Challenges Faced by Refugee New Parents from Africa in Canada

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Abstract This study examines challenges faced by refugee new parents from Africa in Canada. Refugee new parents from Zimbabwe (n = 36) and Sudan (n = 36) were interviewed individually about challenges of coping concurrently with migration and new parenthood and completed loneliness and trauma/stress measures. Four group interviews with refugee new parents (n = 30) were subsequently conducted. Participants reported isolation, loneliness, and stress linked to migration and new parenthood. New gender roles evoked marital discord. Barriers to health-related services included language. Compounding challenges included discrimination, time restrictions for financial support, prolonged immigration and family reunification processes, uncoordinated government services, and culturally insensitive policies. The results reinforce the need for research on influences of refugees’ stressful experiences on parenting and potential role of social support in mitigating effects of stress among refugee new parents. Language services should be integrated within health systems to facilitate provision of information, affirmation, and emotional support to refugee new parents. Our study reinforces the need for culturally appropriate services that mobilize and sustain support in health and health related (e.g., education, employment, immigration) policies.

Keywords Refugee · New parents · Challenges · Africa · Sudan · Zimbabwe · Canada

Introduction

Both migration and parenthood in a new country are major transitions that pose stressful challenges for immigrants, refugees, and asylum seekers [1]. Refugees and asylum seekers, in particular, may have been exposed to traumatic events in their home countries, such as violent conflicts, civil war, forced separation from family members, rape, persecution, and torture [2, 3]. Refugees also face social, cultural, and economic hardships in host countries. Barriers to accessing services include language, limited finances, transportation, mistrust of service providers, insufficient information about health and social services, and discrimination [4, 5].

Stresses of parenthood in a new country are compounded by linguistic, cultural and financial barriers, and distance from family, friends, and familiar surroundings [6–8]. Chronic stress experienced by refugee parents can increase the risk of mental health problems including postpartum depression, injuries, and delays in language and social development in children [9–11]. Refugee parents may lack information about parenting practices and discipline strategies in the host culture [12] and may feel disempowered by changing expectations for their children.
In the host country insufficient family support places additional stress on vulnerable refugees [4].

Canada is one of the top five refugee destinations worldwide, and refugees of Sudan and Zimbabwe are represented in the top countries of origin [14]. Most refugees from these two countries sought asylum in Canada from state repression, economic collapse, and conflict escalation [15, 16]. However, the challenges faced by these refugee new parents have not been studied. Consequently, the purpose of this study was to examine challenges faced by Sudanese and Zimbabwean refugee new parents in Canada. Three research questions guided this study. From the perspectives of Sudanese and Zimbabwean refugees in Canada: (1) What are their experiences of stress and coping concurrently with challenges related to migration and new parenthood? (2) What are their experiences with loneliness, social isolation, and mental health challenges? (3) What are the implications for supportive services, programs, and policies?

Conceptual Framework and Methodological Foundation

Migration and parenthood in a new country increase risk of mental health problems including depression and post traumatic stress disorder for refugee parents and children [17–19]. Loneliness, a key index of social support effectiveness, predicts poor health outcomes including depression [20–24]. These vulnerable people experience loneliness linked to support deficiencies [25–27] Social support is a resource for coping with stressful situations and loneliness [28] associated with migration, resettlement, and new parenthood. As most social relationships have positive and negative elements [29, 30], the supportive and non-supportive elements of interactions and relationships should be appraised. Support can either endure or dissipate over time in stressful situations [31] and diminish loneliness and social isolation [32]. Social isolation refers to a “state in which the individual or group expresses a need or desire for contact with others but is unable to make contact” [33].

Given the major gap in research focused on Sudanese and Zimbabwean refugees’ experiences of new parenthood, mental health, and social support, the study employed a multi-method participatory research design [34, 35]. Consistent with principles of participatory research [36] the study was guided by a community advisory committee composed of refugees and refugee serving organizations, hired and trained refugee interviewers, and sought input from and perspectives of refugees through interviews. Both qualitative and quantitative methods were used in parallel to corroborate, elaborate, and illuminate understanding of the phenomena under study, thereby enhancing validity, transferability, and confidence.

Qualitative methods were employed to enhance understanding of sensitive issues, meanings, beliefs, values, and behaviours. Ethnography in the sociological tradition [37] focuses attention on peoples’ experiences everyday social life, how they interpret their surroundings, actions, and interactions. Incorporation of an interpretive critical perspective within ethnography [37], including examination of gender, social status, and ethnocultural ideals within groups and societies, illuminated the cultural and structural conditions in the lives of refugees as well as the characteristics of individual refugees. Quantitative methods helped examine psychosocial variables, elucidate distinctions among pertinent variables, and extend qualitative data.

Research Methods and Approaches

Participants

Participants were Sudanese and Zimbabwean refugee mothers and fathers who came to Canada in the previous
5 years and had a baby born in Canada. Since economic and employment integration are challenges in the first 5–9 years [38], recruitment focused on seeking refugees parents living in Canada less than 10 years. “Convention refugees” (refugee claims accepted) and refugee claimants (waiting for their asylum cases to be settled) were included. A community advisory committee was created for this study, comprised of representatives from relevant service provider and policy organizations. The committee was consulted about recruitment methods, cultural appropriateness of quantitative measures and qualitative interview guide, and knowledge translation strategies. Recruitment included advertisements in relevant languages in ethnic community newspapers, newsletters, community organizations, posters, and flyers. Ethical approval for the research was confirmed by the university review committee.

Seventy-two participants were interviewed individually, including 36 Sudanese (19 females, 17 males) and 36 Zimbabwean (24 females, 12 males) refugees living in a western Canadian province. The majority of participants were 31–40 years old (57 %), married (85 %), and employed (61.1 %). Participants ranged from having no formal education to having completed graduate school; the majority had finished either college or university (59.7 %). The average number of children was 2.6. Thirty refugee new parents from Sudan (56.7 %) and Zimbabwe (43.3 %) subsequently participated in follow-up group interviews. Participants representing the same country of origin and gender were interviewed together (see Table 1).

Zimbabwean refugees left the country due to political persecution and economic difficulties, while Sudanese left the country because of a prolonged war and persecution. The majority (97 %, n = 35) of Sudanese participants lived in at least one other country (sometimes in a refugee camp) immediately before coming to Canada. Only 36 % (n = 13) of Zimbabweans stayed in another country immediately before coming to Canada. English is one of the official languages in Zimbabwe while many refugees from Sudan learn English through English as Second Language classes after coming to Canada (42 % Sudanese and 58 % Zimbabweans considered themselves fluent in English).

Consent

Participants provided written informed consent. 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 the participants’ language. The study received ethical approval following review by the participating university review committees.

Data Collection

Qualitative interview guides and standardized quantitative measures were translated into the participants’ first languages (Shona and Ndebele for Zimbabwean refugee parents and Arabic for Sudanese refugee parents) for the individual interviews. These were back-translated to ensure that the meaning of the translated document was equivalent to the intended meaning of the original measure or interview guide. The translated interview guides and measures were pilot tested with four Zimbabwean and four Sudanese volunteers to determine accuracy and appropriateness. Refugee new parents were paired with same sex peer interviewers from their country of origin. Peer interviewers were fluent in predominant languages spoken by participants. Individual interviews averaged 45–90 min and were conducted in sites accessible to participants such as their homes, public parks, or community locations. The eight-item qualitative interview guide elicited perceptions of: challenges coping concurrently with stresses of migration and new parenthood; experiences of loneliness, social isolation, and trauma; mental health challenges; and barriers encountered in seeking services and supports. Exemplar questions in the semi-structured interview guide included: Please describe your experience of immigrating and having a baby in Canada. What was the best part of your experience? What was the most stressful part of your experience? What challenges have you faced getting the help you would like to have?

Standardized quantitative measures also were administered during individual interviews to examine two psychosocial variables: loneliness and trauma/stress. The UCLA Loneliness Scale Version 3 [39] is a measure of loneliness, social isolation, and dissatisfaction with social relationships. This 20 item measure has been used extensively and validated with varied ethnic populations including people from Turkey [40], Taiwan [41], and Zimbabwe [42]. Participants rate each item on a 1–4 scale indicating responses of never to always. After reverse coding appropriate items, the loneliness score is obtained by summing the 20 items, giving scores ranging from 20 to 80. Higher scores indicate greater degrees of loneliness. The Clinician-Administered Post Traumatic Stress Disorder Scale Life Events Checklist [43] is a 17 item measure that assesses the total number and severity of exposures to previous traumatic experiences, and has been translated and validated with Bosnian and Cambodian refugees as well as with ethnic minorities in urban communities [44–46]. Items which respondents endorsed as personal experience receive a score of one; all other responses receive a score of zero. Item scores are summed for total score of potentially traumatic events in a respondent’s lifetime.
Four group interviews were conducted subsequently with Sudanese and Zimbabwean refugee parents in the predominant language of group participants. Questions were designed to explore stressful challenges experienced by refugee new parents in Canada and to identify how services could be improved to support refugee new parents. Exemplar open-ended questions for the group interviews included: How do these challenges/stressful experiences relate to your own or your family’s experience in Canada? How could existing services and programs be improved?

Analysis

Qualitative interviews were digitally recorded and transcribed; data from interviews conducted in Arabic for Sudanese participants and in Shona or Ndebele for Zimbabwean participants, were translated into English and transcribed verbatim by the peer interviewers. Qualitative data from individual and group interviews were then subjected to thematic content analysis [47]. 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; and linkages among conceptual categories were expressed in themes. Inductive analysis [48, 49] was used to create a coding framework (developed jointly by investigators and research assistants), reflecting content themes, sub-themes, and substantive categories. The categories were inclusive (i.e. reflecting a range of content in data); useful (i.e. meaningfully connected to data); mutually exclusive (i.e. separate and independent); clear and specific [50, 51]. The coders achieved a minimum inter-rater reliability of 80% agreement before proceeding with independent coding of interviews. Qualitative data were managed with NVIVO.

The quantitative data were entered into SPSS for descriptive statistical analysis. Independent t-tests, ANOVA, and Chi square comparisons were conducted to examine relationships among demographic and psychosocial variables for the total sample and comparative analyses between Sudanese and Zimbabwean refugee parents (see Table 2).

Results

Loneliness and Trauma Challenges (Research Question 1)

Loneliness

Female refugee participants reported loneliness before and following birth of their child. They felt alone due to diminished social networks. Many new mothers did not have any supporters as most family members were in Sudan or Zimbabwe. Support provided by friends in the local community was minimal (see Table 3 for exemplar quotations). These qualitative findings are reinforced by quantitative results.

The mean score for Sudanese participants on the UCLA Loneliness Scale was 49.39 (SD 5.01) and for Zimbabwean participants 50.74 (SD 4.90), both in the higher range (39.9 to 50.4 (SD = 5.1–9.5) reported for other non-clinical participants estimated in past studies [39].

Trauma and Stress

Refugee new parents from Sudan and Zimbabwe experienced stresses emanating from traumatic experiences. Participants discussed diverse stressful experiences, including those associated with country of origin, such as mass killings and deaths of relatives, and those associated with migration, such as separation from family and wrongful dismissal from work in Canada (see Table 3). These qualitative findings are reinforced by the PTSD Life Events Checklist mean scores of 1.98 (SD 1.82) for the total sample. This checklist is recognized as the gold standard in PTSD symptom assessment, with strong psychosocial properties [50]. Sudanese participants had a significantly higher mean score (p = 0.039) of 2.36 (range 0–7; SD 1.77) than Zimbabwean participants (M = 1.6; range 0–7; SD 1.8). Many refugee new parents had
personally experienced or witnessed severe human suffering (44%); assaults with weapons (43%); physical assaults (43%), and combat (43%). Some had been physically assaulted (22%), or experienced captivity (15%). Sudanese participants had significantly more exposure to combat ($p = 0.001$), life-threatening illness ($p = 0.006$), and sudden violent death ($p = 0.049$) than Zimbabwean participants.

Challenges Linked to New Parenthood in the Context of Migration (Research Question 2)

Marital Conflicts

Participants indicated that many refugee families experienced marital conflicts, including relationship tensions and breakdown; 15% were either divorced or separated. Participants reported that single parent households were becoming more common because refugee parents experienced difficulty negotiating new gender roles in Canadian society. However, culturally appropriate marriage counseling was not available according to these refugee parents. Distance from kin in home countries and relatives’ limited knowledge of challenges faced by refugees in Canada impeded access to traditional family supports. Participants noted that advice provided by friends was not always constructive (see Table 4 for exemplar quotes).

Gender Role Conflicts

Gender division of work was a reported challenge. Some female participants were overwhelmed by their dual

| Loneliness | It’s hard; it’s not something that you get used to. I think actually right now I am more homesick. Every day is trying because you always want to get that support. I could get friends but there is only so much you can do with a friend in comparison to a sibling. (Zimbabwean female) |
| Trauma and stress | When I came to Canada the distance became bigger; relatives became far away. So at the beginning there was a feeling of loneliness and isolation, it felt like I was not at home, there were no relationships and no relatives (Sudanese female) |

My own experience is that I feel home sick, I’m lonely because I don’t have friends yet. I didn’t have somebody that I could talk to, somebody that I could ask if I wanted to go somewhere, who can tell me that these and that are the things that you need to do (Sudanese female) |

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Table 3 Loneliness and trauma challenges: exemplar quotations translated from original languages

| Marital conflicts | We were going through so much individually, so that was also putting pressure on our relationship. Whereas a normal day, that shouldn’t have been, but you have frustrations with the language barrier and culture shock contributed. (Zimbabwean female) |
| Gender role conflicts | When they get back from work, they still think that they are the African man; I don’t cook, I don’t clean, I don’t do anything. (Sudanese female) |
| Insufficient time for family | You will just have no time with your kids, because you come back from work, you get busy in the house and don’t care even to see what your kids are doing, where they are, do they have school homework today, or don’t they have homework, do they do what. You just don’t have time to see them. (Sudanese male) |
| Cultural conflicts in parenting | We know how to bring them up back home, but not here in Canada. I think they should do more with regard to parenting, because there are two different cultures involved here. How are we going to apply these cultures? We need these two cultures, we cannot lose our cultures. We need our cultures and we need Canadian culture. We need to bring these two cultures together. (Sudanese female) |

Table 4 Challenges linked to new parenthood and migration: exemplar quotations translated from original languages

| Marital conflicts | Back home, if you quarrel with your wife, your parents will advise you to stop that, which is good...Back home, your parents and relatives will give support and work to keep you and your wife together...but now here in Canada you have to deal with the challenges on your own. (Sudanese male) |
| Gender role conflicts | I realized I was not a young man anymore and have to face the challenges. So, I had to take care of my wife, buy things that the newborn and my wife needed and had to take care of the baby if my wife needed to rest. (Sudanese male) |
| Insufficient time for family | Parents need to be aware of parenting issues in Canada; they need to be aware 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) |
| Cultural conflicts in parenting | We know how to bring them up back home, but not here in Canada. I think they should do more with regard to parenting, because there are two different cultures involved here. How are we going to apply these cultures? We need these two cultures, we cannot lose our cultures. We need our cultures and we need Canadian culture. We need to bring these two cultures together. (Sudanese female) |
**Table 5** Service, program, and policy challenges: exemplar quotations translated from original languages

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Exemplar Quotation</th>
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<tbody>
<tr>
<td>Lack of culturally appropriate services</td>
<td>I remember when I gave birth, in Sudan; all I would eat for the first few hours is hot soup or hot porridge. Here, I was offered jam, toast, pudding, ice cubes, boxed milk right from the fridge. While I am dying hungry I don’t have the language to say I don’t want this food and give me something else. (Sudanese male)</td>
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<td>Child care and child rearing costs</td>
<td>The government didn’t pay the money to the day care and didn’t send us a letter to indicate that that they stopped paying child subsidy. They first asked me to pay eight thousand dollars, but they later asked me to write an appeal. …if I had money I would have bought air tickets and go back to Sudan, because there we don’t have things like that. (Sudanese female)</td>
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<td>Inability to perform cultural traditions</td>
<td>It’s not going to happen here in Canada because the ritual cannot be done in the correct way. Now in Canada, where am I going to get a dog? [to perform the ritual]. So, when our new baby was born here, I called my mom in Sudan and asked her what to do. I told her that it’s difficult here in Canada to have a dog, that dogs here are pets, you need a license to have them, you have to pay insurance for them and you have to pay for their other expenses, expenses that are even more than feeding my kids. (Sudanese male)</td>
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<td>Language barriers</td>
<td>I have signed about 98 % of documents in doctors’ offices or in the hospitals without proper understanding of what it is particularly about and if it has legal complications or not. (Sudanese female)</td>
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<td>Discrimination</td>
<td>Some [African refugees] face these difficulties even though they studied relevant courses here in Canada…I ask myself as I look for joke…It’s like they consider light skinned people smart and dark skinned people not smart. Maybe they consider dark skinned people stupid</td>
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<td>Prolonged immigration processes</td>
<td>Four days ago my child woke up in the morning and asked her mom, “mom, what am I?” Her mom was like, “why you are asking that question?” She said some kids at her daycare used to call her black and other kids call themselves white, so she wanted to know if she is different from other kids. So, kids are innocent, she didn’t see herself different from other kids…she knows that her name is XYZ, so why would they call her black (Sudanese male)</td>
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<tr>
<td>Educational barriers</td>
<td>Learning is something very important and someone cannot ask you to study and learn language, do upgrading and go to college in two years. It can’t be done like that. It is too short. It might be okay for people who come from some countries that have some good level of education, but for people who come from rural areas, who don’t even know Arabic, I think that it’s very difficult. (Sudanese male)</td>
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<td>Most of immigrant families who came to Canada came with very little education. …when these children get back from school they can’t get help with their homework because the parents themselves are struggling with their English (Sudanese male)</td>
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<td></td>
<td>They should place them in separate classes until they have learned enough basics in math, English language and social studies. It’s a waste of time to place students at junior or senior high levels, because they will not continue at those levels. They will be frustrated by their inability to cope at those levels (Sudanese male)</td>
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<td></td>
<td>There is still a gap in gender roles between men and women because women are still stuck in English as Second Language classes. They cannot get good jobs. All these ladies can do here is cleaning. That’s what I have seen, even in regard to my wife. They cannot work even in places like restaurants or as cashier in Seven Eleven and things like that because they do not speak the English language; so they are still in that situation and there is therefore a difference in gender roles here (Sudanese male)</td>
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workloads since migration to Canada, as they had to work both out of the home for financial reasons and in the home. Some women reported that men did not make adjustments to support their wives. They were reluctant to ask their husbands to help. Many male participants preferred maintaining traditional division of labor from their country of origin and believed that housework was the responsibility of women. Several males, however, embraced the challenge of new roles in Canada and helped care for the new baby, although they had depended previously on female relatives. Some men noted that their higher level of education and maturity gave them broader perspectives that made it easier for them to assimilate new family roles (see Table 4).

Insufficient Time for Family

Demanding work schedules strained family relationships. Requirement to juggle numerous responsibilities limited time available to spend with children. Participants reported feeling overwhelmed by the need to balance responsibilities linked to child care, multiple part-time jobs, and education (see Table 4).

Cultural Conflicts in Parenting

Refugee parents wanted to maintain some control in their children’s lives, and impart traditional wisdom and values. Many were skeptical of their host country’s values regarding freedom of choice. Although refugee parents were afraid that their children would lose cultural identity, they wanted children to function in Canadian culture (see Table 4).

Services, Program, and Policy Challenges (Research Question 3)

Lack of Culturally Appropriate Services

Some refugee parents reported that the health care system was not designed to deal with cultural diversity. Participants believed that culturally and gender sensitive resources were not available. For example, one Sudanese female wanted to communicate her needs to hospital staff after giving birth, but the male translator spoke a different dialect of Arabic and she did not feel comfortable discussing personal issues with a male. Although participants appreciated services such as postnatal home visits by nurses, they thought health professionals in Canada should have more knowledge of their cultural backgrounds (see Table 5 for exemplar quotations).

Child Care and Child Rearing Costs

Refugee parents reported that it was financially draining to raise a child in Canada. In their home country, many depended on extended family to provide child care, in contrast to Canada where significant funds had to be allocated to child care costs. Financial stress was heightened by employment challenges and job losses. In addition to costs of child care and child-related items such as toys and diapers, participants described financial obligations to support family members in their home country or refugee camps. Despite low-paying jobs, some refugee parents were not eligible for government subsidies. Refugee participants wanted more flexible government policies that would allow their parents to come to Canada and help with child care (see Table 5).

Inability to Perform Cultural Traditions

Refugee parents who wanted to perform many meaningful traditional practices after the birth of a child could not do this in Canada. To illustrate, they could not preserve umbilical cords in their host country. Moreover, although grandparents traditionally named infants in Sudan, this custom was difficult in the host country. Some Sudanese participants reported that in their cultural tradition, husbands should have limited contact with wives during the first 2 weeks postpartum. To honor this tradition one participant refused to eat food prepared by her husband following childbirth. Other women wanted traditional foods after birth, but were unable to communicate this preference without translation support (see Table 5).

Language Barriers

Inadequate English language proficiency and health illiteracy were significant barriers to receiving appropriate health care during pregnancy and childbirth. Participants
reported that they received insufficient information in their language to make informed decisions. For example, prenatal classes were offered in English. Translation was needed to communicate with health-service providers and complete health forms but translators were not readily available. To illustrate, Sudanese female participants were frustrated with their inability to communicate medical needs such as pain management, while other participants reported signing consent forms they did not understand without translation (see Table 5).

**Discrimination**

Some refugee parents believed that racial prejudice reduced initial employment opportunities, as their educational qualifications were not recognized in Canada. However, even after acquiring Canadian qualifications, these refugee parents experienced little improvement in employment options. Some parents reported that their children encountered discrimination at day care centres which they attributed to visible minority status (see Table 5).

**Prolonged Immigration Processes**

Refugee parents reported systemic barriers to family reunification caused by lengthy migration processes. Prolonged delays before refugee claims were processed were stressful due to uncertainty regarding deportation. Even after becoming permanent residents, it was still difficult for refugee parents to bring family members to Canada. Although work permit approval typically takes 2 months [14] some participants waited up to 18 months, resulting in dependence on social services system and unreported employment (receiving cash payment) to supplement incomes (see Table 5).

**Educational Barriers**

Many Sudanese parents reported that the age-based education system, in which refugee children were placed in grades above their subject comprehension, created humiliation. As refugee parents wanted optimistic futures for their children, they encouraged completion of education even when the learning environment was not culturally sensitive. Some of these refugee parents (11%) had not completed education beyond elementary school. Differences in education perpetuated gender imbalances, as men had higher levels of education than women. Refugee parents also reported that time restrictions for financial support impeded opportunities to advance their education and inhibited support integration (see Table 5).

**Employment Barriers**

Refugee participants with post-secondary education from outside of Canada worked low-paying jobs. Underemployment was a major concern for participants. Refugee parents initially believed the host country would offer work opportunities. However, after living in Canada, some participants believed they were overlooked for employment. Seeking employment required some to move from urban cities to rural towns, increasing sense of isolation (see Table 5).

**Discussion**

This research reinforces and extends previous studies pertinent to newcomers in other countries. Sudanese and Zimbabwean refugee parents who recently gave birth to a child in Canada reported feelings of isolation, loneliness, and stress, reflective of challenges to mental health. New gender roles and expectations evoked marital discord and exacerbated parenting challenges when faced with dual conflicting concerns about retaining cultural beliefs and practices while integrating within their new cultural context. Although some reported concerns are comparable to those experienced by new parents in Canada [52], these dual challenges seem to be unique to newcomer parents. Moreover, the refugee parents who participated in our study described major barriers to services and programs, such as language and bureaucratic systems that impeded access. Refugees face significant stresses in resettlement countries including language difficulties, acculturative challenges, loneliness, societal prejudice, and limited access to culturally appropriate services [53–56]. Financial constraint posed obstacles to child care, family activities, and education. Recent immigrants are more likely to experience poverty, poor housing, low literacy levels, and unemployment within five years of migration [38]. Compounding challenges included discrimination, prolonged immigration and family reunification processes, and culturally insensitive services. Sudanese and Zimbabwean refugees are potential targets of discrimination because of skin colour and cultural and religious traditions [1].

The growing research on immigrant women before and after the birth of a child [57–59] does not include African refugees. Transition to parenthood in a new country places refugee parents at increased risk for adverse mental health outcomes. Recent reports call for more attention to culture-specific and intra-cultural variations in refugee stress, acculturation, and mental health outcomes of migration [60, 61]. The qualitative data supplemented and elaborated the data elicited through standardized quantitative measures. Moreover, the qualitative data elucidated experiences of
refugee new parents regarding challenges and service gaps (research questions 1 and 3) for which culturally appropriate quantitative scales were not available. This study sought to address some of these knowledge gaps by conducting research with two specific ethnic groups of refugee parents from Africa. 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 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 [40–42, 44–46] and the measures were translated and administered to these unique cultural groups in other studies conducted by the investigators. Nonetheless the results revealing loneliness and trauma/stress reinforce the need for research on the influence of refugee parents’ traumatic experiences on parenting and the potential role of social support in mitigating the effects of stress among refugee new parents. Future research also could examine experiences of refugee parents from different countries. Moreover, although studies [19, 24, 58, 62–67] suggest the importance of social support for refugee parents during the early years of resettlement, this knowledge has not been invoked to systematically develop interventions that help refugee new parents adapt to life in receiving countries such as Canada. Differences between Zimbabwean and Sudanese refugee parents’ experiences and perceptions that emerged in our study reinforce the need to elucidate the role of ethnicity in the design of culturally-relevant social support intervention(s). This study provides a foundation for future research that designs and tests social support interventions to address the challenges faced in Canada by refugee new parents from Sudan and Zimbabwe.

Research on refugees’ and asylum seekers’ experiences in Canada is limited and studies on mental health of parents and children have often excluded refugees. This is the first study to examine the challenges faced by Sudanese and Zimbabwean refugee new parents in Canada. The depth of qualitative and quantitative information contributes to understanding experiences of refugee new parents and challenges faced in accessing services and supports in a new country.

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