Social support needs of Sudanese and Zimbabwean refugee new parents in Canada

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Abstract

Purpose – *The purpose of this paper is to examine support needs of African refugee new parents in Canada, and identifies support preferences that may enhance the mental health of refugee parents and children.*

Design/methodology/approach – *In all, 72 refugee new parents from Zimbabwe (n = 36) and Sudan (n = 36) participated in individual interviews. All had a child aged four months to five years born in Canada. Refugee new parents completed standardized measures on social support resources and support seeking as a coping strategy. Four group interviews (n = 30) with refugee new parents were subsequently conducted. In addition, two group interviews (n = 30) were held with service providers and policy influencers.*

Findings – *Separated from their traditional family and cultural supports, refugee new parents reported isolation and loneliness. They lacked support during pregnancy, birth, and postpartum and had limited interactions with people from similar cultural backgrounds. Refugees required support to access services and overcome barriers such as language, complex systems, and limited financial resources. Support preferences included emotional and information support from peers from their cultural community and culturally sensitive service providers.*

Research limitations/implications – *Psychometric evaluation of the quantitative measures with the two specific populations included in this study had not been conducted, although these measures have been used with ethnically diverse populations by other researchers.*

Practical implications – *The study findings can inform culturally appropriate health professional practice, program and policy development.*

Originality/value – *The study bridges gaps in research examining support needs and support intervention preferences of African refugee new parents.*

Keywords *Canada, Refugee, Zimbabwe, Sudan, Social support, New parents*

Paper type *Research paper*

Thousands of refugees arrive in Canada every year and an increasing number of them are granted resident status on humanitarian grounds (Standing Senate Committee on Social Affairs and Technology, 2006); in 2012, Canada received 23,094 refugees (Citizenship and Immigration Canada, 2012). At the time this project grant was written, Africa was the second top refugee-source continent and Zimbabwe and Sudan were among Canada's top African refugee-source countries (Citizenship and Immigration Canada, 2012). Sociopolitical crises in Darfur, Sudan have had social, cultural and economic reverberations in Canada. The Sudanese are diverse, speaking Arabic, as well as English or other Sudanese languages (e.g. Nuer, Dinka). For most Sudanese refugees communal identity is strong, and solidarity, sharing, reciprocity, trust, support, and religion were central at pre-migration (McMichael and Manderson, 2004; Goodman, 2004). Many Sudanese refugees have been exposed to violence, war, trauma, and isolation from family (Lietz, 2007; Simich *et al.,* 2004). At post-migration, trauma correlates with social problems, mistrust, and sense of betrayal during resettlement (Jaranson *et al.*, 2004). While most Sudanese refugees fled with the assistance of humanitarian organizations, most Zimbabwean refugees are economic refugees and often arrive with an advantage in educational,

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language and occupational skills. Sudanese and Zimbabwean refugees can both be targets of discrimination because of racialized status and cultural and religious traditions (Schweitzer *et al.*, 2006; Simich *et al.*, 2005).

Both migration and parenthood in a new country are major changes that pose stressful challenges to newcomers. In Canada, numerous formal support programs for childbearing families are provided through publicly funded health system and through not-for-profit and for-profit agencies. Programs include in-home, clinic, and telephone public health nursing services for new parents particularly during the first few months after birth. Additionally, a variety of parent support programs are provided by health professionals and lay peers through public health and family centers. Newcomer women, however, experience barriers to access these formal support systems in childbearing years and lack of proximity to informal support systems such as family (Merry *et al.*, 2011; Sheikh-Mohammed *et al.*, 2006). Caring for an infant without help from family can be overwhelming (Ahmed *et al.*, 2008). Refugee women, despite higher postpartum depression symptoms (42 vs 15 percent) (Collins *et al.*, 2011; Gavin *et al.*, 2005) than population norms, report receiving less social support than Canadian women (Stewart, Gagnon, Sauchier, Wahoush and Dougherty, 2008; Stewart, Anderson, Beiser, Makwarimba, Neufeld, Simich and Spitzer, 2008; Merry *et al.*, 2011). Newcomer fathers to Canada also face substantial challenges, including lack of family and community support networks, inadequate support networks to obtain suitable employment, and barriers to accessing formal support systems that tend to focus on services for women provided by women (Este and Tachble, 2009; Shimoni *et al.*, 2003). There is a major gap in research examining support needs and support intervention preferences of refugee new parents from their perspectives. Consequently, the objectives of this study were to: identify the sources of support and support needs of Sudanese and Zimbabwean refugees who are new parents in Canada; explore their support-seeking strategies; describe their preferences for relevant support interventions; and identify implications for supportive policies and programs.

Social support is a resource for coping with stressful situations (Gottlieb and Bergen, 2010; Stewart, 2000) (e.g. immigration, resettlement) and a determinant of health (World Health Organization, 2013). Social support improves coping, moderates stressful situations, and alleviates isolation. Social support is defined as interactions with family members, friends, peers, and professionals to communicate information, esteem, practical aid, or emotional help (Stewart, 2000). Social networks provide varied types of support functions (information, affirmation, instrumental, and emotional). As most social networks and social relationships encompass positive and negative elements, the supportive and non-supportive elements of relationships should be appraised. Support can either endure or dissipate over time in stressful situations (e.g. migration) (Quell, 2002).

Migration coincides with decreased social support resources. Social networks of newcomers and attendant supports dwindle upon immigration, particularly for some refugees (Stewart, Gagnon, Sauchier, Wahoush and Dougherty, 2008; Stewart, Anderson, Beiser, Makwarimba, Neufeld, Simich and Spitzer, 2008). Problematic social networks can restrict refugee women's capacity to use and create social capital in their new country (McMichael and Manderson, 2004). Limited resources to exchange create low stocks of social capital (Lauder *et al.*, 2006). Intergenerational conflicts, financial constraints, struggle for employment, inadequate knowledge of resources, language difficulties, and lack of transportation significantly impede refugees' ability to mobilize or use supportive resources (Gottlieb and Bergen, 2010; Wu and Hart, 2002). The loss of social support following migration has a detrimental impact since supportive resources and support seeking can reduce refugees' isolation, enhance their sense of belonging and life satisfaction, mediate discrimination, and facilitate integration into a new society (Fernandez *et al.*, 2014; Foss *et al.*, 2004; Fox *et al.*, 2005; Grewal *et al.*, 2008; Schweitzer *et al.*, 2006). Newcomer mothers experience loss of supportive networks (Chung *et al.*, 2013). African refugee parents who recently gave birth in Canada have reported feelings of isolation, loneliness, and stress (Stewart *et al.*, 2015). Although many of these concerns are similar to those experienced by new parents in Canada (Fox, 2009), these challenges appear to be heightened for newcomer parents.

Social support can influence immigrants' and refugees' feelings of belonging or isolation (Kelaher *et al.*, 2001). However, migrants face particular struggles in obtaining social support in

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their host country, intensifying problems with integration. Extended social networks may be deficient (McMichael and Manderson, 2004) and social relations may be either disrupted or de-valued in the host country (Sanchez-Ayendez, 1995; McMichael and Manderson, 2004). Roles, expectations, and conflicting values within families may be burdensome and isolating (Yeh, 2003). Refugees who are escaping persecution or conflict may lack documentation and experience barriers in pursuing education and securing employment, which can impede social integration and social networks. Social isolation of refugees is amplified by restrictions on travel to home countries, and barriers to family reunification.

Social relations that provide meaning in the home country are often disrupted or de-valued in the new country. Immigration can alter the customary or traditional patterns of parenting, for example, the family member who would usually provide care may not reside in the same community or country, relatives who could provide support to parents may not be accessible, and new parents may have difficulty accessing community support because of language or other barriers (Stewart, Gagnon, Sauchier, Wahoush and Dougherty, 2008; Stewart, Anderson, Beiser, Makwarimba, Neufeld, Simich and Spitzer, 2008). Sole responsibility for family support, family composition, length of time in the new country, and intergenerational family conflicts, influence refugees' experiences and perceptions of social support (Davies and Bath, 2001; McMichael and Manderson, 2004; Schweitzer *et al.*, 2006). Lack of proximity to informal support systems and barriers to formal support make experiences of childbearing and parenting more difficult (Merry *et al.*, 2011; Simich *et al.*, 2010). Caring for an infant without help from family can be overwhelming (Ahmed *et al.*, 2008).

Types, sources, and appraisal of social support may differ cross-culturally (Paris, 2008; Simich *et al.*, 2004), and social support produces differing adaptive results for migrants from different source countries (Deng and Marlowe, 2013; Kirmayer *et al.*, 2011; Wu and Hart, 2002).

While types, sources and appraisal of social support may differ cross-culturally, social support influences adaptation of migrants from different source and host countries differently. The Sudanese value reciprocity, trust, support and religion. Sudanese refugees find the language barrier difficult as they speak Arabic and other local languages. Many children are from war camps and over 16 years old. In addition, repayment of transportation loans is a burden, which is cause of financial stress. Sudanese refugees cannot sponsor parents to come to Canada due to restrictions of their permanent residence status as government sponsored refugees. Some Sudanese refugees phone family in their home country but that support is inadequate and expensive. Alternatively, Zimbabwean refugees value collective coping. The language burden is not as difficult as English is a second language in Zimbabwe. They find upgrading education easier than Sudanese refugees because most have a higher education base and paid for their relocation to Canada or were assisted by friends and family. Zimbabwean refugees have more access to internet and social media compared to Sudanese refugees. Very few Zimbabweans, however, manage to attain parents' visas to come to Canada.

Methods

Given the major gap in research focused on refugee new parents, the study employed a multi-method participatory research design (Schulze, 2003; Tashakkori and Teddlie, 2003) to address complicated research problems (Creswell, 2013). The principles of participatory research (Israel *et al.*, 2008) that guided the study included engaging Sudanese and Zimbabwean refugee communities, promoting action to address locally relevant issues, enhancing strengths and resources within the community, and building capacity among community members involved in the knowledge generation process. Refugees' perspectives were sought through interviews in this study to guide development of a tailored support intervention in a subsequent study and refugee interviewers were hired and trained. A community advisory committee met several times to guide the planning, implementation, and dissemination of the study. This committee was comprised ten Zimbabwean, Sudanese, and Caucasian community leaders and representatives of organizations who provide support and services in the fields of health, immigration, and social services for refugees and newcomers. Committee members (both male and female) were consulted about recruitment methods, cultural appropriateness of the qualitative interview guide and quantitative measures, and knowledge translation strategies.

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Both qualitative and quantitative methods were used in parallel (Hammersley and Atkinson, 2007) to corroborate, elaborate, and illuminate understanding of the phenomena under study, thereby enhancing validity, transferability, and confidence (Schulze, 2003; Tashakkori and Teddlie, 2003). Qualitative methods were used to enhance understanding of sensitive issues and the perceptions, beliefs, values, and behaviors of refugee new parents (Ahmed *et al.*, 2004; Schulze, 2003). Incorporation of an interpretive critical perspective (Creswell, 2013) guided examination of the gender, social status, and ethno-cultural ideals within these ethnic groups, and the cultural, societal, and structural conditions affecting the lives of refugees, as well as the characteristics of individual refugees. Quantitative methods were used to examine psychosocial variables, identify distinctions among pertinent variables, and extend and refine qualitative data (Schulze, 2003; Phillips, 1990). Graduate students from social science disciplines who spoke the first language of study participants were recruited and trained to conduct individual and group interviews, and administer standardized measures under the direction of investigators.

Sample

Inclusion criteria for participants included arrival in Canada in the last 60 months and birth of an infant in Canada who was under the age of five years. Reports suggest that economic and employment integration are key challenges in the initial five years following migration as refugees (Beiser, 1999; Green, 1995). The participants were Sudanese and Zimbabwean refugees living in a major urban setting in western Canada, between the ages of 18 and 40 years, including those who have had their refugee claims accepted (i.e. convention refugees) and refugee claimants who were waiting for their asylum cases to be settled. Both groups of refugees said their English was good or fluent (77 percent of Sudanese, 86 percent of Zimbabwean) and over half of participants had completed post-secondary education (52 percent of Sudanese, 72 percent of Zimbabwean). In all, 72 refugee new parents participated in individual interviews and 30 refugee new parents participated in four group interviews. The majority of group interview participants had previously completed in-depth individual interviews (see Table I for sample demographics).

Consent

Participants reviewed an information letter explaining the research study and what their participation would involve before they provided written informed consent. No one declined participation. Consent forms were translated into Arabic for Sudanese participants and into Shona or Ndebele for Zimbabwean participants. Consent forms were administered by research assistants who spoke participants' language. The study was approved by the principal investigator's university ethics committee in Canada.

Qualitative data collection

Participants were selected using purposive and snowball sampling methods. Recruitment was preceded by consultations with the community advisory committee and community partners.

Table I Sample demographics

Country of origin	
Sudan	36 (50%)
Zimbabwe	36 (50%)
Gender	
Male	29 (40.3%)
Female	43 (59.7%)
Marital status	
Married or common-law	61 (84.7%)
Separated or divorced	11 (15.3%)
Number of children	
1 or 2	39 (54.1%)
3 or 4	33 (45.9%)

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Recruitment of refugees was facilitated by community agencies and organizations, and interviewers with knowledge of either group. Advertisements in relevant languages of Sudanese and Zimbabwean refugees were placed in ethnic community newspapers and newsletters; posters and flyers were distributed through service provider and community organization information boards and websites (e.g. Zimbabwe Cultural Society of Alberta, Africa Centre, Catholic Social Services). Individual and group interviews were conducted in an accessible site in the predominant language of participants by interviewers who spoke the language fluently. To promote trust and transparency, participants were not required to participate as a couple. Mothers and fathers were recruited to participate in the research project either individually or together. Men and women were paired with same-sex peer interviewers to acknowledge gender and ethno-cultural differences in the men's and women's comfort related to sharing their perspectives about ways they seek, obtain, and enact supportive behaviors (Pines and Zaidman, 2003; Derlega *et al.*, 1994).

Individual interviews with refugee new parents

One in-depth individual interview was conducted with each participant, generating a total of 72 individual interviews. Zimbabwean refugee interviews were conducted in Ndebele, Shona or English and interviews for Sudanese refugees were conducted in Arabic. All interview guides were translated into participants' first languages (Shona and Ndebele for Zimbabwean refugees and Arabic for Sudanese refugees) and then back-translated to ensure that the meaning of the translation remained equivalent to the intended meaning of the original interview guide. These individual interviews with Zimbabwean and Sudanese refugees were conducted to examine perceptions of social support and support-seeking coping, for example, support needs, impact on their health, how social support in Canada differs from their home country, and satisfaction with support. Individual interviews also informed the development of follow-up group interview questions. An eight-item semi-structured interview guide (see Table II) was designed, in consultation with the community advisory committees. Example questions included: "Who has helped you as a newcomer and as a new parent in Canada?"; "What did you do to get support from people/groups/organizations?"; "Is there any support that you expected but did not receive?"; "What support do you need now?"; "What support programs are needed by newcomers from Sudan/Zimbabwe who had a new baby after they came to Canada?"; "What changes in services/programs would you recommend?" Interviews lasted 45-90 minutes. All individual interviews were recorded and transcribed.

Group interviews with refugee new parents

Four group interviews ($n = 30$) with refugee new parents (17 Sudanese, 1; Zimbabwean, 11 male, 19 female) were conducted after the individual interviews were completed. Group interviews were conducted to compare, contrast, and elaborate insights from individual interview data. Discussion focused on specific preferences for support interventions and provided an opportunity for "member checking" about preliminary findings from individual interviews. Three group interviews were conducted at secluded venues in a public park, and one group interview at an immigrant serving agency office. The public parks provided semi-private picnic sites available through reservation. The group participants were matched by ethnicity and gender (e.g. Zimbabwean women in one group). All participants from the individual interviews as well as individuals who met the inclusion criteria but had not participated in individual interviews were invited to participate in the group interviews. Group interviews lasted approximately 90 minutes, and were recorded and transcribed. Field notes taken during group interviews were incorporated in the analysis of group interviews. One of the investigators and an interviewer fluent in participants' predominant language and matched by gender and ethnicity co-facilitated group interviews. Exemplar questions from the eight-item semi-structured interview guide (see Table II) included: "How could existing services and programs be improved?"; "What type of new support programs would be most helpful?"; "Who is an ideal support provider?"; "How long do you think support programs should last?"; "How frequently should participants meet in support programs?"; "What would help you or someone in your situation to take part in a support program?"

Group interviews with service providers and policy influencers/makers

Group interviews were conducted with service providers ($n = 15$) and policy influencers/makers ($n = 15$) working with African refugee communities in Alberta to discuss interpretation of findings strategies for communicating results, and implications of the research for services, programs, and

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Table II Interview questions

Individual participant interview questions	*Group participant interview questions*
Tell me about the program. What did you like best? What other things did you like? What didn't you like?	Did this support group help to meet your support needs? Please describe
How did _____(name of professional facilitator) help you? How did _____(name of peer-helper) help you? What could they have done better?	Tell me about any changes in your relationship with your family, friends and neighbors since you have been taking part in this support program
Did you ever talk with a support person one-on-one? Was that helpful	Did this support program affect the way you cope with stressful situations/challenges in your life?
Do you think differently about your situation as a new comer? How? Why?	Many refugee newcomers feel alone or isolated at times. If you had feelings of being alone, did the support group change these in anyway?
Do you think the amount/range of support you are getting different now?	Did you talk with any members of the group outside the support group sessions? If so, how many? How often do you plan to keep in touch with these group members?
Were the people in your life affected by your being in this program? Did anything change in your community (e.g. accessing services)? Were the people in your life supportive of you being in this program (family members, friends, neighbours)? How?	What other support services did you use in the past 12 months?
What was helpful about being in a support group or one-on-one support setting? What did you not like about being in that setting?	What was the best thing about your experience in the support program?
Do you/did you talk to anyone from the group, outside of the group setting? Can you tell me more about that? The information/education Support from peers Support from professional facilitators/peer-helpers Self-esteem One-on-one support component	Tell me how this support program was helpful/unhelpful to you?
Is there something else that you would have liked to have done? Would have done differently?	What changes could be made to improve future programs of support for refugees from Zimbabwe/Sudan?
Can you comment on the group and one-on-one sessions? What do you think of the length and number of sessions, and how often they were offered?	Do you think that refugee newcomers would prefer to use technology such as computers and smart phones and social networks, for example, Facebook?
Can you describe any difficulties you had attending the weekly group sessions? What changes would you suggest to help refugees increase their attendance of program sessions?	
How would you describe the program to a friend?	
Overall, did you like this program? Would you recommend this program to other newcomers?	

policies in health-related sectors. Participants were recruited via referrals from refugee settlement agencies and from refugee policy influencers at provincial and national levels who also provided names of additional agencies and organizations who could participate. Service providers represented immigrant serving agencies and organizations and African refugee focused organizations, as well as Big Brothers and Big Sisters (a charitable not-for-profit organization focused on providing safe places and positive mentoring for children and youth). Policy influencers/makers were invited from national-level and provincial-level health services, public health, and immigration service government departments. Results from the individual and group interviews with refugees were presented to stimulate discussion about research implications among service providers from mainstream and refugee-serving organizations and relevant policy influencers/makers. These interviews lasted approximately 90 minutes and were recorded and transcribed.

Quantitative data collection

Quantitative data were collected through face-to-face individual interviews. Research participants and interviewers were matched by ethnicity and gender (e.g. Zimbabwean women interviewed by Zimbabwean female interviewer). A demographic questionnaire was completed by both individual interview and group interview participants to record information regarding length of stay in Canada, language, employment, gender, living arrangements, and other factors relevant to the social support experience of refugees. The standardized measures were translated and back-translated

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to ensure the meaning of translation was equivalent to the intended meaning of the original measures. Translated measures were pre-tested with two people from each of these ethnic groups. The Personal Resource Questionnaire (Weinert, 2003) was used to measure support types and sources, support needs, and satisfaction with support. This measure has an internal consistency of 0.88-0.90 (English version). Part 1 is designed to elicit information about support resources, satisfaction with those resources, and support needs in the past six months. The score (ranging from 0-10) provides an indication of support satisfaction and support needs. Part 2 is a 25-item scale, measured on a seven-point Likert scale, designed to measure social worth, social integration, intimacy, nurturance, and assistance. Scores range from 25 to 175, with higher scores indicating higher levels of perceived social support. The Proactive Coping Inventory (Greenglass *et al.*, 1999) scale is a multidimensional measure of coping, which has an internal consistency coefficient of 0.80-0.85. Two subscales were used in this study, consistent with the focus on support-seeking coping. The instrumental support-seeking subscale (scores range from 8 to 32) focuses on obtaining advice, information and feedback from social network members when dealing with stressors. The emotional support-seeking subscale (scores range from 5 to 20) emphasizes disclosing feelings, evoking empathy, and seeking companionship from social network members.

Data analysis

Qualitative data from the recorded, transcribed, and translated individual and group interviews were analyzed using thematic content analysis (Simons *et al.*, 2008). Thematic content analysis involved identifying recurrent themes conveying similar meanings. Segments pertaining to a common idea were assigned codes, in an initial review of interview data. Codes (focused units of text about a particular aspect of the phenomena) were organized into conceptual categories (sets of collective meaning) which were clearly defined. Linkages among conceptual categories were expressed in themes. Investigators and research assistants created a coding framework that encompassed inductively generated content themes, sub-themes and substantive categories. Separate coding frameworks were created for individual refugee interviews, for refugee group interviews, and for group interviews with service providers and policy influencers/makers. The final stage of data analysis entailed synthesizing data from these three different sources. Coders achieved a minimum inter-rater reliability of 80 percent agreement on coding an initial interview before proceeding with independent coding of interviews. Qualitative data were managed with NVIVO 8 computer software. Verification strategies were used throughout the research process to ensure study rigor. In this study, strategies to ensure rigor included coherence or fit between the research question and research method, concurrent data generation and analysis, documentation of evolving interpretations and decisions, and theoretical thinking as emerging data interpretations were reconfirmed or modified in subsequent data (Morse *et al.*, 2002).

The quantitative data were entered into SPSS 20.0 for descriptive statistical analysis. Descriptive statistics were used to analyze the demographic, social support, and support-seeking coping data for both Sudanese and Zimbabwean refugees. Non-parametric tests were used to compare differences in standardized measures scores between the two ethnic groups.

Results

There was remarkable congruence in the support needs and preferences identified in both individual and group interviews with refugee new parents who participated in the study, and, except where specified between: Sudanese or Zimbabwean ethnicity, first time or experienced parents, and shorter or longer time since migration. Gender differences in perspectives about support needs and preferences were evident.

Refugee new parent sources of support and support needs (objective 1)

Sources of support

The average support source score, reflecting number of supporters, was very low: 2.31 (SD 0.91) for Sudanese participants and 2.71 (SD 0.88) for Zimbabwean participants (maximum of ten on the Personal Resource Questionnaire). The mean scores for perceived social support for

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the total sample was 128.7 (SD 11.9), substantially lower than the cut-off score of 143 (Cronbach's α was 0.43). A Mann-Whitney test indicated that there was a statistically significant difference between the underlying distributions of the perceived social support scores of Zimbabwean refugee parents (median = 134) and of Sudanese refugee parents (median = 126.5), $z = -1.967$, $p = 0.04$. These results suggest that Zimbabwean refugee parents perceived more social support than their Sudanese counterparts. The same test did not indicate differences in scores between the men (median = 131), and women (median = 130), $z = 0.098$, $p = 0.92$.

Parents wanted to retain cultural practices from their country of origin, however, also wanted to be integrated within the culture of their host country, Canada. A few sought balance between traditional parenting values from their country of origin and new parenting expectations in Canada. Traditional parenting values include the role modeling of immediate family members (father, mother, elder brothers and sisters), members of the extended family, and members of the local community. In Canada, there is more individualism, whereas the African traditional approach focuses on collective and community.

Family support

Some respondents believed strong social support came from kin relationships rather than friends. Family members in their home countries were used as ongoing sources of support as participants updated kin on their settlement process. A few participants had family members who were already in Canada and they provided accommodation until the participants could find their own residences (see Table III for exemplar quotes).

Culturally sensitive support needs

Culturally sensitive support entails understanding the cultural beliefs, values, practices and languages of refugees. Communication, language and gender barriers were reported to impede access to support, and supports provided were not always culturally sensitive or appropriate. For example, although telephone health information service and physicians were available, language barriers and time restrictions inhibited access to these supports.

Some refugee mothers described unprofessional attitudes from nurses and physicians as obstacles to receiving formal social support. Participants also reported that some hospital staff did not demonstrate concern for refugee women who experienced unique challenges during labor and delivery (see Table III for exemplar quotes).

Emotional support needs

Participants contended that refugee new parents coming from war-ravaged countries need emotional support to deal with their traumatic experiences.

Refugee pregnant women spent most of their time alone at home, with no confidante to offer understanding, highlighting a cultural difference between Canada and the refugee-source countries where the extended family is the main source of support. Extended family were not available in Canada and their social networks are not yet well established (see Table III for exemplar quotes).

Instrumental support needs

In Africa, an expectant mother lives with her mother until she gives birth. The mother and sisters provide support needed, including practical support. However, this traditional support was unavailable to new mothers in Canada. They were often isolated at home and wanted support in child-raising and household management. Both male and female participants reported needs for increased instrumental support during the postpartum period. Participants, both first time and experienced parents, from both ethnic communities identified this support need. Participants who were fortunate enough to have relatives in Canada depended on their support at this critical time (see Table III for exemplar quotes).

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Table III Sources of support, support needs, and support seeking: exemplar quotations translated from original languages

Family support	Yes and at times when you are so stressed you call back home and they would comfort and advise you, especially my mother. So most of my support was from back home by just calling them, they would encourage you (Zimbabwean female) When I first came to Canada I stayed with my sister for a couple of months before moving to my own accommodation. So, many of my relatives came to visit me and they sometimes gave me ride when I wanted to go somewhere and whenever I asked them to help. So, they really made life easy for me (Sudanese female)
Culturally sensitive support needs	I felt ignored at the hospital because I could not express myself in English. I was speaking [to] my husband. I told him – I feel pain and please tell the nurses. I didn't even have painkillers because the baby already came, because they hadn't really believed me because I wasn't crying or speaking for myself (Sudanese female) The most frustrating place is the hospital and dealing with its staff. What connects people together is language – once that connection is not established there is no reason of being there. I will be sitting there miserably, not knowing the language, I don't know where, what, when, how or who to start asking for help (Sudanese female)
Emotional support needs	Most of us are traumatized because we come from war […]. the trauma specialist needs to talk to these people and whenever they need help. I think that will help us the most. Sudanese, for them to start life, we need people to talk to us if you come from places like that […]. some people need to be trained so that they can work with a lot of people in our community because they can communicate in Arabic or our dialects (Sudanese male) […] Stress is the first one, you are expected to do everything and you have a baby and everything is on your shoulders and you are home 24/7 and you have no adult conversation it's all baby talk. All you know is baby talk and poo (Zimbabwean female)
Instrumental support needs	From day one I was alone nobody helped me no one told me how to take care of my baby I was alone (Zimbabwean female) Your family and friends could not meet you at the very time you're in the hospital; they are busy with their own children, work, school […] At times, amid strangers, you'll be all there by yourself. Worst of all not only are you there by yourself, but equally do not speak or understand the English language (Sudanese female)
Information support needs	Parents need to be aware of parenting issues in Canada. They need to be aware about schooling of their children, about the economy and about cultural contradictions in particular. Being in a new country, like Canada, requires both parents, and not only one parent, to participate fully in family affairs (Sudanese male)
Affordable child care	At home (Zimbabwe) there was too much support, my sisters would love to take my kid and give us a break, my mother would love to take care of my kid, her grandchild just to give us our space but here there is nothing like that and you are exhausted every day. You come from work, you know your chores everyday and that's too stressful and even the day care is expensive especially between the ages of 2 and 5. As an immigrant you can't move forward (Zimbabwean female)
Formal support seeking	The church helped me a lot. If you wanted to go to guy things they would take you there, they would even bring you some assistance; sometime they brought food and clothes. So those were the things I got from the Church. I got a lot from the Church (Sudanese female)
Informal support seeking	When one comes to Canada and meets someone from his community, who has a responsible family, one can find good advice (Sudanese female)
Postpartum support seeking	There are lots of non-profit organizations. If the kid is like born today, you take the papers from the hospital, they give you diapers, milk, lots of stuff, and even food every month (Zimbabwean female)

Information support needs

Refugee mothers wanted information on births in hospitals. However, in Canada, this information was communicated through pre-natal classes, which are typically offered only in English. Participants also reported wanting information regarding parenting issues in Canada such as schooling and cultural expectations. Some newcomer parents' previous experiences in raising a child in their home country left them feeling unprepared for parenting in Canada. Refugees noted that parents needed more training and support to impart life skills, relevant to Canadian society, to their children (see Table III for exemplar quotes).

Affordable child care

Most participants reported that one of their greatest needs was affordable child care. Most young families could not afford day care, and for those with more than one child, the cost was prohibitive. Participants reported insufficient support without extended families available to help care for their children (see Table III for exemplar quotes).

Support accessing services

Refugee participants acknowledged that although support resources were available, many newcomers were not aware of these resources. Translation support was needed to access the

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services, services were not affordable, and available services were not well coordinated. Moreover, many refugees were not informed regarding available services and were confused about which agencies could support them (see Table III for exemplar quotes).

Refugee new parent support-seeking strategies (objective 2)

Cronbach's αs for the eight-item instrumental support-seeking subscale and the five item emotional support-seeking subscale were 0.46 and 0.75, respectively. The mean score for both Sudanese and Zimbabwean participants on the emotional support-seeking subscale was 16, which is the cut-off score for this subscale suggesting that participants' emotional support needs, as measured by this scale, were similar to non-refugee participants in other studies. The mean score for Zimbabwean participants on the instrumental support-seeking subscale was 26.9 (SD 4.1) and for Sudanese participants was 26 (SD 6.08), lower than the cut-off score of 31. These results suggest that refugee parents had insufficient support from their social networks.

Resettlement formal support seeking

Participants reported seeking help from formal sources such as refugee-serving agencies and churches. Many participants maintained that churches played a pivotal role in helping them settle by providing information, emotional, and spiritual support (see Table III for exemplar quotes).

Informal support seeking

Refugee new parents reported establishing informal support networks with people from their cultural community. Among the Sudanese, help from the community was viewed to build 'inner strength' for newcomers and compelled some to "plough back" to the community and make life for fellow newcomers more bearable. Some participants had relatives in Canada from whom they sought support after childbirth. Other participants sought support from contacts they made back home, particularly people they met in refugee camps. These acquaintances became a source of information and instrumental support. Participants described seeking support from acquaintances and friends to reduce isolation, assist in emergencies, and to care for children (see Table III for exemplar quotes).

Postpartum support seeking

Some participants sought instrumental support (e.g. diapers, food) from refugee-serving agencies. A few refugees had relatives in Canada to whom they turned for support after childbirth. Information, assistance, and infant care advice was also sought from friends in their ethnic community (see Table III for exemplar quotes).

Refugee new parent support intervention preferences (objective 3)

Culturally sensitive support

Refugee parents wanted culturally sensitive support to meet their information, instrumental and emotional support needs. The parents suggested support programs that include peer support provided by people sharing the same ethnic background, in collaboration with health professionals knowledgeable about traditional postpartum practices. Refugee parents from war-ravaged countries wanted emotional support in their preferred languages. For example, refugee mothers preferred a qualified female support provider who was familiar with their culture and had the language expertise to support them in the hospital during delivery and in other health care settings.

A few Zimbabwean participants wanted community elders to provide one-on-one support or marital counseling, when families had conflicts, as these elders could pass on their cultural wisdom particularly to refugees who married following their arrival in Canada. Some participants

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suggested the use of elder women in the cultural community whose child care services were more affordable than mainstream day care services.

Participants mentioned their preference for culturally sensitive approaches to support pregnant refugee mothers to become familiar with the hospital environment prior to giving birth. Hospitals could improve support for patients with language barriers by hiring more qualified interpreters. Although cost and logistics could pose a barrier to implementation, most participants thought that interpreters could provide support (see Table IV for exemplar quotes).

Accessible support

Some refugee parents wanted support programs that could include weekly visits from peers (ethnic cultural community members) to provide emotional, information and practical support in caring for the new baby. Home visits could be used to share information and connect new mothers and pregnant refugee women with services. Support could also be offered over the telephone. Refugee new parents also indicated that they would appreciate home visits from nurses (see Table IV for exemplar quotes).

Peer support groups

Refugee new parents believed that peer support groups would be helpful. They wanted to discuss children and families, and how to cope with balancing paid and family work without traditional supports available in their home country. Zimbabwean participants compared a women's support group to women's clubs that teach skills in their home country. Women maintained that they would benefit more from meetings exclusively for women, with occasional combined sessions with men. Providing transportation, child care and food would make the support groups more accessible for refugee parents. Participants preferred bi-weekly or monthly support groups for six months, using either face-to-face or online formats. They wanted peers from their own ethnic community, professionals from their cultural community, and community leaders as support providers (see Table IV for exemplar quotes).

Table IV Support intervention preferences: exemplar quotations translated from original languages

Culturally sensitive support	A qualified Sudanese woman who is familiar with both cultural and linguistic expertise […] should work in the hospitals at times of delivery for those Sudanese women with no or very limited English (Sudanese female)
	These elders could counsel families or couples and tell them, "my children what you are doing in your marriage is not part of our culture, this foreign behavior is ruining you, this is how you should treat your wife and this is how a man is treated" (Zimbabwean male)
Accessible support	I want all the support that is available whether I speak English or not […]. After delivery, a nurse came to my house, and she helped me with bathing the baby, and when I needed to bathe myself she watched my baby. These services helped me, and these types of services should really increase, some people receive and some don't (Sudanese male)
Peer support groups	For me being fairly new […] I don't know where mums can meet just small groups just for you to have an excuse to leave the house, meeting other mums interacting with and knowing that my baby isn't the only one going through such thing; and things like that (Zimbabwean female)
	I would suggest special support for women, especially single women, If they have children, they need even more support, whether material, non-material support or care with their kids. There should be more focus on them (Sudanese female)
Information support	They should offer some support for the first couple of days at home, or even follow up by simply calling on the phone (Sudanese male)
	It's one of the ways [Facebook] say if I wanted a certain person like XY and I go on Facebook I am likely to find him because he is constantly updating his page and all that. So we need all these ways to attract people, because we don't know what people really want and personally I am exasperated by people's wants or needs. So we need the many avenues for communication (Zimbabwean male)
Cultural and recreational resources for families	If you look at other associations […] [they] target families. You take the kids and they get to know how to socialize (Zimbabwean female)
Community empowerment	If the Canadian community wants to help, let them train our own people (Sudanese male)
	I believe community solutions to community problems are better than solutions from outside the community. If we succeed in convincing the government to understand us so that we can select elders and leaders from the community to be involved in solving family and other issues in the community, that could help (Sudanese male)

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Information support

Information workshops were suggested by participants, where ongoing support could be offered on a monthly basis in face-to-face group meetings with community professionals. One participant highlighted his preference for a telephone information line for newcomers.

Some Zimbabwean participants suggested interventions using Facebook and social networking websites as an opportunity for information sharing. However, many participants preferred human interaction. Online discussion websites were believed to be helpful for short answers to simple questions but not for in-depth discussions, according to these refugees.

Refugees reported feeling overwhelmed by excess information at the time of entry to Canada, and explained that they would prefer to receive information combined with emotional support delivered at appropriate times to help them settle successfully (see Table IV for exemplar quotes).

Cultural and recreational resources for families

Participants were interested in cultural activities for both children and families. Family activities could offer a setting to connect families in a relaxed environment. Specifically, participants preferred monthly family gatherings within their cultural community where inspirational speakers and/or community elders could provide face-to-face support. Sensitive issues, such as new gender roles within families, could be approached more comfortably in a casual setting. Participants also wanted affordable recreation programs for children, including dancing, music lessons, swimming, and summer camps. They suggested annual community summer programs for children to learn cultural values and identity (see Table IV for exemplar quotes).

Community empowerment

Participants suggested organizing workshops and training to empower the community. They maintained that as many families were facing the same challenges and community solutions could be most effective. The cultural community currently lacked the capacity to organize themselves. Preferred community-level supports included community online newsletters provided by cultural community-based organizations and peer leaders initiate dialogue on topics such as family conflicts, division of labor, and financial literacy. Participants also wanted community support to keep families together for the benefit of the children. Refugee new parents suggested training people from their own cultural communities as translators and training group leaders to support newcomer families (see Table IV for exemplar quotes).

Implications for supportive policies and programs (objective 4)

Accessibility of support

Service providers and policy makers agreed that knowledge regarding childbirth and parenting traditionally passed to mothers through family members in the country of origin was inaccessible for new refugees. They reported that child care was too expensive and inaccessible for many parents. They recommended that support should come from refugee-serving agencies with trained personnel, making the provision of services less bureaucratic and more efficient.

Culturally sensitive support

Supportive cultural elements affect the way people view and respond to their socio-cultural world and other people. Service providers and policy makers agreed that the cultural community should be engaged when dealing with child and family problems. They noted that although pre-natal classes in Canada were useful, newcomers had deep rooted cultural norms for coping with maternity issues. In African culture, giving birth is supported by females, either a mother or grandmother, as many women giving birth in remote areas often do not have access to a hospital while Canada. Some observed that refugee parents might prefer to have a relative or neighbor look after their children, consistent with their cultural values.

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Information support to navigate complex systems

Service providers and policy makers mentioned that refugees needed information support to navigate complex systems to access services as soon as they entered into the new country. Many service providers maintained that information was not provided effectively or accessibly, that inter-agency communication was rare, and that services were offered in silos, leading to duplication.

Discussion

Our mixed-methods study design generated in-depth information about African refugee women's and men's experiences of social support, notably their perceived needs and intervention preferences. Our findings that participants preferred support from kin more than other sources, but willingly sought support from informal networks as well as from formal resources are reinforced by comparable experiences documented in previous research with new parents from diverse cultures (Ahmed *et al.*, 2008; Este and Tachble, 2009) as well as from the dominant culture (Darvill *et al.*, 2010; de Motigny *et al.*, 2006). Our findings, however, draw attention to limitations of mainstream childbearing and parenting programs, as these African new parents faced numerous barriers to access to these services. These barriers included inadequate communication about services, uncoordinated services, insufficient language expertise, insensitivity to gender and culturally embedded practices as well as indirect costs such as transportation and child care and direct costs. While the latter cost obstacles have been described for families living in low income circumstances (Campbell-Grossman *et al.*, 2009; Keating-Lefler *et al.*, 2004), these barriers are compounded by numerous other challenges identified in our study.

Socialization within each culture shaped expectations of informal and formal support, and support-seeking strategies. Support seeking was influenced by cultural upbringing, language capacity, and accessibility. Some participants resorted to seeking support from families and ethno-cultural communities initially because of perceived and experienced discrimination when seeking "formal" support. Most refugees first sought informal support from peers and then proceeded to professional and other ethnic specific organizations. As newcomers become more comfortable with the Canadian system, and support from family, friends and peers was exhausted, their support-seeking strategies began to include more formal sources such as agencies and institutions. Most refugee parents preferred seeking support from agencies where they were served in their own language. The under-use of services not considered culturally relevant, indicated that refugee parents' perceptions of support-seeking were influenced by their cultural backgrounds.

Access to health services and supports is a major challenge for refugees. Refugee claimant women who are childbearing have complex health and social concerns that are not addressed by health service systems (Merry *et al.*, 2011; Sheikh-Mohammed *et al.*, 2006). Although studies have examined the experiences of refugee claimant fathers, one Canadian study reveals that they face complex challenges and inadequate health and social system support systems (Shimoni *et al.*, 2003).

Our research also highlights the importance of seeking refugee or immigrant parent perspectives regarding whether programs and services should be embedded within a specific cultural community, as study participants from Zimbabwe reported that they preferred supports outside their immediate cultural community. Recognition of cultural insensitivity in health and social care systems (Weerasinge, 2012) and need for approaches to ensure culturally appropriate care is reflected in recent shifts from focus on cultural competence to emphasis on cultural safety (Baker, 2007; Browne *et al.*, 2009), or cultural attunement (Racher and Annis, 2007) emphasizing relational processes and relationships that create a sense of shared safety. See Table V for differences in social support experiences, structures, and needs between Sudanese and Zimbabwean refugee parents.

The volunteer sample, which could be viewed as a study limitation, is sufficiently robust to provide relevant in-depth data to address the research questions. Moreover, psychometric evaluation of

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Table V Social support experiences, structures and needs of Sudanese and Zimbabwean refugee parents

Type of support	*Sudanese*	*Zimbabwean*
Emotional	Participants had a war background. Their support needs include recovery from trauma. The Sudanese had many ethnic divisions making support difficult in mixed groups. Peer mentors were selected from like ethnic groups to solve this challenge	Participants came to Canada as a result of the conflict between the ruling party ZANU/PF and the opposition MDC. However there degree of trauma was much less compared to the Sudanese. The majority would be classified as "economic refugees." The Zimbabweans had close networks of friends and relatives, which made it easier to seek support in family emergencies such as bereavement or child birth
Practical	Participants held menial jobs and were expected to repay government loans used for settlement in Canada. The support needs according to Sudanese refugees emphasized job application and upgrading of qualifications	Most participants were holding more than one job. However their income was reduced because of money repatriated to support members of the family who remained back home
Affirmation	Sudanese needed more affirmation and encouragement in achieving success in Canada. Culturally, Sudanese men and women do not sit in the same room for meetings. The gender differences meant that there were no combined male and female sessions	The Zimbabweans were struggling with ways of getting educational credentials accepted to be hired in better paying jobs
Information/ education	Sudanese spoke various languages including Arabic. Some did not speak English nor could they speak Arabic. Some were computer literate and used the phone for texting and some were not familiar with computers but had phones for communication. The large volumes of publications done for newcomers were not helpful	The Zimbabweans had higher educational qualifications and spoke English fluently. There were well connected on Facebook and used texting as a regular way of communication. Most participants continued to meet through social media after the intervention was over
Finances and Budgeting	Opening a bank account, using bank machines, etc. […] support needed	Zimbabweans needed counseling on handling family income. Due to new Canadian culture of independence, participants reported differences between spouses that sometimes led to divorce
Hospitalization	Sudanese required more support in hospital where translation was needed but not always available. Cultural expectations when giving birth and lack of cultural competency on the part of health professionals was described	Zimbabwean participants were better equipped to deal with child birth. Back home the parents and sisters of women provide important information on how to care for infants

the quantitative measures has not been conducted with the two specific populations included in this study, although these loneliness and trauma measures have been used with ethnically diverse populations by other researchers and the measures were translated and administered to these unique cultural groups in other studies conducted by the investigators.

Experiences of Sudanese and Zimbabwean refugee parents in this study reveal need for expanded integration of language services within health systems to facilitate provision of informational, affirmational, and emotional support to refugee new parents. Moreover, coordination and communication among agencies/organizations that provide health-related services and programs would mobilize and sustain support for refugee new parents in circumstances similar to refugee participants in this study.

Future research based on participatory research principles could explore the support needs and preferences of refugees from other countries or other migrant groups to ensure that interventions are culturally appropriate and address each group's unique support needs. Moreover, intervention research is needed to identify effective approaches to enhance support and overcome loneliness and isolation experienced by refugee new parents. We are currently building on the knowledge gained from this study to design, implement, and evaluate a support intervention for new parent refugees from Zimbabwe and Sudan. We anticipate that this intervention study will provide evidence to inform practices, programs, and policies that bridge major support gaps for refugee new parents from Africa.

Conclusion

This study bridges major gaps in research examining the support needs and support intervention preferences of refugee new parents, specifically African refugee new mothers and fathers.

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Moreover, this investigation contributes insights important regarding the importance of differentiating formal vs informal supports distinguishing specific types of support from specific sources and their influence on refugees' access and utilization barriers. This research provides insights that can inform professional practice in diverse health-related settings, as well as program and policy development to support refugee new parents. Findings reinforce the continuing need to design culturally appropriate practices, programs, and policies to support refugee new parents from diverse cultures.

References

Ahmed, A., Stewart, D.E., Teng, L., Wahoush, O. and Gagnon, A.J. (2008), "Experiences of immigrant new mothers with symptoms of depression", *Archives of Women's Mental Health*, Vol. 11 No. 4, pp. 295-303, doi: 10.1007/s00737-008-0025-6.

Ahmed, S.M., Beck, B., Maurana, C.A. and Newton, G. (2004), "Overcoming barriers to effective community-based participatory research in US medical schools", *Education for Health*, Vol. 17 No. 2, pp. 141-51.

Baker, C. (2007), "Globalization and the cultural safety of an immigrant Muslim community", *Journal of Advanced Nursing*, Vol. 57 No. 7, pp. 296-305.

Beiser, M. (1999), *Strangers at the Gate: A 10 Year Study of Refugee Settlement in Canada*, University of Toronto Press, Toronto.

Browne, A.J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M.J. and Wong, S. (2009), "Cultural safety and the challenges of translating critically oriented knowledge in practice", *Nursing Philosophy*, Vol. 10 No. 3, pp. 167-79, doi: 10.1111/j.1466-769X.2009.00406.x.

Campbell-Grossman, C., Hudson, D., Keating-Lefler, R., Yank, J. and Obafunwa, T. (2009), "Community leaders' perceptions of Hispanic, single, low-income mothers' needs, concerns, social support, and interactions with health care services", *Issues in Comprehensive Pediatric Nursing*, Vol. 32 No. 1, pp. 31-46.

Chung, K., Hong, E. and Newbold, B. (2013), "Resilience among single adult female refugees in Hamilton, Ontario", *Refuge*, Vol. 29 No. 1, pp. 65-74.

Citizenship and Immigration Canada (2012), "Facts and figures 2012: immigration overview: permanent and temporary residents", available at: http://publications.gc.ca/collections/collection_2013/cic/Ci1-8-2012-eng.pdf (accessed June 7, 2014).

Collins, C.H., Zimmerman, C. and Howard, L.M. (2011), "Refugee, asylum seeker, immigrant women and postnatal depression: rates and risk factors", *Archives of Women's Mental Health*, Vol. 14 No. 1, pp. 3-11, doi: 10.1007/s00737-010-0198-7.

Creswell, J.W. (2013), *Qualitative Inquiry & Research Design: Choosing among Five Approaches*, 3rd ed., Sage Publications, Thousand Oaks, CA.

Darvill, R., Skirton, H. and Farrand, P. (2010), "Psychological factors that impact on women's experience of first-time motherhood: a qualitative study of the transition", *Midwifery*, Vol. 26 No. 3, pp. 357-66.

Davies, M.M. and Bath, P.A. (2001), "The maternity information concerns of Somali women in the United Kingdom", *Journal of Advanced Nursing*, Vol. 36 No. 2, pp. 237-45, doi: 10.1046/j.1365-2648.2001.01964.x.

de Motigny, F., Lacharitc, C. and Amyot, E. (2006), "The transition to fatherhood: the role of formal and informal support structures during the post-partum period", *Texto and Contexto Enfermagem*, Vol. 15 No. 4, pp. 601-9.

Deng, S.A. and Marlowe, J.M. (2013), "Refugee resettlement and parenting in a different context", *Journal of Immigrant and Refugee Studies*, Vol. 11 No. 4, pp. 416-30.

Derlega, V.J., Barbee, A.P. and Winstead, B.A. (1994), "Friendship, gender, and social support: laboratory studies of supportive interactions", in Burleson, B.R., Albrecht, T.L. and Sarason, I.G. (Eds), *Communication of Social Support: Messages, Interactions, Relationships, and Community*, Sage, Thousand Oaks, CA, pp. 136-51.

Este, D. and Tachble, A. (2009), "Fatherhood in the Canadian context: perceptions and experiences of Sudanese refugee men", *Sex Roles*, Vol. 60 No. 7, pp. 456-66, doi: 10.1007/s11199-008-9532-1.

Fernandez, I., Silvan-Ferrero, P., Molero, F., Gaviria, E. and Garcia-Ael, C. (2014), "Perceived discrimination and well-being in Romanian immigrants: the role of social support", *Journal of Happiness Studies*, Vol. 16 No. 4, pp. 857-70, doi: 10.1007/s10902-014-9537-0.

www.manaraa.com

Foss, G.F., Chantal, A.W. and Hendrickson, S. (2004), "Maternal depression and anxiety and infant development: a comparison of foreign-born and native-born mothers", *Public Health Nursing*, Vol. 21 No. 3, pp. 237-46.

Fox, B. (2009), *When Couples Become Parents: The Creation of Gender in the Transition to Parenthood*, Toronto University Press, Toronto.

Fox, P.G., Rossetti, J., Burns, K.R. and Popovich, J. (2005), "Southeast Asian refugee children: a school-based mental health intervention", *The International Journal of Psychiatric Nursing Research*, Vol. 11 No. 1, pp. 1227-36.

Gavin, N., Gaynes, B.N., Lohr, K.N., Meltzer-Brody, S., Gartlehner, G. and Swinson, T. (2005), "Perinatal depression", *Obstetrics & Gynecology*, Vol. 106 No. 5, pp. 1071-83, doi: 10.1097/01.AOG.0000183597.31630.db.

Goodman, J.H. (2004), "Coping with trauma and hardship among unaccompanied refugee youths from Sudan", *Qualitative Health Research*, Vol. 14 No. 9, pp. 1177-96.

Gottlieb, B.H. and Bergen, A.E. (2010), "Social support concepts and measures", *Journal of Psychosomatic Research*, Vol. 69 No. 5, pp. 511-20, doi: 10.1016/j.jpsychores.2009.10.001.

Green, A. (1995), "A Comparison of Canadian and US immigration policy in the Twentieth Century", in DeVoretz, D.J. (Ed.), *Diminishing Returns: The Economics of Canada's Recent Immigration Policy*, C.D. Howe Institute, Toronto, pp. 31-64.

Greenglass, E.R., Schwarzer, R. and Taubert, S. (1999), "The proactive coping inventory (PCI): a multidimensional research instrument", available at: http://userpage.fu-berlin.de/~health/greenpci.htm (accessed April 25, 2013).

Grewal, S.K., Bhagat, R. and Balneaves, L.G. (2008), "Perinatal beliefs and practices of immigrant Punjabi women living in Canada", *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, Vol. 37 No. 3, pp. 290-300, doi: 10.1111/j.1552-6909.2008.00234.x.

Hammersley, M. and Atkinson, P. (2007), *Ethnography: Principles in Practice*, 3rd ed., Taylor & Francis e-Library.

Israel, B., Schulz, A., Parker, E., Becker, A., Allen, A. and Guzman, R. (2008), "Critical issues in developing and following CBPR principles", in Minkler, M. and Wallerstein, N. (Eds), *Community-based Participatory Research for Health: From Process to Outcomes*, Jossey Bass, San Francisco, CA, pp. 47-66.

Jaranson, J., Butcher, J., Halcon, L., Johnson, D., Robertson, C., Savik, K. and Westermeyer, J. (2004), "Somali and Oromo refugees: correlates of torture and trauma history", *American Journal of Public Health*, Vol. 94 No. 4, pp. 591-8, doi: 10.2105/AJPH.94.4.591.

Keating-Lefler, R., Hudson, D., Campbell-Grossman, C., Fleck, M. and Westfall, J. (2004), "Needs, concerns, and social support of single, low-income mothers", *Issues in Mental Health Nursing*, Vol. 25 No. 4, pp. 381-401.

Kelaher, M., Potts, H. and Manderson, L. (2001), "Health issues among Filipino women in remote Queensland", *Australian Journal of Rural Health*, Vol. 9 No. 4, pp. 150-7.

Kirmayer, L.J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A.G., Guzder, J., Hassan, G., Rousseau, C. and Pottie, K. (2011), "Common mental health problems in immigrants and refugees: general approach in primary care", *Canadian Medical Association Journal*, Vol. 183 No. 12, pp. E959-67, doi: 10.1503/cmaj.090292; 10.1503/cmaj.090292.

Lauder, W., Reel, S., Farmer, J. and Griggs, H. (2006), "Social capital, rural nursing and rural nursing theory", *Nursing Inquiry*, Vol. 13 No. 1, pp. 73-9, doi: 10.1111/j.1440-1800.2006.00297.x.

Lietz, C.A. (2007), "Uncovering stories of family resilience: a mixed methods study of resilient families, part 2", *Families in Society*, Vol. 88 No. 1, pp. 147-55.

McMichael, C. and Manderson, L. (2004), "Somali women and well-being: social networks and social capital among immigrant women in Australia", *Human Organization*, Vol. 63 No. 1, pp. 88-99.

Merry, L., Gagnon, A.J., Kalim, N. and Bouris, S.S. (2011), "Refugee claimant women and barriers to health and social services post-birth", *Canadian Journal of Public Health*, Vol. 102 No. 4, pp. 286-96, available at: http://find.galegroup.com.login.ezproxy.library.ualberta.ca/gtx/start.do?userGroupName=edmo69826andprodId=CPI (accessed May 16, 2013).

Morse, J., Barrett, M., Mayan, M., Olson, K. and Spiers, J. (2002), "Verification strategies for establishing reliability and validity in qualitative research", *International Journal of Qualitative Methods*, Vol. 1 No. 2, pp. 1-19.

المنارة للاستشارات

www.manaraa.com

Paris, R. (2008), "For the dream of being here, one sacrifices…: voices of immigrant mothers in a home visiting program", *American Journal of Orthopsychiatry*, Vol. 78 No. 2, pp. 141-51.

Phillips, D. (1990), "Postpositivistic science: myths and realities", in Guba, E. (Ed.), *The Paradigm Dialog*, Sage, Newbury Park, CA, pp. 31-45.

Pines, A.M. and Zaidman, N. (2003), "Israeli Jews and Arabs: similarities and differences in the utilization of social supports", *Journal of Cross-Cultural Psychology*, Vol. 34 No. 4, pp. 465-80.

Quell, C. (2002), *Official Languages and Immigration: Obstacles and Opportunities for Immigrants and Communities*, Office of the Commissioner of Official Languages, Ottawa.

Racher, F. and Annis, R. (2007), "Respecting culture and honoring diversity in community practice", *Research and Theory for Nursing Practice: An International Journal*, Vol. 21 No. 4, pp. 255-70.

Sanchez-Ayendez, M. (1995), "Older and middle-aged Puerto Rican women: cultural components of support networks", in Shenk, D. (Ed.), *Gender and Race through Education and Political Activism*, American Anthropological Association, Washington, DC, pp. 103-12.

Schulze, S. (2003), "Views on the combination of quantitative and qualitative research approaches", *Progressio*, Vol. 25 No. 2, pp. 8-20.

Schweitzer, R., Melville, F., Steel, Z. and Lacherez, P. (2006), "Trauma, post migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees", *Australian and New Zealand Journal of Psychiatry*, Vol. 40, pp. 179-87.

Sheikh-Mohammed, M., MacIntyre, R.C., Wood, N.J., Leask, J. and Isaacs, D. (2006), "Barriers to access to health care for newly resettled Sub-Saharan refugees in Australia", *Medical Journal of Australia*, Vol. 185 No. 11, pp. 594-7.

Shimoni, R., Este, D. and Clark, D. (2003), "Paternal engagement in immigrant and refugee families", *Journal of Comparative Family Studies*, Vol. 34 No. 4, pp. 555-68.

Simich, L., Este, D. and Hamilton, H. (2010), "Meanings of home and mental well-being among Sudanese refugees in Canada", *Ethnicity and Health*, Vol. 18 No. 1, pp. 1-14.

Simich, L., Beiser, M., Stewart, M. and Makwarimba, E. (2005), "Providing social support for immigrants and refugees in Canada: challenges and directions", *Journal of Immigrant Health*, Vol. 7, pp. 259-68.

Simich, L., Hamilton, H., Baya, B.K. and Neuwirth, G. (2004), "The study of Sudanese settlement in Ontario: final report", Citizenship and Immigration Canada, Settlement Directorate, Ontario, May 28, available at: http://atwork.settlement.org/downloads/atwork/Study_of_Sudanese_Settlement_in_Ontario.pdf (accessed May 17, 2013).

Simons, L., Lathlean, J. and Squire, C. (2008), "Shifting the focus: sequential methods of analysis with qualitative data", *Qualitative Health Research*, Vol. 18 No. 1, pp. 120-32.

Standing Senate Committee on Social Affairs Science and Technology (2006), *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*, The Senate Canada, Ottawa.

Stewart, D.E., Gagnon, A., Sauchier, J.F., Wahoush, O. and Dougherty, G. (2008), "Postpartum depression symptoms in newcomers", *The Canadian Journal of Psychiatry*, Vol. 53 No. 2, pp. 121-4.

Stewart, M., Anderson, J., Beiser, M., Makwarimba, E., Neufeld, A., Simich, L. and Spitzer, D. (2008), "Multicultural meanings of social support among immigrants and refugees", *International Migration*, Vol. 46 No. 3, pp. 123-59.

Stewart, M., Dennis, C.-L., Kariwo, M., Kushner, K., Letourneau, N., Makumbe, M., Makwarimba, E. and Shizha, E. (2015), "Challenges faced by refugee new parents from Africa in Canada", *Journal of Immigrant and Minority Health*, Vol. 17 No. 4, pp. 1146-56, doi: 10.1007/S10903-014-0062-3.

Stewart, M.J. (2000), "Social support, coping, and self-care as public participation mechanisms", in Stewart, M.J. (Ed.), *Community Nursing: Promoting Canadians' Health*, 2nd ed., Chapter 4, W. B. Saunders Company, Toronto, pp. 83-104.

Tashakkori, A. and Teddlie, C. (Eds) (2003), *Handbook of Mixed Methods in Social and Behavioral Research*, Sage, Thousand Oaks, CA.

www.manaraa.com

Weerasinge, S. (2012), "Inequities in visible minority immigrant women's healthcare accessibility", *Ethnicity and Inequalities in Health and Social Care*, Vol. 5 No. 1, pp. 18-28.

Weinert, C. (2003), "Measuring social support: PRQ2000", in Strickland, O. and Dilorio, C. (Eds), *Measurement of Nursing Outcomes Vol. 3., Self-care and Coping*, Springer, New York, NY, pp. 161-72.

World Health Organization (2013), "Health impact assessment: the determinants of health", available at: www.who.int/hia/evidence/doh/en/ (accessed May 15, 2013).

Wu, Z. and Hart, R. (2002), "Social and health factors associated with support among elderly immigrants in Canada", *Research on Aging*, Vol. 24 No. 2, pp. 391-412.

Yeh, C.J. (2003), "Age, acculturation, cultural adjustment, and mental health symptoms of Chinese, Korean, and Japanese immigrant youths", *Cultural Diversity and Ethnic Minority Psychology*, Vol. 9 No. 1, pp. 34-48.

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