Impacts of a social support intervention for Somali and Sudanese refugees in Canada

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Impacts of a social support intervention for Somali and Sudanese refugees in Canada

Miriam Stewart, Laura Simich, Morton Beiser, Knox Makumbe, Edward Makwarimba and Edward Shizha

Resettlement challenges include loneliness, language difficulties, prejudice, limited job and educational opportunities, and lack of culturally appropriate services (Bowes and Wilkinson, 2003; McMichael and Manderson, 2004; Owens and Randhawa, 2004). These factors limit refugees' social networks and increase their isolation (Beiser et al., 2010; Lawrence and Kearns, 2005; Patil et al., 2004; Warner, 2007). Social support can influence health (Nicado et al., 2008) and use of health services (Abe-Kim et al., 2007) for immigrants and refugees.

Although evidence suggests the importance of support from people who share the same ethnic background during the early years of resettlement (Beiser et al., 2011; Finch and Vega, 2003; Owens and Randhawa, 2004), this knowledge has not been used to develop interventions that help refugees adapt to life in countries such as Canada. Canada offers permanent resettlement to more than 20,000 refugees yearly. Canada has experienced a steady increase in refugee claims since the 1990s (Citizenship and Immigration Canada, 2005; UN High Commissioner for Refugees (UNCHR), 2011). Although they share many experiences, refugees are a heterogeneous group. Differences among refugees reinforce the need to elucidate the role of ethnicity and culture in the design of relevant support interventions. Accordingly, the key objective of this study was to design and pilot-test
a culturally tailored intervention that meets the support needs and preferences of two ethno-culturally distinct refugee groups in Canada.

Review of relevant research

Social support is a resource for coping with stress caused by immigration and resettlement challenges. Support provided by community members of similar ethnicity is associated with positive health outcomes, whereas lack of social support has a detrimental effect on mental health (Beiser et al., 2011; Nicado et al., 2008). Separation from family exacerbates the severity of psychological problems. Newcomers with extensive social support are more likely to access professional services (Alegria et al., 2004). Social support can reduce refugees’ isolation and loneliness (Beiser et al., 2010, 2011; Bhui et al., 2006; Jaranson et al., 2004); enhance their sense of belonging and life satisfaction (Young, 2001); mediate the stress of discrimination (Brooker and Eakin, 2001; Din-Dzietham et al., 2004); and facilitate integration into a new society (Stewart et al., 2008b).

Intergenerational conflicts, struggle for employment, inadequate knowledge about resources, language difficulties, and lack of transportation impede newcomers’ ability to mobilize or use social support in resettlement countries (Citizenship and Immigration Canada, 2005; Wu et al., 2010). The loss of social support has detrimental impacts for immigrants and refugees (Lev-Wiesel and Kaufman, 2004; Reynolds, 2004; Simich et al., 2004; Wu et al., 2010). Despite the demonstrable importance of social support for immigrants and refugees, research focused on culturally appropriate social-support interventions is rare (Barrio, 2000) and the interaction between support and ethnicity has been neglected in social support intervention research (Gottlieb and Bergen, 2010). Our review of research published from 1996 to 2011 revealed no support intervention studies focused on African refugees.

Sudan and Somalia are two of the top refugee-producing countries in Africa, and Africa is ranked as the continent producing the second largest number of refugees in the world (UNHCR, 2011). Both Somalis and Sudanese are potential targets of discrimination from mainstream populations because of skin colour, cultural and religious traditions (Karunakara et al., 2004; Quell, 2002). Somalis share the same culture; are predominantly Muslim, and are monolingual. The Sudanese are more diverse, with half the population speaking Arabic as a mother tongue, while the other half speaks other Sudanese languages (e.g. Nuer, Dinka) and learn English as a second language.

Somali and Sudanese refugees have been exposed to violent conflicts during the civil war. Moreover, persecution, torture, rape, and murder have been reported. There is evidence that trauma correlates with social problems, mistrust, and a sense of betrayal during the resettlement process (Bhui et al., 2006; Goodman, 2004; Jaranson et al., 2004). This caused forced separation of family members. Research documents cultural similarities and variations in post-migration experiences of Sudanese and Somali refugees (Bhui et al., 2006; Goodman, 2004; McMichael and Manderson, 2004). For Sudanese and Somali refugees, there are identifiable values in their culture before migration and these include communal identity, solidarity, sharing, and trust. However, there are social support deficits following migration (Goodman, 2004; McMichael and Manderson, 2004). Our previous research in three urban centres in Canada revealed that Somali refugees experience unmet support needs, depleted social support networks, separation from families, difficulty establishing new ties in new communities, inadequate access to services, and lack of linguistically and culturally-appropriate support services (Anderson et al., 2010; Stewart et al., 2008b; Stewart et al., 2010). These newcomers described pathways through which social support influenced health. In their view, social support met basic needs; reduced stress; and, improved physical and mental health. Moreover, these newcomers believed that inadequate support exerted a negative influence on their health and use of services (Simich, Hamilton, Baya, and Neuwirth, 2004; Simich, Este, Hamilton, 2010; Stewart et al., 2008b). Our previous studies of Sudanese refugees (Simich et al., 2004), and of Somali refugees (Simich et al., 2004; Stewart et al., 2008b; Stewart et al., 2010) revealed needs for support from peers and professionals from the same ethnic background. The major support needs and desires identified in these studies informed the design of a peer support intervention.
Prior to the intervention, individual in-depth interviews were conducted with Sudanese and Somali refugees \((n = 68)\) to elicit regarding their specific intervention preferences—type of support, support providers, discussion topics, timing and duration of program, frequency of sessions, and location. The research team designed and pilot-tested a support intervention to address these support needs and preferences.

**Support intervention**

11 peer and professional helpers/facilitators were trained jointly by the research team within each site. Peer facilitators were Sudanese and Somali who had settled in Canada for more than ten years and had first-hand experiential knowledge of life as a new refugee and experience coping with settlement challenges. Professionals had service provider experience relevant to the challenges and support needs of refugees.

Each support group met bi-weekly for a face-to-face session. Between these support group sessions, peer helpers delivered one-to-one support to new refugees via the telephone. Peer helpers and refugee participants were matched in both group and dyadic interventions according to ethnic background and gender, characteristics found to be important in our recent studies (Simich et al., 2010; Stewart et al., 2010). Support groups encompassed five to 12 participants each. Separate groups were created for Sudanese men, Sudanese women, Somali men, and Somali women. Transportation and child care were provided to enhance accessibility to the intervention.

Discussion themes for support groups and dyads were informed by preferences identified in pre-test interviews which reflected challenges experienced by newcomers. Moreover, participants selected topics for each session. Key topics discussed included enhancing cultural understanding and social integration; navigating the system, promoting new skills, seeking optimum employment, improving family dynamics, and overcoming racism and discrimination. To maximize and sustain the effects of the support program, and to ensure similar intervention “dose” across participants, the support group and dyadic interventions was 12 weeks in duration. Each face-to-face group session lasted 60-90 minutes and, dyadic telephone sessions were approximately 20 minutes in length.

**Research questions** guiding this pilot intervention study were:

*RQ1.* What are Sudanese and Somali refugees’ perceptions of the effects of the support intervention on their social networks, satisfaction with social support, coping strategies, loneliness, and social integration?

*RQ2.* What are the similarities and differences in the impacts of the intervention for these two ethno-culturally distinct refugee groups?

*RQ3.* What are service providers’ and policy influencers’ perceptions of the impacts of the intervention, the factors influencing these impacts, and the implications for policies and programs?

**Hypotheses** following the support intervention:

*H1.* Loneliness and isolation will decrease.

*H2.* Perceived support will increase.

*H3.* Satisfaction with support will increase.

*H4.* Social integration will increase.

*H5.* Support-seeking coping will increase.

**Research approach**

The study employed a multi-method participatory research design (Beazley and Ennew, 2006; Stewart et al., 2008a; Tashakkori and Teddlie, 2003). Both qualitative and quantitative methods were used in parallel to enhance validity, transferability, and confidence (Tashakkori and Teddlie, 2003). Qualitative data provided in-depth elaboration and substantiation of
quantitative results (Sandelowski, 2010). Qualitative interview guides and quantitative standardized measures were translated into the participants’ first language – Arabic for Sudanese participants and Somali for Somali participants. The translated interview guides and measures were pilot tested with four Somali and four Sudanese volunteers to determine accuracy and appropriateness of the final measures.

Data collection

Quantitative data
Participants completed the same quantitative measures immediately before the intervention (pre-test) and following the intervention (post-test). Three quantitative measures were administered:

1. The Personal Resource Questionnaire (Weinert, 1984; Weinert and Brandt, 1987) to measure perceived social support and satisfaction with support resources.
2. The Revised UCLA Loneliness Scale (Russell et al., 1980) to assess loneliness and social isolation.
3. The Proactive Coping Inventory (Greenglass et al., 1999) to measure emotional and practical support seeking (Table I).

Qualitative data
Five group interviews were conducted with refugees (n = 34; 11 Sudanese males, five Sudanese females, seven Somali males, 11 Somali females) who participated in the support intervention. A nine-item semi-structured interview guide was used during individual interviews with participants at post-test. Questions included: “Did this program of support help to meet your support needs?” “Tell me about any changes in your relationship with your family, friends and neighbours since you have been taking part in

Table I  Summary of standardized measures and relevant hypotheses

<table>
<thead>
<tr>
<th>Hypotheses</th>
<th>Subscales</th>
<th>Items</th>
<th>Content</th>
<th>Psychometric properties</th>
<th>Populations</th>
</tr>
</thead>
</table>
| UCLA Loneliness Scale version 3 |           | 0     | Feelings of loneliness or social isolation | Validity $\alpha = 0.89-0.94$  
Reliability $r = 0.73$ | African- and Mexican-American adults, adult children of alcoholics, adults with chronic diseases |
| Personal Resource Questionnaire |         | 0     | Need for assistance, support resources, satisfaction with support resources, support needs | Validity $\alpha = 0.88-0.93$,  
Reliability $\alpha = 0.81$ | African American parents of children with birth defects; parents of children with cystic fibrosis, diabetes, cancer, spina bifida, pregnant women |
| Proactive Coping Inventory | Proactive coping | 4     | Autonomous goal setting/self-regulatory goal attainment | Coping scale reliability $\alpha = 0.80-0.85$; validity $\alpha = 0.22-0.73$ | Undergraduate students rehabilitation patients mastering independent functioning employees, adolescents, Vietnamese, Pakistani, Turkish, and Chilean immigrants |
|                            | Emotional support seeking |       | Disclosing to others feelings, evoking empathy and seeking support | Emotional support seeking scale reliability $\alpha = 0.73-0.64$; validity $\alpha = -0.17-0.60$ | |
|                            | Instrumental support seeking |       | Obtaining advice, information and feedback | Instrumental support seeking scale reliability $\alpha = 0.84-0.85$; validity $\alpha = 0.17-0.65$ | |
this support program.’’ ‘‘Did this support program affect the way you manage your everyday life?’’ ‘‘Many refugees feel lonely or isolated at times. If you had feelings of loneliness, did the program of support change these in anyway?’’ ‘‘Did you talk with any members of the group outside the support group sessions?’’ ‘‘What other support services did you use in the past four months?’’ ‘‘Tell me how this program was helpful/unhelpful to you.’’

In-depth individual interviews were conducted with the peer and professional intervention agents (n = 10) to seek information regarding perceived impacts of the intervention and factors influencing these impacts.

Data analysis
Quantitative data were entered into SPSS (software for analysing numerical data) for descriptive statistical analysis. Descriptive statistics were employed to summarize the demographic data (e.g. age, marital status, ethnicity). Study measures were subjected to tests of internal consistency using coefficient alpha and item-total correlation. One-tailed t-tests were used to detect pre-test versus post-test and delayed post-test mean differences in outcome measures for the combined sample. Pre- and post-test differences in means between the two ethnic groups and within each ethnic group were also examined.

Qualitative data collected at post-test were audio taped, transcribed, and analyzed using thematic content analysis (Hseih and Shannon, 2005). Post-test interviews of participants and intervention agents were analyzed for satisfaction with the intervention, perceived impacts of the intervention, factors influencing its impact, and recommended changes. NVivo qualitative data analysis software was used for data management.

Sample
Somali refugees and Southern Sudanese refugees (who form the majority of the Sudanese refugee population in Canada) were recruited in the urban centers of two provinces, one in Western Canada (Toronto) and another in Central Canada (Edmonton). Participants were selected using purposive and snowball sampling methods (Tashakkori and Teddlie, 2003). Recruitment was facilitated by community agencies and organizations and by peer helpers with knowledge of these cultural communities. The demographic profile of the 58 participants in the intervention is presented in Table II. As both Somali and Sudanese societies exhibit traditional gender segregation, approximately equal numbers of men (53 percent) and women (47 percent) were recruited. Participants were between the ages of 18 and 54, and had lived in Canada for ten years or less. Most were married (64 percent), middle aged (68 percent) and had secondary school education (43 percent).

Findings
Refugee parents’ perspective
Loneliness (RQ1, RQ2; H1). There was a statistically significant decrease in loneliness from pre-test to post-test for the overall sample (p=0.002). Moreover, statistically significant reductions in loneliness were found for Sudanese participants (p = 0.003), both sexes (males p = 0.015; females p = 0.05), and single (p = 0.021) and married participants (p = 0.018) (Table III). Qualitative data from individual interviews corroborated these quantitative findings confirming decreased loneliness following the intervention:

This program has allowed me to see more people of my community, since I live in an area where there are not many people. This helped me talk more in my language and be part of a stress free environment (Somali female).

Refugee participants who reported less loneliness after participating in the intervention attributed this change to diverse factors. Their social networks had been enlarged, and they could meet with peers and speak in their preferred language. The support program provided a ‘‘stress-free environment.’’ The support group was seen as a substitute for family because members could call upon each other for help, and provided a mechanism for reuniting communities whose relations had been fractured by discord. The effects of culture shock
linked with immigration to Canada were mitigated by the comfort of peers and by information on available resources. In their home countries, participants were familiar with a communal life and few differences in affluence:

I also realized that I am not alone and everyone has problems like mine. That is why talking is beneficial because we exchange opinions and we came together by acknowledging each other problems (Somali female).

A few participants mentioned that they had contact with other members outside the support group sessions and could receive sustained support. Support from fellow refugees was preferred to referrals to social workers or other professionals. Within the support groups, people were willing to give advice about dealing with loneliness:

Because you are in a new place and you are really lonely you don’t know anybody but as soon as I got connected to this community discussion I got a lot of information on how to go for help anywhere whether you have social problem or whether you have family problems (Sudanese male).

<table>
<thead>
<tr>
<th>Table II</th>
<th>Demographic profile of intervention participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample (n = 58)</td>
<td>Ethnicity</td>
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<tr>
<td></td>
<td>Somalia (%)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male (n = 31)</td>
<td>48</td>
</tr>
<tr>
<td>Female (n = 27)</td>
<td>52</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>30</td>
</tr>
<tr>
<td>Married</td>
<td>62</td>
</tr>
<tr>
<td>Divorced</td>
<td>8</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>21-30</td>
<td>10</td>
</tr>
<tr>
<td>31-40</td>
<td>55</td>
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<tr>
<td>41-50</td>
<td>15</td>
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<tr>
<td>51-60</td>
<td>20</td>
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<tr>
<td>Time in Canada (years)</td>
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<tr>
<td>&lt;2</td>
<td>8</td>
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<tr>
<td>2-4</td>
<td>8</td>
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<tr>
<td>4-6</td>
<td>17</td>
</tr>
<tr>
<td>6-8</td>
<td>17</td>
</tr>
<tr>
<td>8-10</td>
<td>50</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>No education</td>
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<tr>
<td>Elementary school</td>
<td>13</td>
</tr>
<tr>
<td>Secondary school</td>
<td>35</td>
</tr>
<tr>
<td>College</td>
<td>22</td>
</tr>
<tr>
<td>University</td>
<td>17</td>
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<tr>
<td>Graduate school</td>
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<table>
<thead>
<tr>
<th>Table III</th>
<th>Impact of intervention on loneliness (revised UCLA Loneliness Scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Pre-test mean</td>
</tr>
<tr>
<td>Overall sample</td>
<td>38.59</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td>40.47</td>
</tr>
<tr>
<td>Sudan</td>
<td>36.8</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>38.11</td>
</tr>
<tr>
<td>Female</td>
<td>39.39</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>38.04</td>
</tr>
<tr>
<td>Married</td>
<td>38.07</td>
</tr>
</tbody>
</table>
The group participants are isolated, so the support group helped us to learn to share problems, look for solutions and relieve ourselves from stress. Being with other people helped us to learn that you are not the only one with those problems (Somali female).

Participants of one Sudanese support group thought that loneliness was not an issue for them as they were a close-knit community:

Loneliness here is not a big factor. It may be there because of the environment we live in here, but it really does not have an effect of how we come together as a people (Sudanese male).

Length of time in Canada seemed to affect some participants’ reports of loneliness. Participants who had been in Canada longer felt less lonely than recent arrivals. One participant felt disenfranchised because, although he was a new Canadian citizen, he faced employment challenges similar to recent arrivals. A few refugees who indicated that they had been in Canada longer than other participants maintained that loneliness was a problem primarily for new refugees:

Because we have lived long enough in this country, we are not lonely. Newcomers feel such issues because they do not work, they don’t have a lot of friends, and they don’t know how to keep themselves busy. People residing here more than ten years do not have this problem because they understand the system. Also, they have internalized Canadian culture, joined networks, made hobbies and get involved in sports. One more thing, a person with a family is not alone while a person without one is (Somali male).

Perceived support resources (RQ2; H2). Following the intervention, there were statistically significant ($t = -23.05; p = 0.002$) increases in perceived social support (Table IV). At pre-test, the mean score (123.07) for perceived social support was substantially lower than the normative mean of 134, but by post-test the score increased to 136. There were statistically significant increases in perceived social support for both sexes and both ethnic groups. However, comparison of the two ethnic groups revealed that the increase in perceived social support was significantly higher for the Sudanese (14 percent) than Somali (8 percent) participants.

At post-test, participants were less likely to receive support from a service agency than at pre-test ($t = -2.401, p = 0.021$). The support received from peers and professionals in the support groups may have decreased the perceived need to seek formal support:

Before [the support program] nobody is talking to nobody, nobody knows others’ problems. Everybody thinks that problem is their own problem and everybody else doesn’t have a problem (Sudanese female).

The support group helped us to learn to share problems, look for solutions and relieve ourselves from stress (Somali female).

Satisfaction with support (RQ1 and RQ2; H3). The increases in satisfaction with support received regarding stressful situations (e.g. loneliness, crisis, personal concerns) from pre-test and post-test were not statistically significant. However, interviews revealed that participants believed they could share their problems with the support group and receive support from peers regarding potential solutions for stressful situations. Participants reported that the support received made them feel like “better human beings”:

<table>
<thead>
<tr>
<th>Table IV</th>
<th>Impact of intervention on perceived support resources (Personal Resource Questionnaire)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Pre-test mean</td>
</tr>
<tr>
<td>All participants</td>
<td>123.10</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td>114.52</td>
</tr>
<tr>
<td>Sudan</td>
<td>130.24</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>124.83</td>
</tr>
<tr>
<td>Female</td>
<td>120.06</td>
</tr>
</tbody>
</table>
I found interesting talking about mothers and how they helped teenagers deal with their
education; how we can stick together as a group and other mothers in need. I also learned about
some facilities that help mothers and children I did not know existed before (Somali female).

It [support program] also gave me a wider vision to see and to ask myself what I can do in order to
be a good person in a family. So the knowledge I received during the discussions kept on adding
a lot of information and it keeps giving me the direction to follow in doing the right things
(Sudanese female).

Social integration (RQ1 and RQ2; H4). There was a statistically significant increase in
perceived social integration from pre-test to post-test \(t = 3.04; p = 0.002\) (Table IV). The
support program presented a platform for participants to discuss integration issues. These
refugees reported that they learned the value of unity and believed that the group could be
used as a stepping stone to community connectedness. Addressing issues as a group
emulated a traditional setting where communality is valued and solutions to problems are a
product of community effort. Contacts made during support sessions were taken to the next
level where participants could communicate outside sessions, share information and invite
one another to events. Participants also exchanged e-mails and phone numbers to facilitate
communication outside of sessions. These refugees reported that they felt more empowered
and self-confident. Some sought information that helped them become familiar with their
new city:

[When] I arrived, I looked at things differently. . .But when I joined the program for the [first] few
days I attended, I realized that people here are very cooperative and they guided me how to go
about with issues that are very essential for my well-being here. So I was able to obtain a job
through the help of the community (Sudanese male).

This program really unites us and . . .everybody it does not know what type of person you are, but it
teaches you how you can be part of the Canadian community (Sudanese male).

Coping and support-seeking (RQ1 and RQ2; H5). The increases in emotional support
seeking and instrumental support seeking from pre-test to post-test were not statistically
significant (Table V). \(t\)-tests comparing gender and country of origin revealed no statistically
significant differences. During the post-test interviews, some participants reported that they
learned how to seek support and services:

During the group session we have helped each other with ideas and solutions to our
problems. . .was able to get information that helped me with obtaining my permanent residence
which I have been waiting for a long time (Somali female).

Participants also shared information regarding strategies to expedite reunification with
family members. The knowledge that they were not the only ones facing this particular
challenge encouraged them to seek solutions and support:

I learned many things such as the importance of being a close-knit group. This helps me figure
out where to go in case of needs (Somali female).

<table>
<thead>
<tr>
<th>Table V</th>
<th>Impact of intervention on support seeking and coping (Proactive Coping Inventory)</th>
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</thead>
<tbody>
<tr>
<td>Instrument</td>
<td>Mean</td>
</tr>
<tr>
<td>Proactive Coping Scale</td>
<td></td>
</tr>
<tr>
<td>Pre-test</td>
<td>41.62</td>
</tr>
<tr>
<td>Post-test</td>
<td>41.55</td>
</tr>
<tr>
<td>Emotional support seeking</td>
<td></td>
</tr>
<tr>
<td>Pre-test</td>
<td>14.97</td>
</tr>
<tr>
<td>Post-test</td>
<td>15.42</td>
</tr>
<tr>
<td>Instrumental support seeking</td>
<td></td>
</tr>
<tr>
<td>Pre-test</td>
<td>25.77</td>
</tr>
<tr>
<td>Post-test</td>
<td>25.94</td>
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</tbody>
</table>
Participants believed that their communication skills were enhanced by the support group intervention. They reported that their treatment of spouses improved, noting that expectations of men in Canada were different than in Sudan or Somalia:

The program... made me change the way I approach people and how I communicate with them because as a man you can communicate but sometimes you take your position as an African man and then you stand there. So bit by bit I let me take some of those things that make me to be rigid out and first to be flexible... it creates good relationships at home (Sudanese male).

Some participants reported family conflicts emanating from the clash of cultures; husbands wanted to maintain power balances from home country traditions, however, wives were employed and contributed equally to family incomes in Canada:

I feel more confident now. We feel like people who can easily express their ideas and share ideas with friends and family members... In the groups, I have learned how to deal with problems involving our children, to negotiate calmly with them, and how to deal with loneliness which easily upsets family members and friends (Somali female).

Men learned how to control their emotions and use family discussions to find solutions to problems rather than getting angry. Some participants believed that the support sessions improved their understanding of their rights at work, and enhanced their problem solving regarding conflicts with co-workers and managers:

At first I had another way of dealing with things but after the discussion [I learned] that two heads are better than one... it helps me in my day-to-day life, first in the way of thinking how to solve things; and secondly, in the way of relating and communicating with my family, co-worker, or even some of my friends (Sudanese male).

Participants gained insight into how other refugees coped with problems including the importance of seeking help:

The program help me so if there is a problem that is facing me it’s better that I speak out so I can get more help (Sudanese male).

The program... gave me a clear vision that it is important to share your ideas. Whenever you have problems... you have to let others know and get some advice (Sudanese male).

Refugees reported that they also learned how to seek support from government representatives:

I now understand different issues that affect us, such as how to reunite with our families. Information we have shared helps us deal with uncertainty. The people I talked to in this group helped me with information which was important for me; I was able to sponsor my husband and bring him here... I learned that I could approach the local Member of Parliament to advocate on my behalf (Somali female).

Refugee participants attributed increased confidence in their ability to cope with challenges to the intervention:

This program has given me confidence in dealing with my personal problems. I feel empowered and in control of my life (Somali female).

Service providers’ and policy makers’ perspectives (RQ3). Service providers from mainstream and refugee-serving organizations and policy influencers (n = 22) in two Canadian provinces were interviewed in groups about implications of the intervention study findings for services, programs and policies. Participants included executive directors; program managers/supervisors; federal government and city government representatives; settlement counselors; and social workers. Some service providers reported lack of expertise to convert research results into programs. Others contended that policies guiding immigrant services were initially developed for other ethnic communities, and had not evolved to reflect Somali and Sudanese refugees’ current needs:

We are basing it on support from previous groups of refugees where the needs were different from the current group of refugees because their history is different whereas the support in the community is different from the old people of the Vietnamese to the refugees from...
Rwanda, Somalis. So the history of the community support is different. So maybe we need to base the support on the needs of the community (Policy maker).

Some service providers were impressed by the high attendance of participants during the support group intervention sessions which contrasted with the low turnout in their own meetings with refugees. Service providers believed that one unique feature of this intervention was the opportunity for refugees to meet in a safe place and to engage in conversations in which they set the agenda. In their view, current services were designed for a “quick fix” or single answer to complex challenges. They believed that programs should be sufficiently lengthy to help refugees develop comfortable relationships with professionals:

Work like this help to formalize things that we are doing at an anecdote level so this for me, reflects some of the realities that we are seeing so I think work like this needs to be done in order to formalize it to higher levels of government and funders (City government representative).

According to these service providers and program planners, immigrants and refugees should be at the forefront of helping newcomers. They can share their experiences, failures and successes as peers, thereby facilitating integration. Policy influencers noted the need for the whole community, not just refugees, to play a role in the integration of newcomers:

Why does it have to be those communities that are providing support to their own people when they are struggling themselves? Like, we need to broaden that and somehow make those links to provide community support (Settlement agency executive director).

Service providers believed that gender and age-specific interventions would be beneficial. Service providers contended that refugees and immigrants want to attend programs that edify and uplift them. Support programs should be designed to ensure that the environment is enjoyable yet simultaneously address stressful challenges:

Who wants to keep coming to depressing programs where people talk about your problems. But that’s a big disconnect, I don’t want to go to a program where everyone talks about how depressed life; I want to go to a program where I can have fun (Settlement counselor).

Service providers and policy influencers reported that these research findings clarified understanding of challenges faced by settlement agencies and could aid agencies in their pleas for funding to bolster and improve their programs. In their view, this intervention study could help inform policy documents focused on African refugees. According to these policy influencers, there is need for increased responsiveness to challenges faced by refugee newcomers.

Discussion

As no peer support intervention studies focused on African refugees have been reported, this pilot intervention study bridges a research gap. This intervention focused on two particularly vulnerable populations of refugees was informed by identification of ethno-cultural support needs and intervention preferences and demonstrates the supportive power of like-ethnic peers. The use of peers as supporters who share experiential knowledge of challenges faced by African refugees and the initial identification of support needs and preferences guided the design of this culturally congruent intervention, consistent with principles of participatory research (Beazley and Ennew, 2006). Participants’ preferences regarding support interventions have rarely been sought (Gottlieb and Bergen, 2010).

The qualitative data reveal that challenges faced by these refugees such as discrimination, unemployment, culturally inappropriate services, lack of transportation, and language difficulties were similar to those reported in other studies (Beiser et al., 2010; Owens and Randhawa, 2004; Salant and Lauderdale, 2003; Wu et al., 2010). One unique impact of this support intervention was the mobilization of coping strategies for dealing with these challenges. Moreover, the culturally appropriate support program and support communicated in first languages by peers helped refugees overcome challenges. Consideration of both gender and ethnicity in the composition of support groups and matching of peer facilitators with refugees in face-to-face groups and telephone dyads is congruent with the reported need for ethno-specific interventions (Barrio, 2000; Beiser et al., 2010).
and cultural beliefs and traditions regarding gender roles in these African countries (Bhattacharya and Schoppelrey, 2004).

The multiple methods strategy (Stewart et al., 2008b; Tashakkori and Teddlie, 2003) enhanced the knowledge generated from this study. Statistically significant quantitative findings as well as non-statistically significant trends were reinforced, supplemented, and interpreted by the qualitative data. To illustrate, the qualitative data revealed increased ability to seek support following the support program, although the quantitative trend in increased support seeking was not statistically significant. Moreover, the statistically significant decreases in loneliness were illuminated by the qualitative data which clarified that refugees felt less isolated following the intervention. Other authors have reported loneliness and isolation among refugees (Bhui et al., 2006; Jaranson et al., 2004; Lawrence and Kearns, 2005). The statistically significant increase in social integration was reinforced by the qualitative data. This multiple methods approach can inform the design of subsequent community-based intervention trials. The study has the potential to guide the development of culturally appropriate and supportive programs for refugees.

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**Implications for practice**

- The experiential knowledge and credibility of ethnic peers can supplement and interpret the professional knowledge of service providers in health and social sectors.
- Peer support interventions can diminish African refugees’ loneliness and enhance their social integration, factors influencing health.
- Peer support interventions can improve African refugees’ support seeking skills for coping with social and health-related challenges.
- Culturally and linguistically appropriate and gender-sensitive support programs could be adapted and tested in community-based intervention trials prior to integration in social and health services for vulnerable refugees.

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**References**


Reynolds, R. (2004), “‘We are not surviving, we are managing’: the constitution of a Nigerian diaspora along the contours of the global economy”, *City and Society*, Vol. 16 No. 1, pp. 15-37.


**Further reading**


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