



university of  
 groningen



**Breaking the Silence: Language Barriers and Healthcare Struggles of Elderly Afghan Migrants in the Netherlands – Addressing Dementia as a Growing Crisis**

Samira Khademrad

s6080952

MA Thesis

Applied Linguistics (TEFL)

Faculty of Arts

University of Groningen

Supervisor:

[Prof. Dr. M.C.J. Keijzer](#)

## **Author Note**

This master's thesis is developed within the framework of the NOW, Vici project CAREful about Language, which investigates the role of language in person-centered dementia care for migrant populations, led by Prof. Dr. M.C.J. Keijzer at the University of Groningen.

As a master's student conducting this research under Prof. Dr. M.C.J. Keijzer's supervision, my role is to identify the language barriers that elderly Afghan migrants and their informal caregivers encounter when accessing the healthcare system in the north of the Netherlands. Furthermore, this study examines how these linguistic barriers shape their healthcare experiences and explores effective language-based strategies to improve communication and accessibility for these communities.

## **Objectives**

This study explores how language barriers affect healthcare access for elderly Afghan migrants in the Netherlands, especially in the context of dementia, a progressively escalating public health crisis. It investigates how linguistic exclusion impacts both care experiences and emotional well-being and identifies language-based strategies that may support more inclusive and person-centered care.

## **Methodology**

A participatory, family-based design was used. Three family units, each including one elderly migrant, three family members acting as informal caregivers, and one community member providing additional support, participated in semi-structured interviews and follow-up focus group discussions. Thematic analysis was conducted on the transcriptions of both the interviews and the focus group discussions. Additionally, five psychosocial and cognitive measures were used in pre- and post-intervention assessments to evaluate emotional and cognitive changes.

## **Results**

The findings uncovered a range of deeply interlinked challenges: clinical miscommunication, emotional isolation, cultural mismatch, and caregiver burden caused by the lack of formal language support. The focus group discussions served as a collaborative space for co-developing practical strategies, including: access to certified interpreters, culturally tailored communication training for healthcare staff, multilingual brochures, and the creation of a "language help desk." While only slight differences were observed in quantitative assessments, qualitative results highlighted profound emotional and relational consequences of persistent language barriers, especially within dementia care, where communication is central to understanding needs and behaviors.

## **Discussion**

This study demonstrates that language barriers are not merely logistical issues but social determinants of health that exacerbate vulnerability in already marginalized populations. The findings offer clear, community-informed strategies to improve linguistic inclusion in healthcare,

particularly for those experiencing or at risk of cognitive decline. Despite the study's small sample size, its participatory and context-sensitive approach contributes to a growing call for structural reforms in dementia care that account for the lived realities of migrant populations.