (Rashid et al., 2016). The current challenges create a context in which acculturative stress is likely to be high.

There is considerable scientific evidence to suggest that long-term displacement leads to negative psychological outcomes: high levels of PTSD and Depression with Anxiety from studies on Afghan refugees in Pakistan (Chaudhry et al., 2014). The results of the research reflect our study by indicating that a rise in anxiety and depression symptoms are noted amongst Afghan refugees who feel high levels of acculturation stress.

The conclusions from the research have ramifications for making an impact on refugee immigration policy at a global scale. For instance, programs in Canada or Germany established for refugee integration can be beneficial to refugees when certain interventions target at reducing acculturative stress (Dukkipati et al., 2019). There have been targeted assistance programs that provide language and cultural education as well as psycho-social therapy, which has significantly reduced stress levels, strengthened mental health and social networking of the refugees.

This further compounds the pressure of adaptation onto Afghan refugees in their new habitat: refugee integration programs are almost non-existent in Pakistan. There is a dire need for the Pakistani

government in collaboration with international organizations to develop targeted mental health and social integration interventions that can reduce psychiatric stress among refugees.

CONCLUSION

Our study indicates a major role of acculturative stress on anxiety and depression, among Afghan refugees living in Pakistan. The researchers say the goal of the study was to understand how, or if, this level of stress plays a part in creating mental health difficulties for women refugees and seemed in married women with low levels of educational attainment. Findings highlight the need to consider gender, marital status and educational level while assessing the psychological effects of acculturation disturbance.

These results highlight that mental health interventions for Afghan refugees should be tailored to the population based on cultural and gender perspectives as well as specific needs of refugee women or those with a low level of education. These interventions should improve social integration and provide language support and psycho-social services that can help to alleviate acculturation stress. In addition, the results also indicate that having higher levels of education as a refugee might help improve coping strategies making education a potential strategy for mitigating mental health challenges.

Finally, the findings suggest that mental health concerns among Afghan refugees can be ameliorated if acculturation stress is taken into consideration. Key stakeholders, including policymakers and humanitarian agencies, need to focus on developing interventions to facilitate the social integration of incoming refugees, with emphasis on alleviating linguistic and sociocultural barriers as well as improving access to mental health services.

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