EXPERIENCES OF DEPRESSION AMONG AFRICAN IMMIGRANT MEN IN SOUTHERN ALBERTA, CANADA

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ABSTRACT

The purpose of this study was to explore the experiences of depression among African immigrant men in Southern Alberta. The study adopted an exploratory descriptive qualitative research design using focused semi-structured interviews with ten African immigrant men. Thematic analysis showed that African men went through episodes of sadness and frustrations due to intersection of challenges post-migration, which negatively impacted both their physical and mental health. However, instead of seeking professional help, they employed a series of coping mechanisms to mitigate, tolerate, or overcome the mental distress. It was evident that African men's cultural constructions around masculinity influenced how they perceived, interpreted, and expressed their mental distress. Culture and masculinity also shaped their strategies for coping with the mental distress and behaviour towards help-seeking. It is recommended that stakeholders and policy makers apply cultural safety approaches to support African immigrant men to enhance their mental well-being.

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CHAPTER ONE: INTRODUCTION

Depression remains a common mental disorder globally. The World Health Organization disclosed that an estimated three hundred and twenty-two million people (4.4% of the global population) suffer from depression (WHO, 2017). Recent analyzed global burden of depression in Global Burden of Diseases (GBD) identified depression as the single largest contributor to global disability and suicide deaths compared to other physical disorders (Ferrari et al., 2013a; Liu et al., 2020; WHO, 2017). That is to say, many people worldwide lose quality of life (Years Lived with Disability) to depression disability and die prematurely— eight years earlier than other people—due to depression (Pratt et al., 2016).

Although depression affects people of all ages, its prevalence is better reported among women than in men (Johnson, et al., 2012). Researchers have established that the prevalence of depression among women is double that seen in men (Albert, 2015; Freeman et al., 2017; Parker & Brotchie, 2010; Seidler et al., 2016; World Health Organization, 2017). Indeed, men are under-identified in depression statistics; yet, they are more inclined to committing suicides compared to women due to depression (Crosby et al., 2011; Freeman et al., 2017; Hammond, 2012). Discourses on men's health suggest that the frequent suicide rate among men indicates men harbour hidden depression related to intersectional status decline and power struggle; however, men are often not diagnosed as depressed or their symptoms presentation are often not recognized as depression (Addis, 2008; Brownhill et al., 2005; Oliffe & Phillips, 2008).

Lurking behind this underrepresentation is the conception that men internalize traditional masculinity which supports emotional restriction and self-reliance. In other words, men tend to aspirationally conform to the social constructions of masculinity and rigid gender role norms (Addis, 2008; Galdas, 2009) and pursue a social presentation consistent with strength, stoicism, toughness, and independence (Connell, 1995; Connell & Messerschmidt, 2005). Consequently,

they present a façade of strength and deny any semblance of weakness (Addis 2008; Magovcevic & Addis, 2008; Oliffe et al., 2010). Moreover, they are often reluctant to express concerns about their mental health (Magovcevic & Addis, 2008; Oliffe & Phillips, 2008), perhaps, because it conflicts with the messages they receive about the social construction of the male role (Galdas, 2009). Hence, men may deny and remain stoic about any experiences of depression.

McCusker and Galupo (2011) in their discussion on mental health concerns in men emphasized that men who experience and admit depression may be regarded as 'unmanly' and 'weak'. Society considers stoicism and emotional restriction as normative for men, and thus, men who break this norm may often be significantly stigmatized by society. This, thus, discourages men from reporting depressive symptoms and they project an air of invulnerability and strength to avoid emasculating attitudes (Evans et al., 2011; Nadeau et al., 2016; Oliffe, Galdas, Han, & Kelly, 2013; Oliffe & Philip, 2008).

Magovcevic and Addis, (2008) additionally advanced that men may exhibit symptoms that are not commonly associated with depression. Put differently, men do not exhibit traditionally associated depressive symptoms (as measured by traditional depression scales) which are mostly linked to femininity. For instance, the Diagnostic and Statistical Manual (DSM-5) depression criteria include prototypic depressive symptoms such as emotional display of sadness, crying, worry, fatigue, guilt, emptiness, rumination, etc., loss of enthusiasm, negative feelings towards self, loss of gratification, low self-evaluation, negative expectation, self-judgments and criticisms, loss of libido, indecisiveness, loss of appetite, etc. which, mostly, men do not exhibit. This is because traditional exhibitions do not resonate with the societal construct of who an "ideal man" should be (Jensen et al., 2010; Martin et al., 2013; Stewart, 2020). Therefore, it becomes difficult to recognize and diagnose depression in men (Magovcevic & Addis, 2008; Oliffe, Galdas, Han, & Kelly, 2013; Stewart, 2020)

Clearly, there is some evidence to suggest that men externalize depression in the form of anger, irritability, aggression, substance abuse, somatic complaints, violence, risky behaviors, over engagement in work, anti-social behavior, and suicide, many of which are not captured by traditional diagnostic criteria and are themselves synonymous and confirmatory of masculine ideals (Addis, 2008; Call et al., 2018; Crammer et al., 2014; Genuchi & Mitsunaga, 2015; Magovcevic & Addis, 2008; Brownhill et al., 2005; Ogrodniczuk & Oliffe, 2011; Oliffe & Phillips, 2008; Winkler et al., 2005). Since depressed men tend to avoid that which is deemed feminine, externalized symptoms may predominate in response to the existing depression (Oliffe et al., 2013). Men who engage in these externalizing depression symptoms may be unaware that they are depressed, and professionals may also not diagnose these symptoms as depression. This leads to men's under-representation in studies reporting depression rates (Genuchi & Mitsunaga, 2015; Nadeau et al., 2016).

Apparently, being an ethnic minority in a country, particularly being a racialized immigrant, increases the risk of developing depression compared to non-immigrants. Beiser, (2005) explained that immigrants, after migration, become exposed to "physical, social, cultural and environmental" factors which are often dissimilar and unfamiliar to pre-migration experiences. Specifically, the disparity in culture, acculturation stress, lack of social connection and the ensuing nostalgic feeling, frustrations, employment and housing difficulties may cause the onset of depression.

As noted by researchers, African immigrant men are among immigrant groups whose disparity in pre- and post-migration experiences influences their pattern of morbidity and mortality (Adamuti-Trache & Sweet, 2010; Agyekum & Newbold, 2019; Madut, 2019; Mensah, 2014; O'Connell, 2018; Taylor, 2019; Thomas, 2015). Needless to say, they are faced with myriads of psychosocial stressors that threaten their social status and self-worth (Fenta et al.,

2004) which can either elicit or worsen existing depression (Oliffe et al., 2012; Berg et al., 2011). Living in a racially stratified community, they may suffer constant abuse of racism and discrimination. Moreover, they may lose their social standing following migration which can be significant sources of depression (Ahmed & Rasmussen, 2020; Oliffe, et al., 2012).

Furthermore, Creese (2012) and Creese and Wiebe (2012) emphasized that African men may suffer "masculine crisis" due to post-migration gender role changes. Remarkably, the internalization of traditional masculinity— which emphasizes male supremacy and domination— may lead to a power struggle between partners post-migration (Pasura & Christou, 2017; Mfecane 2018). Many African men, as noted by Creese (2012) and Creese and Wiebe, (2012), are forced to relinquish conceptions of African masculinity and adapt to new redefined unfamiliar roles. However, this has often precipitated psychological stress, marital conflicts, and divorce, and it can trigger or exacerbate depression among men (Oliffe, et al., 2012).

Amid the experiences of post-migration challenges and the subsequent development of depression, African men may strive to adhere to the standard of masculine ideals to preserve their personhood, remain accountable to society, and especially to fulfill their obligations to the family (Griffth et al., 2012). That is to say, they may remain stoic and "mask" their experiences of depression, or they may deny any semblance of "softness" or femininity in the wake of incessant post-migration stressors (Addis 2008; Magovcevic & Addis, 2008; Oliffe et al., 2011). African masculine ideals may discourage men from seeking help or admitting vulnerability, and which gradually deteriorates their overall health (Evans et al., 2011; Nadeau et al., 2016; Oliffe et al., 2013; Oliffe & Philip, 2008). While it is clear that African immigrant men may be at risk of developing depression, research that explores the presentation, particularly in Canada, is limited. However, African men may be particularly reluctant to seek help for sadness and hidden

depression in the context of numerous challenges to their status as men during the post-migration period, in part due to the influence of African masculinities.

Why study depression among African immigrant men

African immigrant men's mental health concerns are poorly considered and understood in Canada (Venters et al., 2011); however, they encounter unique daily stressors and may also define masculinity differently from other immigrant men (Hammond, 2012). Discourses on African immigrants in Canada report intersectional challenges that African men face post-migration including high downward occupational and class mobility, perceived daily discrimination and racial abuse, language challenges, social marginalization, and under/unemployment (Creese, 2012; Creese, 2014; Creese & Wiebe, 2012; Foo et al., 2018; Hudson et al., 2012; Levecque, et al., 2009; Oppong, 2019) which often results in emotional problems (Robert & Gilkinson, 2012). Additionally, changes to gender roles post-migration significantly challenge African men's masculinity and impair their aspiration to retaining pre-migration hegemonic masculine identities (Connell, 1995; Connell & Messerschmidt, 2005). In their new home where individual rights are reinforced, African men lose authority over their family (wife and children) (Creese, 2102), and often a renegotiation of power becomes challenging and psychologically stressful leading to hidden depression.

In spite of the numerous challenges African immigrants go through and a probable development of depression, their unwillingness to use mental health services remains quite significant (Oliffe, Robertson, Kelly, Roy & Ogrodniczuk, 2010). Ogrodniczuk and Oliffe (2011) and Oliffe and Phillips (2008) noted that traditional masculinities which emphasizes resilience and stoicism may decrease African men's willingness to seek help for depression and thus their depression may go untreated (Addis, 2008; Magovcevic & Addis, 2008). Consequently, they may engage in unhealthy, self-monitoring, and coping practices that will be deleterious to

their health and impair their role functioning and quality of life. As the severity of depressive symptom increases, African immigrant men may be more reticent and resistant to seeking help (Seidler et al., 2016). However, this pattern is not fully understood as scant research has been conducted in this area. Therefore, the primary aim of this study is to qualitatively explore the experiences of depression among African immigrant men in their new home while considering other intersecting markers of power and status, masculinity, and culture.

Study Purpose/ Aims

This study plans to explore the experience of depression among African Immigrant Men to Alberta Canada. Including:

a. The factors that contribute to the development of depression in these African immigrant men
b. The manifestation of depression symptoms among African immigrant men
c. The role that African masculinities play in these men's development of depression
d. The coping strategies these men employ to cope with their experience of depression

Research Questions

1. What challenges do African immigrant men face after arrival in Alberta, and what role do these challenges play in the development of their depression?
2. How do African immigrant men experience, understand, and interpret depression post-migration?

Significance of the Study

The study will shed light on the factors leading to depression among African immigrant men. This will help expand extant knowledge on men's depression. More so, the findings will

inform future intervention programs and policies to support the successful arrival and well-being of African immigrant men.

CHAPTER TWO: LITERATURE REVIEW

This chapter presents a review of the related literature, identifies gaps, and establishes the scholarly foundation for the importance of the current study. It reviews the literature on depression in men and summarizes depression in the context of African men including their perceptions of depression, the common symptoms, and their perceived coping strategies. It also articulates the links between African masculinity, depression, and help-seeking behavior. Finally, it explores the theoretical frameworks that inform the study.

Depression

Depression has been “loosely” used to label a period of sadness or mood fluctuations in everyday life, and hitherto, the debate has raged about where to draw the line between normal sadness and clinical depression (Kellett, 2017). But, the use of depression in common language and clinical context has a different meaning (Brownhill et al., 2005). Depression involves an intricate pattern of abnormality in human feelings, behavior, and cognition that is capable of affecting a person’s quality of life and capacity to adapt to everyday activities (Beck, & Alford, 2009; Fried & Nesse, 2014; Kessler & Bromet, 2013). Ibrahim, et al., (2013) defines depression as a “multi-problematic disorder” that mars the “inter-personal, social, and occupational functioning” of the individual. It can be an intermittent or severe long-term disorder that can lead to suicide in extreme cases (Marcus et al., 2012; Oliffe, et al., 2010; Watkins et al., 2006; WHO, 2017) particularly when combined with chronic somatic or neurological conditions (Shadrina et al., 2018)

Major depressive disorder is a constellation of symptoms that interferes with an individual's daily life (Shadrina et al., 2018). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) identifies depression as an experience of not less than five depressive symptoms including sadness and loss of gratification in usual activities, with the symptoms

persisting for at least two weeks and involving significant deviations in cognitive, vegetative, and physical, emotional, and behavioral symptoms of the individual (APA, 2015; Beck, & Alford, 2009; Cooney et al., 2013; Dobson & Dozois, 2011; Iyer & Khan, 2012; Marcus et al., 2012). Symptoms include antisocial behavior, persistent sadness, distorted self-image, dejected mood, sleep disorder, loss of enthusiasm, negative feelings towards self, loss of gratification, crying, low self-evaluation, negative expectation, self-judgments and criticisms, fatigability, loss of libido, indecisiveness, loss of appetite, and suicidal wishes (Marcus et al., 2012; Beck, & Alford, 2009; Iyer, & Khan, 2012; Geraei et al., 2018). The American Psychological Association (APA) acknowledges diagnosis based on a single depressive episode (APA, 2015; Otte et al., 2016); however, individuals may experience more of these symptoms depending on the severity of depression and there is the possibility of recurrence of the disorder which is may be influenced by other risk factors (Wilson et al., 2014; Lye et al., 2020)

Clinical depression is a common occurring disease worldwide. For instance, Ferrari et al., (2013b) reported a point prevalence rate of 4.7% (4.4–5.0%). A recent systematic review of the prevalence and correlates of major depressive disorder worldwide reported a lifetime prevalence rate between 2 to 21% and 12-month prevalence rate ranged from 1.1% to 10.4%. Average lifetime prevalence of 11.32% and average 12-month prevalence of 5.2% were recorded among European countries (Gutiérrez-Rojas et al., 2020). In Canada, a lifetime prevalence rate of 12.2% was reported by Patten et al, (2006). Meng et al., (2017) also reported a cumulative incidence rate of 4.8% and 6.6% for a 2-year and 4-year follow-up of major depression in Montreal. Kellett (2017) reports a 12-month period estimate (2009-2012) of 3.2% and 4.3% for rural and urban Canadian men respectively. These study findings show the pervasiveness of clinical depression in the community worldwide. Studies have also suggested that there could be under-reporting of depressive episodes in the community, particularly lifetime prevalence, due to inaccurate

assessment and improper diagnosis of depressed patients (Lim et al., 2018). Bias in the recall of depressive episodes and symptoms, remission periods of depressed patients, and unwillingness to report depression might contribute to the lower lifetime prevalence as reported by some studies (Kruijshaar et al., 2005; Lim et al., 2018). Notwithstanding, research statistics suggest that major depression remains a commonly occurring mental disorder (Kessler, & Bromet, 2013).

Contributors to the Development of Depression

Hitherto, the etiopathogenesis of major depression remains elusive (Liu et al., 2020); studies have only focused on ascertaining the risk factors. The cause of depression has been discussed from the perspective of social, environmental, psychological and biological factors, which may create pathways to the disorder (Dobson & Dozois, 2011; Rosenquist et al., 2011). Depression has no single causative factor and its development may be influenced by interplay of multiple factors, although factors such as gender, race, sexual orientation, age, socioeconomic status, and culture have all been highly linked to depression. Social and environmental factors may trigger and/or exacerbate major depression. For instance, being divorced, unemployed, having a low socioeconomic status, low educational level, social support deficits, adhering to gender expectation, sexual orientation, stress, social rejection, and poverty are consistently correlated with the risk of developing depression (Hall, 2018; Kessler et al., 2003; Kessler & Bromet, 2013; Khan & Aftab, 2013; Prince et al., 1997; Roohafza et al., 2014; Rosenquist et al., 2011; Yaka et al., 2014). These psychosocial factors may also work synergistically to contribute to the development of depression. Lived experiences such as intimate partner violence, unsuccessful past relationships, loss of employment, discrimination, adverse childhood experiences, and abuse in any form, can affect human thoughts, emotions, and behaviors, and can serve as antecedents to the development of depression (Gutiérrez-Rojas et al., 2020; Iyer & Khan, 2012; Otte et al., 2016; Saveanu & Nemeroff, 2012). Other behavioral factors such as drinking,

smoking, substance abuse, obesity, and poor medication compliance are also reported to affect the rate of major depression although they may also be bi-directional (Hölzel et al., 2011; Kessler, 2012; Meng et al., 2017; Soleimani et al., 2011). Among immigrants, risk factors of depression may include acculturative stress, how long a person has been in the host country, language proficiency, the immigrant's social status, employment status, experiencing discrimination or racism, shifting gender roles, and poor social support networks (Foo et al, 2018; Janssen-Kallenberg, et al., 2017).

The biological models of depression particularly investigate the interplay of genes, hormones, brain function, and the impairment of neurotransmitters or brain function in the development of depression (Lye et al., 2020; Wilson et al., 2014). Major depression is thought to be hereditable; persons with a family history of psychiatric disorders particularly major depression have a high susceptibility to depression (Hölzel et al., 2011; Meng et al., 2017; Otte et al., 2016). Relatives of depressed people particularly "first-degree relatives" have a higher chance of developing depression (about 3 times higher) (Sullivan et al., 2000; Mullins & Lewis, 2017). Sullivan and his cohorts in their twin studies found major depressive disorder to be a familial disorder and asserted that it was mainly influenced by genetics (point estimate of heritability of liability= 37%, 95% CI=31%–42%), (Sullivan et al., 2000). Although biological factors may influence the development of depression, it might not necessarily work independently to cause depression. The significant impact of other factors outlined earlier (social, environmental, behavioral) cannot be ignored. A synergic effect of these factors may contribute to the development of depression.

Comorbidities with other psychiatric disorders and general medical conditions also influence the onset of depression (Kessler et al., 2003; Steffen et al., 2020). There is often a strong bi-directional correlation between major depressive disorder and other mental disorders

and general medical conditions (Gutiérrez-Rojas et al., 2020). Major depressive disorder is a prognostic factor for ischemic heart disease, hypertension, diabetes, and chronic respiratory disorders (Mimura, 2001; Steffen, et al., 2020; Zhiguo & Yiru, 2014). In the reverse, persons with these and other medical ailments such as stroke, multiple sclerosis, Parkinson Disease, may develop underlying major depression (Soleimani et al., 2011) which could increase mortality, influence recovery rate, reduce the effectiveness of treatment, or influence relapse, and recurrence (Richards, 2011; Zhiguo & Yiru, 2014). Cancino et al., (2018) noted that mental health comorbidities positively correlate with the severity of depressive symptoms besides chronicity.

Major depression is disabling and has numerous ramifications for the affected persons, making it worthy of public attention. At the individual level major depressive disorder impairs role functioning, decreases quality of life, increases the severity of existing diseases, triggers other medical and psychiatric comorbidities, causes early mortality, and increases the risks of suicide ideation and deaths (Kessler et al., 2003; Kessler, 2012; Kessler & Bromet, 2013).

Depression in Men

Epidemiological studies have consistently shown that depression commonly occurs in women than men globally (Albert, 2015; Doering & Eastwood, 2011; Oliffe, et al., 2016; Zartaloudi, 2011). Lehtinen and Joukamaa, (1994), for instance, reported an average prevalence rate of 4.0% and 7.9% for men and women respectively. Several subsequent studies have lent support to this finding (Albert, 2015; Freeman et al., 2017; Parker & Brotchie, 2010; Seidler et al., 2016; World Health Organization, 2017). Again, a meta-analysis showed that men are 63% less likely to develop depression (Abate, 2013), and it thus supports the popular belief that men are overall "healthier" in terms of their risk for depression. Of interest in this debate is the disproportionately high number of suicide deaths among men compared to women. Although women are noted to

have higher suicide ideation, men do lethally complete suicides at a much higher rate worldwide (Crosby et al., 2011; Freeman et al., 2017; Hammond, 2012; Mergl et al., 2015). The discordant relationship between men and suicide suggests that men may also surreptitiously experience high levels of depression for the same reasons as women (Addis, 2008; Brownhill et al., 2005; Oliffe & Phillips, 2008; Zartaloudi, 2011) and not due to mental health superiority (Wilhelm, 2009).

Critiquing research knowledge on the experiences and expression of depression in men has been complex. There seems to be no unifying theoretical lens explaining the phenomenon (Addis, 2008). The sex difference framework explains depression by the mere contrast of men and women based on symptoms. It is premised on the notion that men experience depression equally as women and investigates sex differences in the experiencing and the manifestation of symptoms (Addis, 2008). This often positions men as mentally healthier in terms of depression compared to women. Such a gender-biased lens has been critiqued for being overly simplistic, relying on oppositional binaries, and providing a hazy explanation for the disproportionate representation of men in depression statistics (Addis, 2008; Martin et al., 2013). It fails to account for the heterogeneity of men, undermines the sociocultural context of depression, and how, perhaps, depression is manifested in men (Martin et al, 2013). The masked depression framework, masculine depression framework, and gendered response framework as suggested by Addis (2008) advance the knowledge on depression in men and highlight the influence of gender in the experience and expression of depression in men, who are influenced by gender role socialization.

The gender role socialization theory posits that men and women learn conventional "gender attitudes and behaviors from cultural values, norms, and ideologies about what it means to be men and women" (Galdas, 2009; Zartaloudi, 2011). Pleck (1981; 1995), in his Gender Role Strain Framework, asserted that gender roles are "contradictory and inconsistent" and deviation

from the roles leads to severe consequences. He further added that men overconform to these roles because of the consequences of violating them. O'Neil, (1981; 2008) describes these negative consequences of gender role socialization as Gender Role Conflict and it is theorized to have deleterious effects on men's health (Addis, 2008; Galdas, 2009). For instance, traditional male gender role norms emphasize the expression of "assertion" (individuality, strength, competition) over "affiliation" (social compassion, receptiveness, exceptionality) (Leaper & Friedman, 2007). Such assertive behaviors receive a positive endorsement from society (Addis et al., 2010). Accordingly, men portray themselves as strong, stoic, independent, aggressive, tough, and in charge of their emotions as a show of their masculinity (Addis 2008; Magovcevic & Addis, 2008; Oliffe et al., 2011; Zartaloudi, 2011). Good and Mintz, (1990) argued that the masculine gender role encourages men to be reserved, impassive, and competitive and constantly measure themselves to societal constructs rather than personal fulfillment. Therefore, men ardently strive to live up to social expectations which create stressful conditions and may cause the onset of depression.

Again, Addis et al., (2010) emphasized that men and women are taught to act under certain circumstances and not others. Some behaviors are thus regarded as culturally unacceptable. For instance, rigid gender norms surrounding psychological distress support the emotional display of women and the emotional resistivity and stoicism of men (Addis 2008; Addis et al., 2010; Magovcevic & Addis, 2008; Oliffe et al., 2010; Oliffe & Phillips, 2008). The incompatibility of the masculine gender role and psychological distress creates an uncomfortable condition for men to express emotional experiences, and hence they mask such feelings (Good & Mintz, 1990). Expressing sadness, crying, or depression is thus seen as transgressing the ideals of masculinity and exposing emotional vulnerability (Oliffe et al., 2010). Men, thus, reject gender-specific behaviors that show emotional vulnerability or weakness (Addis 2008; Magovcevic &

Addis, 2008; Oliffe et al., 2010; Oliffe et al., 2011). They may mask any experiences of depression, be unwilling to express concerns about their depression, or exhibit depressive symptoms different from women to protect their personhood (Addis, 2008; Addis, & Mahalik, 2003; Call & Shafer, 2018; MacKenzie et al., 2006; Magovcevic, & Addis, 2008; Möller-Leimkühler, 2002; Oliffe & Phillips, 2008; Rickwood et al., 2007; Wilhelm, 2009; Wilson et al., 2007). O'Brien et al., (2007) asserted that being silent and restricting emotions is a way of "doing masculinity".

Conformity to gender roles is also noted to predict negative help-seeking behavior among men with depression (Good & Wood, 1995; Magovcevic & Addis, 2008). For instance, in the studies of Oliffe et al., (2016) the majority of the men compared to women indicated they would feel discomfited seeking help for depression and many also stated they would feel embarrassed if some people knew they were seeking help. Oliffe et al., (2010) and Oliffe et al., (2012) explained that men who conform to the rigid norms and endorse stoicism and self-reliance are likely to feel ashamed and decline professional help. Pederson and Vogel (2007) added that experience of gender role conflict results in self-stigmatization and reluctance to self-disclose, which influences the willingness to seek help. This, therefore, posits that the male gender roles position help-seeking as feminine (Oliffe & Phillips, 2008). Though men experience prototypic depressive symptoms equally as women, it is possible that, because of the incompatibility of the prototypic depressive symptoms with the male gender role, men may be unwilling to seek help to the same degree as women and may endure depression until critical moments (Good & Mintz, 1990).

Men's depression often goes undiagnosed, or the depressive symptoms and presentation are not recognized as depression. Part of the reasons is due to the inconsistencies of reported symptoms of depression and the diagnostic criteria (Cole & Davidson, 2019). Critiques of the diagnostic criteria for depression have suggested that they are gender-biased and pathologize

feminine responses to depression over men’s responses; hence, men's depression may go undetected utilizing these criteria. Studies have revealed that men have a different clinical presentation of depression; that is, the phenotypic variant of the disease is different for men (Porche, 2005). Women exhibit traditional depressive symptoms that are consistent with the diagnostic scales which are easily diagnosed by practitioners. They are likely to communicate and position their experiences in the context of depression because it is more culturally and socially acceptable for them compared to men. Findings from Chuick et al., (2009) show that men express different atypical symptoms including alcohol and substance abuse, anger, and relational conflicts which are absent on the diagnostic scales at a higher frequency and intensity (Cavanagh et al., 2017). This explains that some men’s behaviors are signifiers of hidden male depression (Wilhelm, 2009). Nadeau et al., (2016) conducted research that sought to test the sensitivity of the traditional diagnostic scale with the male expression of depression. They hypothesized that if male depressive symptoms are externalized, then men's emotional and cognitive experience of depression should predict masculine-type depression as reported by research. Analysis of the results indicates that about 70% of the males did not consider themselves to be depressed, yet they endorsed masculine-type depression symptoms even after controlling for the prototypic depressive symptoms. This finding, thus, indicates that men experience depression, but they may exhibit it in different ways.

In 2005, Brownhill and his cohorts created the “big build” concept which explains men’s response to depression. They indicated that men respond to emotional distress through internalizing or externalizing pathways such as numbing, avoidance, escape, and in extreme cases “stepping over the line” and engaging in violence and aggression. Addis, (2008) stated that men are more likely to externalize depression in the form of violence or suicide. He argued that the masculine gender role discourages introspection and hence men experience male depression,

which is an outwardly displaced exhibition of traditional depressive symptoms. Display of traditional depressive symptoms as exhibited by women conflicts with the social construction of the male role (Galdas, 2009). Men will thus mask their depression or experience a "masculine presentation of depression", rather than sacrifice their masculinity. Externalizing symptoms serve to confirm masculine ideals, while also masking their depression (Magovcevic & Addis, 2008; Oliffe, Galdas, Han, & Kelly, 2013; Stewart, 2020).

Theoretical Framework

Masculinities Theory

The goal of this research is to investigate the influence of African masculinities on depression among African immigrant men, and masculinities theory provides an appropriate theoretical lens to analyze the impact of gender performance on African immigrant men's depression. Proponents of masculinities theory believe that men's alignment to masculinity influences their health behaviors and social interactions (Connell, 2005; Connell & Messerschmidt, 2005; Oliffe & Phillips, 2008). Connell (2005) defines masculinities as the position of men in the gender hierarchy. Connell used "gender hierarchy" to acknowledge the existence of multiple masculinities and the position of different groups of men in gender relations (Schofield et al., 2000) in which some are more honored, and some are socially marginalized.

Connell (1995, 2005), again, affirms that there exists a relation between these types of masculinities: relations of alliance, dominance, and subordination. Hegemonic masculinities are the dominant form of masculinity in which other masculinities and femininities are measured with (Connell, 2005; Connell & Messerschmidt, 2005; Messerschmidt, 2000). It assumes the control of women and other non-hegemonic masculinities (Connell, 2005; Connell & Messerschmidt, 2005; Messerschmidt, 2019). Although very few fully subscribe to hegemonic masculinities or achieve it (Demetriou, 2001), it remains the "cultural ideal" that society

endorses, and a benchmark that men measure themselves against. Cheng (2007), in discussing about marginalized and hegemonic masculinities, acknowledged aggressiveness, competitiveness, control, and stoicism as the hallmark of hegemonic masculinities and emphasized that hegemonic masculinities validate itself by "proving" to be dominant in its own right and in control of others (Cheng, 2007).

Subordinate masculinity, on the contrary, is constructed as lesser to the dominant hegemonic masculinity based on internal gender order (Demetriou, 2001). According to Messerschmidt (2000), men who feel "not measuring up" to contextual masculine expectations consider themselves as inadequate and "different" from other men, and thus accept that they constitute subordinate masculinity. In other words, men who constitute subordinate masculinities measure themselves to the hegemonic model or what is widely accepted by society as desirable and ideal. In consequence, it creates the feeling of inadequacy and subordination when they fail to live up to these hegemonic qualities. For instance, heteronormativity subjugates gay masculinities because society legitimates heteronormativity (Demetriou, 2001; Messerschmidt, 2000). With this in view, gay masculinities will constitute subordinate masculinities because it is in contrast to heteronormativity and, perhaps, society disapproves it.

Marginalized masculinities describe the "relationships between the masculinities in dominant and subordinated classes or ethnic groups, that is, the relations that result from the interplay of gender with other structures, such as class, ethnicity, and racialization" (Demetriou, 2001: 342). Messerschmidt (2019) stated that marginalized masculinities are always belittled and suffer discrimination because of the existing power dynamics between the dominant group and the marginalized group. Cheng (2007) added that the suppression of marginalized masculinities is due to its potential to threaten or erode the power associated with hegemonic masculinities. Subordinate or marginalized performances of masculinity are ultimately deviations in the

performance of masculinities from the hegemonic masculinities and social norms (Connell, 2005; Connell & Messerschmidt, 2005; Demetriou, 2001; Messerschmidt, 2000).

It is worth emphasizing that various aspects of masculinity may exist in men's life. Valkonen and Hänninen (2012), for instance, stated that masculinity may be a drive and direction to an end (realized hegemonic masculinity), or a benchmark of wanting (unattained hegemonic masculinity). Some may protest masculinity by a "hyper-masculine" performance of masculinity (challenging hegemonic masculinity) if they do not subscribe to the dominant ideals or feel oppressed. Masculinity may also serve as a resource (traditional masculinity as a resource). Thus, a man's position in gender order or a social hierarchy can be considered a masculine challenge or resource, and his masculinity may be called to question if he fails to live to the inner narrative he has adopted (Connell & Messerschmidt, 2005; Messerschmidt, 2000; Valkonen and Hänninen, 2012) which can be a source of distress. Engaging in social practices that are difficult to enact may impact negatively the health of the men. Thus, by analyzing the study findings through the lens of masculinity, it is hoped that the impact of African masculinity on the development of depression can be illuminated.

Intersectionality theory

Hankivsky (2012) asserted that research on men's health should consider all intersecting factors that contribute to deteriorating men's health. Since this study seeks to examine the development of depression among African immigrant men, intersectionality theory will be a useful theory for analyzing and explaining the findings of the study. Originating from the seminal work of Kimberle Crenshaw, the intersectionality theory asserts that interconnected social identities influence individuals' experiences, and that it is appropriate to consider the synergistic factors that compound to create experiences of oppression and privilege (Crenshaw, 1991; 2003). What this means is that a racial minority's experiences of inequalities and

marginalization could be precisely understood when social factors are considered to be inseparably linked with social systems of power and domination (Atewologun, 2018; Griffith, 2012; Hankivsky et al., 2014; Heard et al., 2019; Palencia et al., 2014). As such, a discrete analysis of lived experiences is insufficient and may give a false representation (Viruell-Fuentes et al., 2012).

As indicated by Hankivsky et al., (2009) intersectionality moves beyond essentialism and focuses on the concurrent interactions between social classes, for example, race; ethnicity; gender; immigration status; religion; class; sexuality; geography; and age in considering the influence of systems, power and oppression (racism, discrimination, homophobia, etc.). Thus, instead of explaining depression among African Immigrant men based on mutually exclusive and distinct factors, the use of this theory will consider the interconnections and interactions of multiple factors and how they intersect to influence and contribute to the development of depression. Incorporating intersectionality into the study will provide the opportunity to examine how African social constructs and identities, masculine expectations as well as immigration experiences intersect to influence and create stressors and depression among African immigrant men (Aguinaldo, 2012; Griffith, 2012; Griffith, et al., 2013; Hunting, 2014; Morrow et al., 2019; Viruell-Fuentes et al., 2012). It is from such a perspective that we can accurately ascertain how each of the factors contributes to the development and management of depression.

African Masculinities

I should first highlight that African men do not constitute a homogenous bloc. Hence, African masculinities are not "uniform and monolithic" (Morrell & Ouzgane, 2005). Consequently, there is no one form of African masculinity (Morrell, 1998; Barker & Ricardo, 2005). Such an assumption of uniformity presents a misleading view about African masculinity. Africa has cultural diversity and traditions which Ezeugwu and Ojedokun (2020) noted as the

drivers of masculinity. To this end, I would agree with Morrell (1998) and Mfecane (2020) that in any given context (social or cultural) multiple masculinities exist that are culturally, traditionally, historically, and contextually informed. As such, different societies and cultures may have their own inherent ideals and patterns of masculine performativity (Morrell, 1998). Therefore, social expectations for, say, Akans in Ghana might not necessary reflect acceptable male norms among Zulus in South Africa, or perhaps the Yorubas in Nigeria, although there might be similarities.

Additionally, Connell (1995) highlighted the existence of multiple masculinities (hegemonic, subordinate, marginalized, complicit, protest) within societies which are themselves dynamic, and it is often difficulty to identify 'membership' in any particular pattern of masculine performance as each performance exists within positional relationality to wider intersectional power-relations (Morrell, 1998). However, as Fournier and Smith (2006) noted that after deliberating on the multiplicity of masculinity, only one form of masculinity remains dominant or hegemonic, and it constitutes what appears to be a social requirement of an 'ideal man.' Morrell (1998) and Demetriou (2001) stressed that hegemonic masculinities silence other masculinities in any given context insomuch that the other masculinities appear not be in existence, or are openly marginalized in their presence. Apparently, men who do not subscribe to the dominant form of masculinity are expected to fit into these roles without default, because dominance and control remain inherent male attributes and behaviors, which are regarded as a shared social norm (Adjei, 2016), and which are legitimated by society. However, not all men subscribe to this dominant form of masculinity; being a man has multiple pathways (multiple masculinities) in any cultural or social context. While some may acquiesce to hegemonic masculinities, which exist to further patriarchal privilege, even though they do not conform to it, others may strongly oppose or protest it (Adjei, 2016; Connell, 2005; Connell & Messerschmidt, 2005; Messerschmidt, 2000). All forms of masculinities co-exist in African societies. For example, the 'rough' and

‘proper’ men (dominant types of young masculinity), will always coexist with the effeminate men (exhibiting a subordinated type of masculinity) (Broqua & Doquet, 2013). However, in this review, I discuss the dominant form of masculinity as perceived by most African men—even among those who do not subscribe to it.

Over the years, the western world has been devoted to studying masculinity and how it influences men’s behavior in society. Studying men’s behavior is by no means recent; the sex role theory as theorized by psychologists was a typical in explaining masculinity. Critique of the sex role theory for its inherent biases and inadequacy in explaining men’s behavior in 1970s shifted the focus of masculinity studies to the influence of social factors as opposed to mere gender binaries and characteristics (Morrell, 1998). Subsequently, there has been vast literature on masculinity studies from many different disciplines and presented from western perspective and cultures, yet African studies have done little in explaining masculinities from African perspective. As stated earlier, masculinity is culturally situated; hence, it is important to understand masculinity from the diverse contexts of African cultures.

Masculinity in its simplest meaning represents that which is traditionally associated with males or as Itulua-Abumere (2013) put it as, “anything that is culturally defined as not feminine.” Coming out from these definitions is the tacit construction of masculinity in contrast with femininity. In fact, when it comes to the topic of gender and masculinity in contemporary Africa, what readily comes to mind is misconception of distinct division of gender roles and behaviours pertaining to both men and women and machismo (aggressive masculine pride) among men in the African communities. What, however, gets unexplained is the question, “how pre-colonial Africans constructed masculinity and how did it differ from present conception of African masculinity.”

Bringing Pasura and Christou, (2018) into this dialogue, the authors stated that "an in-depth and holistic understanding of African masculinities must be historically informed" (p. 525). In making this comment, the authors draw attention that the impact of colonial constructions of gender on the African soil cannot be overlooked in discussing African masculinity. Pre-colonial Africa had unique masculinity that is different from contemporary masculinity. Contrary to the post-colonial construction of masculinity (or contemporary African masculinities), researchers have suggested that distinct division of gender roles were less noticeable in pre-colonial Africans; rather, gender roles were seen as complementary (Atuoye & Odame, 2013; Pasura & Christou, 2018; Owusu & Bosiwah, 2015). Moreover, gender construction by Africans did not assume men as superior (or domineering) by reason of their biological sex nor did they situate women as inferior (or subordinate) in the pre-colonial context (Atuoye & Odame, 2013; Saidi, 2020, Miescher, 2007). To emphasize, gender was not the basis to determine status in pre-colonial Africa. In fact, some researchers state that status in pre-colonial Africa was based on 'seniority' (chronological age difference), position of authority, the amount of labour or people one could control or influence, wealth, etc. (Miescher, 2007; Oyewunmi, 1997; Saidi, 2020). Hence, women's position of rule as "queenmothers" and prolificness in economic activities gave them status in the family and the society at large (Akyeampong & Fofack, 2014; Dogo, 2014; Saidi, 2020). Agreeing with other researchers, Miescher (2007) emphasized that women in pre-colonial Africa were respected, assigned important roles, and empowered to contribute meaningfully to the running of the society and the family to an equal degree as men. Indeed, many African societies emphasized gender equilibrium, and hence practiced a heterarchical system (Saidi, 2020). In other words, both men and women could govern each other based on the circumstances. Thus, Saidi (2020) posits that the subjugation of women that commonly exists in contemporary Africa did not exist in pre-colonial Africa. However, this does not suggest that Africans did not

recognize gender binaries or that men were not given recognition; but rather, as Mbah (2019) put it ,that African societies created a fluid gender system in such that both men and women could normatively occupy socially and culturally constructed gender roles.

However, Western colonization —with their patriarchal perspective— challenged and reconstructed the pre-colonial gender construction (Morrell, 1998). Although patriarchal systems pre-date colonialism, the western perspective of patriarchy emphasized male domination and female subordination (Dogo, 2014). Pasura and Christou (2018) and Lindsay (2007) argued that colonial masters, through the migrant labor system and the promotion of cash crop production, created a breadwinner identity which sought to target men, and they presented breadwinners as good husbands. As men became more financially potent in the emerging market economy, power imbalance between men and women increased (Dogo, 2014). Men ascended to authority and exhibited the western cultural ideals of masculinity. Besides the economic empowerment of men, the introduction and widespread adoption of colonial religious traditions (Christianity and Islam) (Chengu, 2015) added complexity to the situation and further deepened the power gap between men and women. As stated by Connell (2016), the principal task of colonial missionaries—and, of course, a potential damage to African culture—was to change the existing gender relations.

To elucidate, euro-centric Christianity affirms male domination and female submissiveness as it is stated in the Bible: "But I suffer not a woman to teach, nor to usurp authority over the man, but to be in silence" (1Tim 2:12) and again, “women should be silent in the churches. For they are not permitted to speak, but should be subordinate, as the law also says. If there is anything they desire to know, let them ask their husbands at home. For it is shameful for a woman to speak in church” (1Cor. 14: 34 – 35). As euro-centric religion became widely accepted, women’s power was truncated (Amoah-Boampong & Agyeiwaa, 2019) and the gender equilibrium shifted to one of male domination and female inferiority. Religion informed

men's sense of masculinity, changed the African cultural values, and impacted expectations surrounding parenting and household responsibilities. Women began to acquiesce to the gender boundaries imposed by the western patriarchal and religious system.

After colonization, African masculinities have evolved into what Mbah (2019) describes as a "cluster of norms, values, and behavioral patterns expressing explicit and implicit expectations of how men should act and represent themselves to others." It goes without saying that what appears to be a contemporary African masculinity is a hybrid of pre-colonial and colonial constructions of masculinity, which has been passed down through many generations. In other words, long after colonization, the colonial construction of gender and masculinity continue to cast their shadows on African societies, such that it has become the conventional way of behaving in society. For instance, euro-centric religion may magnify pre-colonial traditional power and importance to men and may reinforce aggressive masculine pride (Atuoye & Odame, 2013; Miescher, 2007). Furthermore, some African cultural constructions embedded in proverbs, jokes, and allusions undoubtedly emphasize male bravery— not necessarily unyielding to emotions (Owusu & Bosiwah, 2015; Adinkrah, 2012; Diabah & Amfo, 2018). For instance, proverbs such as *"if one pulls the trigger of a gun, it lands on the chest of a man", "It is a man swallows the bitter pill"* etc. specifically emphasize and demonstrate daring attitude, courage, strength, fortitude, and invincibility; but, although they were not exclusively masculine. However, the colonial version of patriarchy which underscored the expression of "assertion" (individuality, strength, competition) (Leaper & Friedman, 2007) transformed the traditional bravery allusions into stoicism and emotional restriction. Today, African men present a façade of bravery, strength, and stoicism to portray colonial masculinity, which is problematic on multiple levels. Certainly, the current patterns of African hegemonic masculinities represent a hybrid performance between traditional contextual African masculinities and those performances of

masculinities that were deemed successful and appropriate in the western, colonial, market economy contexts. Consequently, African men are living the colonial version of the masculine norms enshrined in their traditional and cultural constructs.

Interpreting Masculinities

Research on African masculinities has specifically focused on how African men define masculinity and its influence on their sense of being men (Bingham, Harawa, & Williams, 2013; Hammond, 2012; Bowleg et al., 2011). Mahalik et al., (2007) asserted that a man's masculine performance is according to how he understands and constructs his masculine identity. That is to say, African men's cognitive construction of masculinity is most critical factor that influences their actions in society. Discussing what it means to be a man on the African soil, Gbenle (2018) and Adinkra (2012) noted that contemporary African societies have deeper and more varied constructions of masculinity from religious, cultural, traditional, and social perspectives. Across these societies, and within these constructions, common traits such as stoicism, physical ability, leadership, and virility (strong sexual drive), supremacy, financial independence, resilience, valiantly, superior mental wellness, assertiveness, breadwinner identity, strength etc. are apparent in how different African men understand masculinity (Adinkra 2012; Adjei 2016; Adomako-Ampofo & Boateng 2011, Fiaveh et al., 2015; Miescher 2005; Obeng, 2003; Gbenle, 2018; Salamone, 2007). It is noted that these traits are social and cultural expectations of men that are embedded, particularly, in biblical, cultural, and traditional sayings to constantly remind men of their expectations (Barker & Ricardo, 2005). Therefore, most African societies have normalized these traits as ideal male qualities (Alidu & Grunfeld, 2020).

Evidently, most African men define and build their masculine identities based on their understanding of 'the norm.' Griffith et al., (2012) specifically stated that African men draw on

elements of societal expectation and combine these distinct aspects together to reflect their understanding of masculinity. For instance, men who deny weakness or vulnerability, control emotions, and avoid help-seeking may endorse stoicism or self-reliance as the hallmark of a 'man' as witnessed in the society (Oransky & Marecek, 2009; Odimegwu et al., 2005; Gorski, 2010; Olanrewaju et al., 2019). Likewise, men who engage in risky behaviours, demonstration of physical ability, emphasize physical dominance or violence towards other men or women may validate masculinity as a show of strength and dominance (Connell & Messerschmidt, 2005; Demetriou, 2001; Ratele, 2014; Pasura & Christou, 2019). Other researchers have also maintained that men who define masculinity as showing sexual prowess might engage in indiscriminate sex, or having sex with multiple partners (Bowleg et al., 2011; Mahalik et al., 2006; Mahalik et al., 2007). Therefore, African men engage in these masculine norms to reinforce their popular notion of superiority and physical strength and as a way of demonstrating that they are not feminine—as constructed by society (Oliffe et al., 2010; Johnson et al, 2011; Addis, 2008, Addis et al., 2010). That is, they construct their identities in contrast to women in their daily social interaction (Mahalik et al., 2007). Unfortunately, many negative consequences result because of the adoption of these performative masculine norms, including violence, risk-taking, and numerous impacts on the health of men and those surrounding these men. As Courtenay (2000) succinctly put it, men who evade help-seeking believe that it is feminine to ask for help and men who ignore their health are the most powerful.

Furthermore, most researchers have also pointed out that men's masculine exhibitions are not only based on their understanding of 'the norm' but also on the conception of the *perceived* stigmatization associated with default from 'the norm' (Maina et al., 2020). For instance, Addis et al. (2010) and Addis and Mahalik (2003) mentioned that a man who sheds tears in response to pain is regarded as a 'feminine', and this prohibits men from exhibiting emotional dependency

and public exhibition of pain, sadness, and fear. Consequently, men become pain-bearers to protect their masculine identity. Furthermore, Adinkrah (2012) argued that a man's masculinity is threatened when he is unable to fulfil economic role. He is regarded as 'useless' and may lose respect from the wife, family, or the society at large (Maina et al., 2020). Financial independence as a marker of masculinity, thus, places men under undue pressure for fear of social stigmatization and ridicule (Adomako Ampofo & Boateng, 2011; Diabah & Amfo, 2018). Equally important is the stigmatization surrounding help-seeking (Olanrewaju et al., 2019; Ogueji et al., 2020) which I discuss in-depth in the subsequent section.

Perception of Masculinity and Help-Seeking

In most African societies, traditional masculinity is perceived to be a static benchmark against which most men measure themselves, and whether a man subscribes to traditional masculinity or not, he is still influenced by its constructs. Researchers have reliably suggested that African men's understanding of traditional masculine norms and the perceived stigma associated with them fuels men's unwillingness to ask for help (Ezeugwu & Ojedokun, 2020). For instance, a man who understands masculinity as "a shame to show weakening behaviour" will not ask for psychological help when going through mental health challenges such as depression (Brownhill et al., 2005). Although, masculinity is fluid and dynamic (Morrel, 1998; Barker & Ricardo, 2005), African men still live in the shadows of these constructs, and they may advertently or inadvertently act along.

Two of the most common masculine norms that influence help-seeking behavior are self-reliance and stoicism (Heath et al., 2017; Oliffe et al., 2010; Wong et al., 2017; Yousaf, Grunfeld, & Hunter, 2015). Olanrewaju et al., (2019) noted that these cultural norms present the biggest challenge to seeking help. Men are unable to seek healthcare because stoicism and self-reliance are viewed as inconsistent with professional help-seeking (Addis, 2008; Oliffe, & Phillips, 2008;

Oliffe et al., 2013; McDermott, et al., 2017). Burns and Mahalik, (2011) highlighted resolving problems on their own (or self-monitoring of health), and being stoic, serves to protect the masculine self-concept. That is to say, African men are more particular about their personhood than their health (Alidu & Grunfeld, 2020; Adomako Ampofo & Boateng, 2011; Diabah & Amfo, 2018). Some researchers have asserted that, but for the desire to remain accountable to the society and honor the masculine norms, most African men would have sought help (Bentil & Bentil, 2015). However, the messages around self-reliance and stoicism in contemporary Africa motivate men to avoid medical help.

Therefore, it is not surprising that surveys seeking to identify why African men avoid help-seeking have elicited common answers such as “I am not a woman, and I will not act like one”; “the most powerful man act strong”; “men are structurally built to be emotionally tough”; “As a man you should not be sick”; “you have to motivate yourself to be strong because your wife and children are observing you”; “you would not want to present yourself as a sickler because the whole family would be agitated”; “as a man you are not ‘supposed to’ talk about your emotions” etc. (Adomako Ampofo & Boateng, 2011; Diabah & Amfo, 2018; Olanrewaju et al., 2019; Adinkra 2012; Adjei 2016; Adomako-Ampofo & Boateng 2011, Fiaveh et al., 2015; O’Brien et al. 2005).

Critically appraising the responses reveals a common perception of social stigmatization. However, researchers suggest it is more of a self-stigmatization (being conscious of the public stigma, accepting those stereotypes, internalizing them, and applying them to self) than a social stigmatization (stereotypes or negative views about a person who is perceived as not conforming to societal norms). For instance, Andoh–Arthur et al., (2015), in their studies on help-seeking intentions of university students in Ghana, reported that self-stigmatization predicted students reduced intentions to access healthcare, rather than social stigmatization. This finding agrees with

Bentil and Bentil, (2015) who also reported that polytechnic students had reduced intention to use mental health because of the perceived fear that their colleagues might label them as weak and incapable of handling their problems.

Studying masculinity and help-seeking in a Nigerian academic context, Olanrewaju et al., (2019) reported on a unique reason men gave for staying away from medical help. The researchers observed that men avoided healthcare because they resented being treated by a woman. These men felt it was taboo for women, who are apparently regarded as 'weaker sex', to treat a man who is rather 'superior'. The participants viewed this practice as not culturally compatible because there were some issues that men are not supposed to disclose women—supposed 'weaker sex'. To be attended to by a woman in a medical center was seen as an infraction of this norm. Consequently, men preferred to self-monitor their health than to visit medical center. While these constructs are socially and culturally informed, the current review indicates that African men are more likely to avoid help-services— even if they are not stigmatized for doing so—because they have internalized stereotypes which conform to societal norms.

Expression of Depression among Africans

Western models of depression currently inform our understanding of the experiences and presentation of depression (Haroz et al., 2017; Kramer et al., 2017), which does not always resonate with African cultural expressions of depression. Consequently, depression is difficult to discuss in the African context since, it is difficult to explain what specifically constitute depression in the African context when compared to the Western assumptions and manifestations of depression. First, unlike the western world, there is no unified understanding of depression. Cultural diversity on the African continent shapes the perception of the disorder. Murphy and

Hankerson (2018) stated that different cultures assign different meanings to diseases, their causes, and symptoms based on their education, cultural influence, personal experience, etc. Therefore, the cultural diversity of the African continent creates heterogeneous and sometimes unique beliefs about depression; its causes and symptoms (Ezeobele et al., 2019; Mosotho et al., 2008; Murphy & Hankerson, 2018). Hence, the experience of depressive-like symptoms and the interpretations to these symptoms may differ from one cultural context to another. Due to these disparities in the expression of the disorder, it becomes challenging for researchers to discuss depression and its expression in African context in a unified manner.

Secondly, experiences of depression are quite complicated to explain in the languages of most African cultures. The word 'depression' do not exist in the dialect of most cultures in Africa, and may not have the same meaning when described from different cultural context (Mosotho et al., 2008; Sweetland et al., 2014). While the western model may have defined terms and diagnostic criteria for depression (APA, 2015; Marcus et al., 2012; Beck & Alford, 2009; Iyer & Khan, 2012; Geraei et al., 2018), Africans, may adopt culturally situated phrases to describe distress and mental health challenges such as: 'the spirit is down'; 'sickness of the soul'; 'the body is down'; 'the heart is sore'; 'burdened heart'; 'not feeling well'; '*murug* (sadness or suffering)'; '*gini* (craziness due to spirit possession)'; '*waali* (craziness due to severe trauma)'; 'dejected or worn out of body and mind'; 'I cannot feel (zwa) my body'; 'I am suffering badly'; 'I am thinking a lot'; 'thinking too much' (Ellis, 2003; Carroll, 2004; Sweetland et al., 2014; Johnson, Chin, Kajumba, Kizito, & Bangirana, 2017; Okello & Ekblad, 2006) . Although researchers have found these expressions to be synonymous to mental health challenges, this may be imprecise because they may also connote other complaints. The lack of clear language and other possible connotations for some of these phrases makes it extremely difficult situation to determine if a person is experiencing depression or not. In fact, many

Africans may be uncertain if their experiences constitute what is known in the western world as depression.

More importantly, many Africans may misconstrue the emotional display of depression—either by the individual or society. Many Africans regard distress as a matter of behavior, rather than a consequence of cognitive processes and relate emotions or worries to the heart more than the head (Sweetland et al., 2014). Ellis (2003) emphasized that many rural Africans are unable to tell if perceived symptoms are matters of cognitive or bodily functions; that is, they are not able to separate feelings and inner thoughts from bodily symptoms of disease. In fact, many African societies attribute cognitive experiences of depression, or perhaps mental illness in general, to a lack of control or willpower, bewitchment (spiritual possession) or punishment from God, before considering them as medical illness (Okello & Ekblad, 2006; Okello & Neema, 2007; Nakimuli-Mpungu et al., 2014). Consequently, somatic complains are endorsed (Ventevogel et al., 2013; Irankunda et al., 2017) while mood disorders are regarded as inner weakness (Addis, 2008; Addis et al., 2010). Therefore, African societies often highly stigmatize emotional exhibitions akin to the western model of depression. Consequently, persons may refrain from showing or discussing such symptoms.

Thus, the intersection of these factors complicates research and discussion of depression among Africans. Such difficulties often preclude, or mask, the existence of the disorder in most African societies. Therefore, it is little wonder that depression research has not gained ground in Africa compared to the western world. Nonetheless, few studies on depression have reported significant depression and culture-based symptoms tied to the implicit and explicit norms and the social expectations of society (Kpanake, 2018; Ventevogel et al., 2013; Irankunda et al., 2017; Okello & Ekblad, 2006; Okello & Neema, 2007). Mosotho et al., (2008) cited self-accusations; paranoid and manic symptoms; feeling of guilt and shame; hallucinations, and inter alia, as

common depressive symptoms among Sub-Saharan Africans. Although these are classic symptoms that may directly signal the existence of depression, Africans may overtly express more somatic complaints of depression compared to mood disorders (Bagayogo et al., 2013; Barnes & Bates, 2019; Brown et al., 1996; Brown et al. 1999; Husain et al., 2007; Mosotho, et al., 2008; Payne, 2012) because of the stigmatization attached the classic symptoms. Similarities in the expression of depressive symptoms may occur across cultures; however, intensity may differ. Likewise, particular symptoms in one culture may be totally absent in another culture.

Depression among African Men

Africans have culture of silence surrounding mental health, particularly for men. Issues related to psychological problems such as depression or other mental health related experiences are shrouded in secrecy in mainstream societies. Masculine gender roles and norms prohibit African men from showing, discussing or sharing emotional problems (Addis 2008; Addis et al., 2010; Galdas, 2009; Magovcevic & Addis, 2008; Oliffe et al., 2010; Oliffe et al., 2011; Oliffe & Phillips, 2008), and men are expected to perform these roles and epitomize toughness and of strength in African societies, especially in times of emotional distress. As a result, most African men act tough and restrict their emotions to protect their image as African men (Watkins & Neighbors, 2007). This suppression of emotions contributes to the low levels of reported mood disorders among African men (Breslau et al., 2006; Brown & Keith, 2003; Compton et al., 2006; Hudson, 2012; Lincoln et al., 2011; Williams et al., 2007). Paradoxically, researchers have demonstrated that African men suffer short to long term psychological impairment (affecting quality of life and interfering with day-to-day activities) due to inner buildup of unspoken distress resulting from the intersection of daily stressors (Ward & Mengesha, 2013). Therefore, it is apparent that African men may harbor hidden depression and other mental health challenges and its long-term effects may be more severe.

Discussing how African men understand and overcome depression, Joe (2005) stated that depression among African men is a complex relationship between their masculinity and social structures. In other words, the onset of depression for most African men is precipitated by balancing masculine identity and life stressors (Addis, 2008; Fast et al., 2020; Oliffe et al., 2016; Oliffe & Phillips, 2008). Life stressors are inevitable; however, from the perspective of many African men, the ability to hold ground amid life fluctuations and stressors defines an 'ideal man.' Achieving successful masculinity is at the heart of "being a man", it can be a significant source of psychological distress for most African men (Fast et al., 2020; Fast and Moyer, 2018; Meissner et al., 2016).

Although anecdotal evidence and other few studies (Fenta et al., 2004) show that African immigrant men suffer mental health challenge, not enough details have been given on how depression is experienced among this populace. Studies have rather assumed that African men who migrate to advanced countries like Canada and USA may experience depression akin to men of African ancestry born in these countries. While this might be true partly because of the similar experience of daily racial discrimination, high divorce rate, unemployment, low socio-economic status, dysfunctional family etc. (Agyekum & Newbold, 2019; Assari et al., 2018; Bryant-Bedell & Waite, 2010; Hudson, et al., 2016; Hudson, et al., 2012), it is good to acknowledge that significant differences may exist in the experiences (vulnerability and onset) of depression. This is because risk factors such as acculturative stress, language insufficiency, downward social mobility, survival employment, etc. may be less likely seen among men of African ancestry as they are accustomed to the cultural context of the country, and may therefore occupy intersectionally less marginalized social location than African men who have migrated. It is, thus, clear that African immigrant men may be more susceptible to developing depression; however,

pattern of expression of depression may be similar perhaps due to similar notions of masculinity and male gender role socialization.

Discussing the pattern of expression of depression in their three-phase conceptual model (the life events, the funk, and the breakdown) of African American men, Bryant-Bedell and Waite (2010) stated that depression among African American men mainly begins with inability to attain successful masculinity which may be true for African immigrant men. The notions of masculinity and male gender role socialization leave many African men chasing after the shadows of successful masculinity post-migration. Unsuccessful masculinity may create internalized perceptions of inadequacy which elicit sadness. Persistent sadness and loss of gratification in usual activities leads the individual into a funk phase.

'Excessive thinking' and other mood disorder symptoms such as 'inner feeling of worthlessness'; 'not measuring up to a man'; 'failure in life' and most especially somatic complaints may show signs of the onset of depression (Ellis, 2003; Carroll, 2004; Sweetland et al., 2014; Johnson, Chin, Kajumba, Kizito, & Bangirana, 2017; Okello & Ekblad, 2006; Kidia et al., 2015; Nichter, 2010). Indeed, most African men's image is tied to resilience, strength and stoicism, and they tend to internalize more stigmatizing views about depression (Addis, 2008; Oliffe et al., 2016). Consequently, there is frequently a conscious effort to shake of the experience or suppress emotions to avoid stigmatization (Bryant-Bedell & Waite, 2010; Kendrick et al., 2007; Watkins & Neighbors, 2007).

Management of symptoms become an immediate option for African men who have strong ties to traditional masculinity. Instead of being "on the pity pot" or seeking professional help, they employ series of coping mechanisms to mask their experiences (Addis, 2008). They may resort to spirituality, personal management and self-control strategies, or other high-effort coping strategies, for example, overindulgence in work, substance use, isolation, overeating, engagement

in risky activities, sporting activities, exercise, journaling, etc. in response to the psychological stress (Bryant-Bedell & Waite, 2010). It appears to be the easiest way of hiding their weakness from the public, or perhaps, trying to show resilience or emotional toughness and letting go the stressor (Kendrick et al., 2007; Watkins & Neighbors, 2007). Those who resort to spirituality—turning to God or other religious deities—may employ religious coping strategies including prayer, meditation, or reading of religious text to redefine their life, draw strength, or find a reason for living (Breland-Noble et al., 2015; Bryant-Bedell & Waite, 2010; Chatters et al., 2018; Nguyen, 2020; Robinson et al., 2012; Taylor et al., 2012)

With an unresolved "funk phase", individuals may finally "hit rock bottom and spin out of control" (Bryant-Bedell & Waite, 2010). In order words, individuals at this time breakdown because they have lost control of their coping strategies. The experience of depression at this stage results in frustration, where the inner pains are expressed in different pathways such as explosive anger, aggressiveness, addictions, violence, etc. (Addis, 2008; Brownhill, et al., 2005; Magovcevic & Addis, 2008; Oliffe, Galdas, Han, & Kelly, 2013; Bryant-Bedell & Waite, 2010; Kendrick et al., 2007; Stewart, 2020; Watkins & Neighbors, 2007) due to the inability to confess their repressed emotional problems or control the disorder stemming from depression. These are deliberate behaviours of 'acting out', so as to conceal the deeper emotions (Addis, 2008; Brownhill, et al., 2005; Bryant-Bedell & Waite, 2010; Magovcevic & Addis, 2008) and to prevent being seen as 'weak' or 'unmanly.' Studies also suggest that prolonged and unresolved breakdowns may lead to suicide ideation among African men (Bryant-Bedell & Waite, 2010; Crosby et al., 2011; Freeman et al., 2017; Gary et al., 2003; Goodwill et al., 2019; Hammond, 2012; Mergl et al., 2015) because life may feel meaningless or not worth living.

Summary

A review of the literature shows that ethnic minorities, including African immigrant men may be at a higher risk of developing depression because of the numerous post-migration challenges they encounter. Notwithstanding, their depression may go undetected. This is because they exhibit depressive symptoms that are not recognized as depression by many practitioners and settlement workers (Brownhill et al., 2005; Addis, 2008). Moreover, their cultural understanding of depression may shape their internalized sense of masculinity, which may influence the manifestation of symptoms, cultural coping, and treatment strategies, and willingness to seek help (Ward et al., 2005). Notwithstanding, their experiences of depression have not received relevant attention in the Canadian context despite the fact that they form an important sector of the Canadian population. I anticipate that this study will unearth the various challenges that African immigrants go through after migration. I expect that their cultural understanding and perception of depression will be ascertained as well as their coping strategies. It will be based on these findings that effective intervention programs may be designed for them.

CHAPTER THREE: METHODOLOGY

Ontological Assumptions

Guba and Lincoln (1994) argued that a researcher's view of truth and reality (ontological assumptions), and the epistemology of beliefs about how this truth is known informs the research methodology for investigation. This study assumes the relativism ontology. As a relativist, I believe reality is subjective and individually constructed; hence, it differs from person to person (Guba & Lincoln, 1994). Thus, in using this ontology, I assume that "truth" is created by meanings and experiences.

Epistemological Assumptions

According to Crotty (2003), epistemology explains how meaning or knowledge about reality is acquired. Hiller, (2016) added that epistemological assumptions justify a research decision and communicate the underlying beliefs vis-à-vis the association between the knower and what is known or between the researcher and participants being studied. Thus, this research will be informed by the social constructionist epistemology. The rationale for adopting this paradigm is based on my belief that that the cause and course of depression are influenced by the individual's social, cultural, traditional, and religious beliefs and hence there will be different valid perspectives/constructions of the phenomenon. With this epistemology, I agree that issues of masculinity are normative narratives that African immigrant men measure themselves. Their post-migration experiences may be influenced by alignment to the social constructions of how men are supposed to act and behave. Hence choosing this paradigm acknowledges the social construction of reality. Adopting this perspective will illuminate how these men position themselves in the masculinity arena and how it in turn affects their lived experiences.

Theoretical Perspective

Crotty (2003) defines a theoretical perspective as a "stance informing the methodology of a research". Exploring African Immigrant men's experiences of depression post-migration is best situated in the interpretivist theoretical paradigm. The reason is to obtain an exhaustive account of depression from participants, who have personal experience of it, thus, seeking reality from the participants' perspectives, own background, and experiences (Creswell, 2003). As asserted by Thanh & Thanh, (2015), these perceptions and experiences gathered from the participants will be used to construct and interpret the reality of depression among these African immigrant men. Again, Willis (2007) stated that central to the interpretivist lens is the belief that reality is socially constructed. From this lens, I hold the assumption that experiences and perceptions of depression are subjective, culturally, socially, and historically situated grounded on how participants understand them (Ryan, 2018) and this justifies the adoption of interpretivism as a suitable theoretical perspective for this study. Aligned with this perspective, I will be collecting data from my population sample, who come from varied socio-cultural backgrounds, hold different beliefs, and hold a different interpretations of masculinity. This will lead to comprehensive and multifaceted information.

Research Design

To better understand the experiences of depression among African men in Alberta, and to achieve the stated research objectives, this study employed an exploratory descriptive qualitative research design using focused semi-structured interviews for collecting data. This design utilizes two research approaches; as exploratory research, it seeks to gain in-depth knowledge of depression in African men because little is known about African immigrant in Canada, and as a descriptive approach, it adopts a holistic approach to the research by identifying and describing the phenomenon in detail, while also acquiring an understanding of the meanings attributed to it

(Creswell, 2009). This design was used because of the knowledge gap about African men's depression, and as a research design, it is more interpretive, and it provides a more flexible approach to explore lived experiences of people through description of the matter from participants perspectives. This ensured that the researcher gained detailed descriptions of the issue through direct face-to-face interviews with participants. Polit and Beck (2008) and Reid-Searl and Happell (2012) have articulated that a qualitative exploratory design is useful to unearth the full nature of a phenomenon that is less explored and understood, its manifestations and it provides a vivid picture of the phenomenon from participants' perspectives. Therefore, using such a design will provide an in-depth understanding and exploration of African men's lives. This may shed light on African immigrant men's experiences of depression and uncover how their depression is manifested in a way that conventional methodologies and measurement strategies may not capture (Chuick, et al., 2009).

Theoretical Approach

Intersectionality and masculinities theory were used as analytical lens during coding and as a conceptual framework to explain the resultant findings. Based on the findings of previous studies examining the experiences of African immigrant men's experience (Creese, 2012; Creese & Wiebe, 2012; Oppong, 2019), this study was approached with an a priori assumption that African men's experiences and perceptions of depression may be influenced by intersecting social identities such as race, ethnicity, religious, cultural, and traditional beliefs. Instead of explaining these men's experience of depression based on mutually exclusive and distinct factors, the use of this theory encouraged me to consider the interconnections of contributing factors and how they intersected to influence the development of depression in African immigrant men. Incorporating these theories into the study provided the opportunity to examine how African social constructs and identities, masculine expectations, and post-migration experiences

intersected to create stressors and the potential development of depression among African immigrant men (Viruell-Fuentes et al., 2012; Morrow et al., 2019; Aguinaldo, 2012; Griffith, 2012; Griffith, et al., 2013; Hunting, 2014). The approach also helped to examine how they responded to these intersecting stresses. It was from such a perspective that each of the factors that contribute to the development and management of depression was fully understood

Research Setting

This study was conducted with African immigrant men in Southern Alberta. Alberta is the fourth-largest province in Canada with a growing African immigrant population. According to Statistics Canada (2017), nearly ninety thousand Africans reside in Alberta. The African immigration population includes, but is not limited to Ghanaians, Kenyans, Nigerians, Ethiopians, Congolese, South Africans, and Cameroonians. Due to public health restrictions surrounding COVID-19, interviews were conducted over video-conferencing software such as Zoom or Microsoft Teams.

Participant Recruitment

The study used a purposive sampling with snowball sampling techniques to recruit 10 participants from the population of African Immigrant men in southern Alberta. Data saturation was achieved following ten participant interviews; therefore, recruitment was suspended at this point. According to Holloway, Wheeler and Holloway, (2010) and Creswell and Clark, (2017), the purposive sample technique is appropriate for identifying and selecting specific individuals, or groups of persons or settings, for a study based on their proficiency in, and unique experiences of, a phenomenon under consideration. Using this technique, groups of African Immigrant men who had post-migration experiences and were well informed were identified and selected. Other participants were identified through the snowball sampling method. Thus, the researcher asked male African immigrant participants, who met the eligibility criteria, and consented to participate

in the research to recommend other potentially qualified individuals. Since the expression of depression symptoms varies across culture, ethnicity, and traditions (Perkins, 2014), the study selected African Immigrant men from diverse backgrounds to better understand how depression is manifested among this heterogeneous group of people.

For this study, the eligibility criteria included participants who were proficient in English (i.e., being able to read, write, and speak), at least 18 years-old and above, and who had migrated to Canada at least six months ago. Recruitment of participants occurred primarily during cultural and religious events and meetings, with the consent and assistance of the gatekeepers of the various African immigrant associations. A written letter of invitation was sent to the leaders of African immigrant associations and leaders of established cultural and religious groups after ethics approval by the University of Lethbridge Human Participant Research Committee. A zoom or Microsoft Team meeting was scheduled with the association executives after the provision of the introductory letter, and the letter of approval from the ethics committee. The purpose of the research was then explained to them and, and they were provided with the opportunity to ask questions they had about the study. With their consent, recruitment posters advertising the study were shared via their social media platforms including WhatsApp and Facebook pages to invite potential individuals to participate in the study. Some posters were also displayed on noticeboards in the immigrant churches and associations to create awareness of the study. Individuals who agreed to participate in the study were briefed about the purpose and nature of the study, the risks, and benefits, ethical considerations including respect for privacy and confidentiality, potential use of these data collected, before providing the opportunity for them to freely consent to participate in the study without any pressure or coercion from the researcher or organizational leaders.

A consent form detailing the objectives, procedures, the responsibilities of both the researcher and the participants, the potential risks and benefits, privacy and confidentiality, and the right to continue or withdraw from the study at any point in time without any penalty was given to participants to read, and participant comprehension of the study was determined by the interviewer obtaining consent, before inviting them to sign. In working with the African immigrant association leaders, care was taken to ensure that potential participants do not experience any undue pressure or coercion to participate from those in leadership or positions of power, to ensure that all participation was voluntary and fully informed.

Data Collection

In this study, semi-structured interviews were used to collect data from African Immigrant men who had experience with depression or sadness post-migration. A semi-structured interview is deemed suitable for this exploratory descriptive qualitative research because of its usefulness in investigating participants' perceptions about a complex phenomenon and sensitive issues, which require deeper exploration, and provides the opportunity for participants to express themselves fully in their own words (Kallio et al., 2016; Polit & Beck 2010). Therefore, this approach was ideal to acquire rich and in-depth description of African immigrants' perspectives surrounding challenges and experiences of depression post-migration. The flexibility, versatility, and reciprocal nature of semi-structured interviews make it appropriate for this study (Polit & Beck 2010; Kallio, et al., 2016). The interview followed a semi-structured interview guide (Appendix C), which was developed by the researcher and vetted by the researcher’s supervisor, to enhance the objectivity and trustworthiness of the qualitative interview (Kallio et al., 2016).

Participants were interviewed in a natural setting, which preserved their confidentiality, including their homes, or any place with maximum security and confidentiality. In order to adhere to COVID-19 protocols set by the Government of Alberta, all interviews were conducted via Zoom or Microsoft Teams. The Zoom link or Microsoft Teams schedules were sent to the participant at a mutually agreed upon time. The conversation was recorded with the consent of participants for transcription and analysis by the researcher. This also ensured that transcriptions were accurate and reflected the words used by the participant (Bryman, 2012). The interview lasted for about 40 – 60 minutes.

The interview explored the main themes of the research questions and follow-up questions were used to probe participant responses to allow the participants to fully express themselves (Stuckey, 2013; Galleta, 2013). The probing technique used was also intended to facilitate understanding of the main themes for respondents, and also to drive the discussion towards the study outcome (Baumbusch, 2010; Turner, 2010). Doody and Noonan, (2013) suggested the use of probes such as “How did you feel about that?” and “Can you tell me more about that?” encourages clarification or elaboration (Holloway and Wheeler 2010). However, care was taken that probing does not unnecessarily interfere with the flow of the participant’s responses. Participants had the opportunity to express themselves uninterrupted except for attempts to clarify elements of their responses. The interview began with simple questions during which the researcher established rapport and trust with the participants and that created a friendly atmosphere where the participants could talk about their lived experiences post-migration. As a token of appreciation, each participant will receive a $10 Tim Horton's gift care for participating in the study

Data Analysis

A general inductive approach was used to analyze these qualitative data. Data collected was analyzed and synthesized using thematic analysis based on Braun & Clarke (2006; 2012). Thematic analysis is considered as a foundational method for qualitative analysis because it identifies, analyzes, and reports patterns or themes within and across data about participants' experiences, perspectives, behaviors, and practices (Braun & Clarke, 2012). According to Braun & Clarke, (2006) inductive thematic analysis allows the researcher to inductively explore recurring themes and experiences of participants. Adopting this approach ensured that the study results and conclusions strictly reflected participants' experiences.

The interviews were immediately transcribed and read over so that the researcher became familiar with the collected data. The transcripts were then imported into NVivo software for qualitative analysis (Version 12) to inductively code the transcripts. Initial codes were generated relevant to the research topic. All the generated codes were grouped to give a summarized overview of the salient points and common phrases that recur across the dataset. The relationship among these codes were examined, and patterns across the dataset that provide insights into the research topic were identified. Codes that do not relate to the research were discarded. The common codes that emerged were put into categories and major themes developed relating to the research topic.

Data Management

Data was collected from participants who voluntarily consented to participate in the study. Participants privacy and confidentiality were protected at all times. Data collected was only shared with the researcher's supervisor for the purpose of analysis and guidance. To protect participants' identities and ensure anonymity throughout the research process, pseudonyms were used to mask participants, particularly, during the analysis and write up of findings. After each

interview, recorded audio were transferred to a password protected computer and stored in an encrypted folder. Softcopies of transcribed data were password protected to prevent third party interference. All field notes taken, hard copies of transcribed data and all other files related to the research were kept in a safe and secure locker in my supervisor's office. Hard copies of data, including all signed consent forms, will be shredded and disposed of in the Faculty of Health Sciences Confidential Shredding after a period of 5 years.

Trustworthiness and Scientific Rigor

Ensuring methodological robustness is very important in qualitative research due to its inherently subjective nature. Trustworthiness is cited as a suitable benchmark for evaluating qualitative research (Maher et al., 2018). According to Cypress, (2017) trustworthiness is the means of ensuring that qualitative findings are of quality, genuine, and truthful, and attests that the research process has been executed correctly. In achieving this, Guba and Lincoln (1989) suggested four criteria for evaluating qualitative research: "credibility, transferability, dependability, and confirmability".

Credibility

Credibility refers to how the researcher's interpretation of data reflects the accurate views of the participants (Anney, 2014; Polit & Beck, 2012). In this study, credibility was established through peer, and expert probing, and member-checking. To achieve completeness of data, responses were gathered from various perspectives till data saturation was achieved and comprehensive picture of the phenomenon was depicted (Houghton et al., 2013). Data and interpretation were cross-checked to ensure that they represented participants' accounts with the assistance of my supervisor and committee. Participants were allowed to go through all transcripts to attest that information in the transcript truly represented their views. Prior to finalizing the generated themes, the initial findings were discussed with participants. Expert

debriefing was done through discussion with the researcher's supervisor, who is an expert in the field, to allow for critique and corrections.

Dependability

Dependability is the stability of data over time (Polit & Beck, 2012) and this is accomplished when another researcher agrees with audit trails during each phase of the research (Cope, 2014). In this study, dependability was achieved through an audit trail and through recording of research decisions and memos at each phase of the research. Again, my supervisor, who is an expert in the field, did thorough assessment of the analysis and results to increase the dependability

Confirmability

Lincoln and Guba (1989) used confirmability to represent the researcher's neutrality of the interpretations of the findings. Shenton, (2004) simply put it as an act of objectivity. Polit & Beck, (2012) and Shenton (2004) asserted that steps must be taken to ensure that the data represent respondents' views and not figments of the researcher's thoughts or their predispositions. Confirmability was achieved through reflexivity, audit trail, and member checking. I duly articulated my experiences, biases, beliefs, and philosophical assumptions about the topic to ensure that the results are not based on my preferences (Lincoln & Guba, 1985; Moon et al., 2016; Miles & Huberman, 1994).   Also, confirmability was established by supporting emerging themes with quotes from participants (Cope, 2014). Participants of the study had the opportunity to cross-check findings to ensure that the interpretations represent their views. Two other qualitative researchers including the researcher's supervisor were allowed to verify the data and interpretations. This minimized possible biases from the researcher.

Transferability

Transferability describes the degree to which findings from a qualitative study apply to other settings or future study (Lincoln and Guba 1989; Houghton et al., 2013; Anney, 2014). According to (Cope, 2014), this criterion is met when non-participants and readers can make meanings from the results of a qualitative study, or can liken the results to their experiences. To establish transferability, this study used purposive sampling and a thick description of the inquiry process and findings (Bitsch (2005). The research purposefully selected African immigrant men with lived experiences who could contribute to the study objectives to enable transferability.

Ethical Considerations

Resnik (2011) emphasized the importance of ethics in research and stated that research with ethical lapses can be harmful to the public and human participants. He added that research ethics are very important to promote social responsibility, human rights, compliance with the law, and health and safety of study subjects". In this study ethical approval was sought from the Human Participant Research Committee at the University of Lethbridge. I strictly adhered to the ethics guidelines of the Tri-Council Policy Statement compiled for Canadian Institutes of Health Research, the Social Sciences and Humanities Research Council, and the Natural Sciences and Engineering Research Council of Canada which include a) Respect for persons b) Concern for welfare; and c) Justice

Respect for Persons

Al Tajir (2018) asserted that having respect for participants means "appreciating their autonomy". Pieper and Thomson, (2014) added that participants should have the freedom to decide if they want to participate in the research. In this study, I upheld respect for participants by explaining to the participants the rationale for the study via an informed consent process (Bryman & Bell, 2015). Enough information was provided to prospective participants so they could amply

understand what it meant to participate without coercion or external influence. Participants then decided to voluntarily participate. They weree assured of anonymity of their identity throughout the research process including assuring them that their transcript contained no identifying participant data. Pseudonyms were used to protect the identities of the participants, especially during the analysis and write-up of findings, so that their identities are hidden from the public domain. The researcher explained to the participants why there was the need to use pseudonyms to protect their identity during the recruitment process, and all attempts were made to ensure that no information that could be used to identify a potential participant is reported in a publication or presentation. I maintained dignity and welfare by refraining from the use of offensive language or actions that sought to disparage participant's culture, religious, or traditional beliefs.

Concern for Welfare

The research does not aim to expose the study participants to unnecessary risks. Hence, before the commencement of the study, I explained in detail the risks and benefits of partaking in the research. Sensitive research questions that infringed on the rights of participants or expose them to any risk were avoided. Only participants who met the eligibility criteria were allowed to voluntarily participate in the study and they did so by signing a consent form after reading and understanding the contents. The consent form included the responsibilities of the researcher and the participants, duration of the interview, the potential questions to be asked as well as privacy and confidentiality information. Participants were told of their rights to withdraw from the study at any time of the research process without any intimidation or consequence. In situations where a participant became distressed in the interview process, the researcher provided the opportunity to debrief after the interview.

Justice

The Tri-Council Policy Statement emphasizes that the researcher is obliged to ensure fairness and equity. In this study, I ensured that all participants were treated with equal respect, fairness, and concern (Bryman, 2012) by respecting their perspectives and worldviews and more importantly, refraining from the use of offensive language or actions that could undermine participants' culture, religious, or traditional beliefs. I ensured that participants by no means felt exploited or overly burdened or denied the opportunity to know the benefits of the research. The power imbalance between the researcher and the participants was avoided and I created a conducive atmosphere where participants shared their lived experiences.

Summary

In this chapter, I provided the methodologies and the research protocols employed in conducting this research. This included the research design, full accounts of participants recruitment, data collection process, including instruments for data collection. I also provided account on data management and organization and ethical concerns for the research. In the next chapter, I present the findings of the study.

CHAPTER FOUR: STUDY FINDINGS

African immigrant men's mental health may be impacted following their migration to Southern Alberta, Canada. In this chapter I present the study findings on the experiences of depression among these men based on individual interviews from 10 participants. I begin with summary of participants' demographics and subsequently discuss the themes that emerged from the qualitative analysis of the interview transcripts. In particular, I discuss the main challenges that African men face post-migration, how they impact their mental health, and the coping mechanisms they employ to navigate their new landscape. Moreover, I discuss how masculinity and culture both positively and negatively affect African men regarding their resilience to weather through the challenges they face.

These study findings reflect data gathered from individual interviews with 10 African immigrant men in Southern Alberta conducted utilizing Microsoft Teams videoconference software. Ten (10) participants were chosen for the study because data saturation was achieved and it was necessary to discontinue the data collection. The interview utilized semi-structured questions to capture in-depth participants' experiences of depression post-migration. Following data collection, the researcher transcribed the interviews and subjected it to thematic analysis as described by Braun and Clarke (2006). The central theme of the data is *"Lost in Transition: African men's mental distress and pathways of navigating sadness post-migration"* which illustrates African men's overwhelming feelings of disappointment and sadness in the process of adapting and recreating a new comfort zone in their new home. Four main sub-themes were identified: (a) Contextual determinants of depression experiences; (b) Impact of migration challenges on mental health; (c) Coping through ventilation and insulation; and (d) Interplay of masculinity and culture.

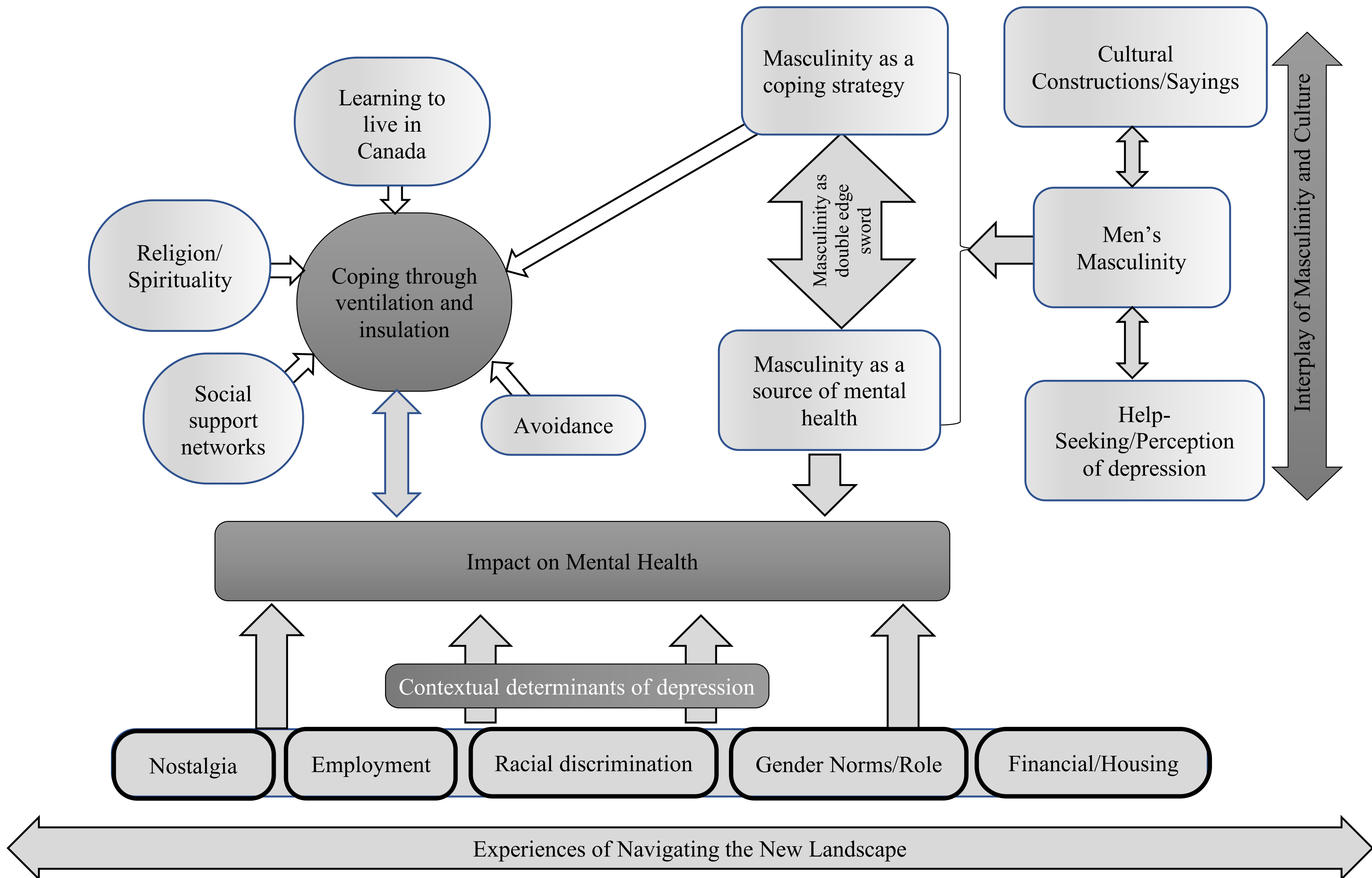

Figure 1: Intersecting factors influencing participants' post-migration experience and means of navigating their sadness

Table 1 presents the central theme of the data, the sub-themes and their elements. Each of these themes is discussed in detail, and excerpts from transcripts are quoted to explain and illustrate respective themes. It is worth pointing out that excerpts may occasionally be requoted to support other themes due to the interrelation between themes.

Table 1

The Central theme, Sub-themes and elements of Interviews

"Lost in Transition: African men's mental distress and pathways of navigating sadness post-migration"				
Sub-theme	Contextual determinants of depression experiences	Impact of migration challenges on mental health	A conscious process of ventilation and insulation	Interplay of masculinity and culture.
Sub-theme elements	Nostalgia Employment Racial discrimination Gender roles and norms Financial and Housing Barriers	Psychological Impact Behavioral and Physical Impact	Building social support networks Religion/Spirituality Avoidance/Dissociation Learning to live in Canada	Cultural construction of Masculinity Masculinity as a two-edge sword Masculinity and Help Seeking

Demographic information of Participants

Ten African immigrant men who had been in Canada for at least 6 months participated in the study. Seven participants were married, two were single and one participant was widowed. Participants were recruited from different African countries of origin to ensure that participants' experiences and responses were diverse: two Ghanaians, two Nigerians, one South African, one Ethiopian, one Sudanese, one Somali, one man from Cote D'Ivoire, and one Zimbabwean.

Table 2

Demographic information of participants

Participant	**Age**	**Country of Origin**	**Level of Education**	**Relationship status**	**Religious Affiliation**	**Number of years in Canada**	**Immigration status**
Faarsi	45	Ethiopia	PhD	Married	Muslim	5	Citizen
Jabulani	23	South Africa	Bachelors	Married	Christian	1	Student
Kamal	33	Sudan	None	Married	UD	20	Citizen
Kwame	34	Nigeria	PhD	Single	Christian	4 months	Student
Obimbo	56	Zimbabwe	Bachelors	Widowed	None	25	Citizen
Jo	43	Ghana	Bachelors	Married	Christian	11	PR
Issa	44	Cote D'Ivoire	Bachelors	Married	Muslim	2	Student
Kwabena	50	Ghana	PhD	Married	Christian	8	Citizen
Abdella	38	Somali	Masters	Single	Muslim	9 months	Student
Bayo	60	Nigeria	Diploma	Married	Christian	**4**	PR

Note: UD = Undeclared PR = Permanent Resident

Participants had different motivations for migration including pursuit of education, economic reasons, family reunification, and migration to escape civil war. Specifically, six participants came as students, two participants came under the Federal Skilled Worker Program, one

participant came in through Family Sponsorship program, and one participant came as a refugee. As of the time of interview, four attained citizenship and two participants had permanent residency status. The other four participants held a study permit to pursue education in Canada. Table 2 shows detail demographic information of participants.

Central Theme: Lost in Transition: African men's mental distress and pathways of navigating sadness post-migration

The central theme of "*Lost in Transition: African men's mental distress and pathways of navigating sadness post-migration"* captures the overwhelming feeling of disappointments and its associated sadness caused by compounding effect of stressful postmigration events including loss of social networks, decline in social status, dealing with unfamiliar environment, and more importantly, unmet expectations. It should be emphasized that participants pre-migration was filled with excitement about leaving the shores of their respective countries for Canada. However, their transition into the Canadian society was fraught with many unexpected challenges. Participants became lost in the new systems as everything they knew, heard or anticipated pre-migration was the opposite of what they experienced. As Jabulani stated, *"…how I envisaged Canada and the stories, especially from old friends who had been here and the picture painted of Canada was opposite of what I experienced. The challenges brought some regrets, pains and I can tell you that it wasn't what I anticipated…"*. This transitional distress led to a sense of overwhelming and persistent sadness. Yet, participants masked their sadness, became resilient, and explored ways to navigate their day-to-day life to overcome their emotional and psychological stressors so as to recreate a new life and settle in their new home.

Sub-theme 1: Contextual determinants of depression experiences

The subtheme *Contextual determinants of depression experiences* captured participants' challenges which precipitated their distressing moments. As narrated by participants, there was interplay of complex challenges that African men encountered including acculturative stress caused by many mediating factors such as multiple discriminations, social marginalization, separation from family and friends, post-migration gender role changes; challenges related to securing jobs due to non-recognition of academic and prior professional experience; learning a new language; financial stress; housing difficulties; etc. which impacted them psychologically and emotionally. Indeed, participants expressed shock at the realities of life in Canada in the first few months of their stay. The change in environment, and the adjustment and adaptation process caused stressful and distressing conditions which mostly led to regrets surrounding their decision to come to Canada. Jabulani stated,

> *… The "sweetness" of Canada is overrated; the struggle is real. I saw the ugly side of life when I came to Canada and I felt everything was against me. The conditions are very stressful and it was a tough battle and sometimes you wonder why you came…*

It is noteworthy that coming to Canada was like a new birth to participants. They had lost familiar things like their family friends, geographic space, etc. and important achievements such as their education and/or work experience prior to migration literally were of no use post-migration and they had to begin a new life with little or no help. To achieve success in their new home, there was the urgent need to restructure the basic aspects of their lives such finding housing, getting employment and putting finances together to quickly adapt to their new environment, and recreate a new comfort zone. The first thought after arriving in Southern Alberta, which was a psychological challenge in itself, was how to survive in this new and unfamiliar environment.

The moment you get down from the plane, you look around and everything looks new. The first thought is how will I survive in this unfamiliar environment. Not long enough and you will start facing the challenges. To be able to survive in these challenges will determine whether you will be successful here or not…(Kwabena)

…there are more challenges here, but what makes it a concern is the fear that you will not survive or be successful here. Because it is like every aspect of your life is reset to zero. You are new place with new people and no job; you have to start all over again. Nothing that you achieved before will work here, not even your education, and so you have to go through another struggle to rebuild your life and whether you like it or not, these challenges will hit you even harder than you ever imagine…(Bayo)

A number of elements of participants' post-migration experiences contributed to the context, which adversely impacted their mental health including: nostalgia; employment; racial discrimination; gender roles/norms; and financial/housing difficulties.

Nostalgia

The sub-theme *Nostalgia* describes the acculturative stress that participants went through post-migration, which created homesickness and a sense of not belonging to Canadian society. Cultural adjustment was very difficult, and was a key challenge that frequently fueled mental stress. Although pre-migration was filled with excitement associated with moving to Canada, it was short lived. Soon after migration, participants began to have strong urge to go back to their country of origin. The language difference, cultural dissonance, weather conditions, and especially the social disconnection, fueled participants' homesickness. Issah stated*, "I felt I wanted to go back because it was a real challenge on how I was gonna fit into this society as a Black person. I was cut off from everything I used to have; family, culture, everything. Completely new people and environment"*. Similarly, Kwame stated,

…coming here (Canada) and being lonely and seeing how the whole thing is, I kept on wondering. I'm not going to say I was too happy in Nigeria, but I was happier in Nigeria than I am here. That's just the facts. I was happier. And of course, we human beings we try to be in places that make us happy or be with people that make us happy. So, when you leave a place that was making you happy, to a place that is not making you happy, you would wish to go back to where you were to find that happiness that you had. That's exactly the feeling that I have. I miss my life in Nigeria, I miss my friends, I miss the

people I left behind and I thought maybe I should just go back and be with them and maybe in the future come back to Canada.

While some participants were at the crossroad of deciding to go back or not, Jo actually left because he was exhausted with stress, and he became mentally unstable. He narrated, *"I came to Lethbridge in 2008 mid-September, I experienced cultural shock, the weather and everything, so my mind and everything was not stable; I wanted to go back. I went home again in December and then came back in in June 2009".*

Social isolation was one of the biggest challenges, particularly, for participants who moved to Canada without their family. Participants had a difficulty enduring this isolation because they came from communities where they had broader social networks and socialized frequently. For most participants their frequent sadness and frustration was partly due to missing their social network and sense of community belonginess, which had been part of their life. Jabulani narrated,

When I came about first 3 months, I said to myself that this community is not for me. Because it was too boring for me. Where I am coming from because of the openness of the society, it is easy to make friends. You greet someone for the first time and the next day he is your friend. You see people all over the streets. Lots of activities going on in the society and so you always have a place to visit and interact with people. The social connection is on a high level. But here you live indoors because everyone is indoor, right! That makes me feel I do not belong to this community

Participants were suddenly cut off from family and friends, who they were accustomed to seeing. Meanwhile, it was difficult to find and recreate new social connections, especially with people from their own culture, in their new environment. This caused participants to live an isolated existence and their disrupted social connections exposed them to stress associated with social and emotional loneliness. Their daily routine consisted of moving from school to house to shop to church. Excerpts from Kwabena and Kwame explain these feelings.

It's instant, it is instant. it's like you are dropped into an isolated environment. It's just like you are dropped into the middle of an ocean, nowhere to go. It is very isolating. The only

> *place you go is you go shopping, School, home and Church. That is it. No socialization; nothing 'cause you don't know anybody and you are coming from an environment where you knew everything and all of a sudden you don't know anyone. Very isolating to say the least* (Kwabena)

> *It hasn't been easy because my family is not here and unfortunately for me, I lost my dad two weeks after I came here. So, and the whole thing has been……. like I had the darkest days of my life here. I had no one to talk too. I had no one to listen to how I feel and it was so difficult. I know if I was in Nigeria, I had social networks and social support systems that would talk to me, that would want to take me out to make me forget, at least for the moment, what I was going through. But here I was alone inside my house, with my thoughts and with nobody to hear me or talk to me so and it was really, really, really difficult. I think that in as much as we want to move away for education purpose, for economic purposes, we can never underestimate the importance of our social networks, our friends, our families* (Kwame)

Participants, who were students, indicated there was a lack of socialization support from the Universities and that what the International Student Centre organized lacked diversity. Consequently, these institutional efforts failed to erase their feel of loneliness. Kwabena stated "*The University didn't offer any social inclusion ideas. They just let you figure it out yourself and so if you're not careful then you fall into all manner of troubles."* Issah also narrated, "*International students center did well by occasionally organizing socialization for international students but the diversity was low. It didn't benefit me because I didn't get any person from my culture to connect with…".*

Furthermore, cultural dissonance generated nostalgic feelings among participants. The change in environment, the sudden change in lifestyle, the way of life in Canada, the loss of familiar things including food, language, weather etc. increased participants yearn for their homeland. Dealing with these changes and difficulty adjusting and adapting contributed to psychological distress among participants. To fit into this new society, participants had to learn to adapt and navigate their new environment. Faarsi recounted, *"The sharp clash of the cultures can really drain you mentally and throw you out of balance. Different beliefs, values, style of living,*

food, weather from where am coming from and I had no choice than to try to make adjustment and adapt...". Obimbo also reported,

> *…what I will tell you exactly is my experience is that, usually, or a person coming from Africa and arriving in Canada, there is a cultural shock that one has to go through. Not only is the lifestyle different but, you have to deal with changes in the environment as well. Right? When I'm talking about the environment, I'm talking about the way of life in a developed country, I'm talking about the weather as well, and I'm talking about how you fit in as a Black person…*

The antithesis between collectivist and individualistic society was a concern for participants. Some men expressed that it was hard for them to cope with individualistic lifestyle of Canadians because they came from a collectivist society. This contributed to homesickness because they missed the social gatherings, and the fun with friends and family which was lacking in their new home.

> *Everyone I see in Canada, especially, the White Canadians live individual style. This is different from where I am coming from. I miss the social gatherings, the parties, fun with family and friends; I don't get it here like that., Always you are indoors and nobody cares about you too. It's like everyone thinks of himself and his family. This kind of life is what makes me miss home so much because I'm not used to that loneliness. Houses are even built in a way that you don't even see anyone outside. Sometimes I wonder if people even live in my neighborhood; it's a very quiet place (Bayo)*

> *Canadians, their lifestyle is different from our lifestyle. I've been here for three months and I don't know my next-door neighbors; from my right, on my left and opposite my house I don't know who they are. I've never spoken with them. In Nigeria, if you don't go to knock at your neighbor's house your neighbor will come to knock at your house. We are into everybody's business. We are concerned about the well-being of everybody but here they live at individualized lifestyle which is different from what I was used to. Our lifestyle is more communal in nature. We want to be into everybody's business even though recent generation don't like it but that is our lifestyle. So, the difference is there and its affects me as a person (Kwame)*

> *And you know, Canadian society is also individualistic society. Each one for himself God for us all type of society. It is one thing that really shocked me. Completely different cultures. Where I am coming from because of the openness of the society, it is easy to make friends. You greet someone for the first time and the next day he is your friend. You see people all over the streets. Lots of activities going on in the society and so you always have a place to visit and interact with people. The social connection is on a high level. But here you live indoors because everyone is indoor, right! (Jabulani)*

Some participants shared their homesickness as longing to taste their favorite staple foods, which were unfortunately unavailable in Canada. They had to learn to eat unfamiliar food, which sometimes troubled their stomach, or go through the stress of redesigning their own food regimen. Apparently, eating out became difficult because choosing a particular food at a restaurant was even a source of stress and frustration for some men. The following are relevant excerpts from Kwame, Obimbo and Kwabena.

> *I also miss the food; the food is different. A few times I wish I could have the kind of food I used to have in Africa. I love Palm wine a lot but I cannot get palm wine here and I have to manage without palm wine. (Kwame)*

> *…diet was kind of different from what we're used to because in Africa we used to eat Sadza and stuff like that. I came here and there's no Pap pap. You have to redesign your food regime, learn different kind of food, some foods upsetting your stomach. Yeah, even the taste of water was different. We were used to drinking water from the tap. But this time we're to buy bottled water so we didn't understand why I have to buy water and stuffs like that. (Obimbo)*

> *What you eat even becomes a source of anxiety 'cause you don't know. You walk into a restaurant to go and buy food and they have varieties of food you don't know which one you would enjoy. You want to buy tea, they ask you whether you like tea, caramel, this, that...But where you're coming from there's only one tea. Just get the tea and walk away. Yeah, so it becomes a little bit challenging. (Kwabena)*

Adding to participants' stress was language fatigue. Participants expressed that they became physically and psychologically drained by continuously speaking English and paying keen attention to attune to the White Canadian accent. As a result, participants, nostalgia was also fueled by longing to speak their native language. Obimbo said, *"...do you know if there's a time where you long to talk your language? You have no one to talk to you in your language. That alone would stress me out. Because I have to always speak in English or else nobody will understand….".* In addition to the language fatigue, the inability of participants to speak with the Canadian accent was a challenge for some participants. Some men also indicated that they felt subordinated and powerless because people frequently questioned their accent when they spoke.

It restricted their ability to communicate with others and alienated them from the Canadian society - further worsening their social isolation. Additionally, people often misunderstood what participants actually meant due to participants inability to speak English with a Canadian accent.

> *…It is very sickening when you speak and someone questions your accent. You know, the first thing they ask is where are you from. Because you are not speaking with Canadian accent. That makes you feel that you are not measuring up in terms of the language. So, for me that was a big problem. Not that I couldn't speak English, but they misunderstand you because they heard something else…(Abdellah)*

> *...the ways of life in this country, most people are not used to from their countries of origin, right? So, you have to learn all that…. Let alone the language. yes, we may be speaking English, but ours was British English, which is a little bit different from Canadian English. Sometimes you want you want to express yourself in this way, and then you understood in another way. That was another frustration, right? I'll give you an example to say by saying hey, "I'm looking for a toilet." You know, some Canadians will not understand what you're talking about because it's a washroom in this country. That was a big barrier…. (Obimbo)*

> *I grew up very much between the military camps and the displaced persons camps and refugee camps. I didn't go to school, so when I came here language was main issue that I was facing. I didn't understand what they were saying and it was difficult to communicate with them". (Kamal)*

The weather was also a factor that made some participants homesick. Coming from the tropics where they had sunshine for most of the year, participants found it difficult endure the extremely cold temperatures in Southern Alberta. For some participants, this came as a shock because they had not been orientated to the weather condition of their destination. Assuming that the weather conditions were equivalent to their respective countries of origin, they did not carry winter jackets. They arrived and found out that there was a larger contrast in the weather than they thought. Some participants found it unhealthy and depressing because they were confined indoors due to the extremely cold temperature which they were not used to. The following are relevant excerpts from Kwame, Kamal and Kwabena

> *OK, the number one is the weather. Coming from Africa (Nigeria), which is hot to a place where the weather is minus 27 today. I've not left my house for the past six days and it's unhealthy for me. I feel like I'm getting fat and lazy by the day and It's not healthy for me.*

I had the life of an extrovert. I go out all the time, I had friends and I'm hardly at home when I was in Nigeria, but I've spent six days indoors. And have not left my house, so it's completely different. And the times that I go out, I don't find it funny. The transport system is not so good. So, like if I want to use the bus…. I have stood at the bus stop for close to an hour and the notification app would be telling me 5 minutes away, 5 minutes away extended to another 5 minutes until an hour passed and the bus did not arrive. And I was there shivering because of the cold. I had to go back and find Uber to go to where I wanted to go to. So, the weather is so different that I finally had to buy vitamin D because I didn't want to get depressed (Kwame)

So, the first thing, when I came here, the weather was a big challenge. I arrive here on the November 10 and on that night, it was cold It was winter time. And it was really very cold, but we were not Orientated about the cold weather here so we came with how light we were dressed. 'Cause we did not have any heavy jacket. So, that was the first challenge I met at the airport. And yeah, it was a shock. But a couple days later, we were given a jacket. But it could have been way better to be aware of it, if there was an orientation about it. But there was no orientation (Kamal)

Yeah, Well it's the weather. I didn't have a culture shock because I had a I lived two years in the US already so I was familiar to the North Americans system but my shock was how cold the weather was. I came here January so it was cold and I'm coming from Tennessee and Alabama in the US where it doesn't get that cold. So, I didn't even have a big winter jacket. I wear anything and that was a shock. So, it was an environmental shock not a cultural shock in my sense when I came to Canada (Kwabena)

Employment

Participants frequently shared their ordeals in penetrating the labor market after migrating to Canada. Searching for a job was a struggle for participants, particularly finding jobs that matched their professional qualification and experience. Potential employers either failed to recognize their academic credentials or demanded Canadian work experience which they did not have at the time of arrival. Jabulani stated that,

…. job searching in itself is a struggle here especially when you want a job that matches your professional competence…. I couldn't get the chance to practice my profession here. Yes, I didn't have so much professional experience, but I doubt if the professional experience would have even counted. I have seen others who had considerable experience but never got their skilled jobs…

Demand for Canadian experience scared some participants from applying for jobs in their field because they did not have such experience at the time of application. So, they did not think they

would be able to secure such jobs without that Canadian experience. Issah narrated that *"I saw some job postings which I thought I could apply, but that requirement for Canadian experience in the job description even disqualified me to begin with."* Faarsi added that *"Even if you have professional experience outside, because it was not acquired inside Canada, you are disqualified."* Some participants opined that the requirement for Canadian experience, though not explicitly uttered, is a subtle prejudice and discrimination they faced as African men in the labor market. Because they acquired their qualifications from African Institution, they were seen as inadequate, and it was extremely difficult to compete with White Canadians with equivalent qualifications and professional experience. Obimbo stated,

> *Make no mistake about it. For a black man it's a little bit harder, to convince, a White local Canadians that you are equally competent and the qualification that you hold can make the grade as well. Because one thing I noticed was, when you're holding a qualification from an African institution, by the time we produce it, you're already inadequate in the eyes of whoever is receiving that qualification. The way they address it is a kind of diplomatic anyway by saying, oh, you don't have Canadian experience. So, you need to have a Canadian experience before we accept your qualification.*

Participants' inability to acquire jobs that matched their professional experience or academic qualification generated a great deal of frustration which could lead to depression. This requirement forced participants into manual labour jobs, which did not require certification, so they could gain some relevant Canadian experience to show to future employers that they are accustomed to the Canadian setting. Others chose to further their education to reinforce their extant qualifications or go through certification process, but in the interim, they settled for these "low class" jobs. Kwabena recounted *"You have to write some certifications. So, then you need to do other jobs that do not require those certifications for now until you go through the certification process."* Some participants wondered how they were going to get the required Canadian experience when employers were not willing to hire them. Obimbo stated,

> *Where do you get Canadian experience when they are not, giving it to you? That's the question, right? So that means you have to go and do a manual job. And then, on your resume, list three or four different Companies of manual jobs just maybe they can look at your qualification. And I will tell you by the time you produce that qualification, you will be required to go for a course or two to reinforce it.*

Inasmuch as participants wanted to go through the certification process or pursue further education, financial difficulty loomed as a significant barrier. Financial pressures from families back home and in Canada partly contributed to their engagement in survival employment to meet their immediate financial demands. Here are relevant excerpts from Jabulani, Jo and Obimbo.

> *There was financial pressure on me because I couldn't get a job. I later got to know that the only avenue I can explore is under table jobs. But that was another struggle. .... It was kind of a survival job for me. All I needed was to make money to survive* (Jabulani)

> *…it was tough for me financially. Now, I had to look for underground table job to do. Am telling you, it wasn't easy. I started working under the table so that I can meet the financial demands. I had no choice. I wasn't comfortable. It was tough. It was a tedious job* (Jo)

> *... my first job was a manual one where I used to roll posters. My plan was to bring kids as well. So, I needed to make money quickly. If I was in Ontario, a place that is not agricultural, just hunting for a job in my field was gonna take me 2 years to get to that job. In the meantime, my kids would be languishing at home. I needed to get them here fast. So, in my mind, I wanted to make money first… I knew it was gonna take time because as an immigrant, there was no way I was gonna be fast tracked like a locally trained specialist…(*Obimbo)

Engaging in survival jobs was intimately linked to a feeling of declining social status and decreasing sense of self-worth. These were jobs that they would literally not do in their countries of origin because they had attained certain level of education. Notwithstanding, their current circumstances demanded that they engage in these types of jobs. Obimbo stated, *"…remember our education system in Africa is such that, when you go to higher Centers of learning, you are not supposed to be seen to be doing manual jobs and stuff like that…".*

Jabulani adds,

> *My concern was the difficulty level of the job. It was something I was not used to. Such a hard labor. It makes you feel you have come into a glorified slavery because it is not*

something I would do back home after getting university education. On comparison, I will say it is equivalent to job for no skilled person back home not for educated person like me. (Jabulani)

Participants' dissonance surrounding the fact that they have higher qualifications but had to settle for unskilled manual jobs really bruised their ego, and this reality was a significant source of psychological and emotional distress. Here are relevant excerpts from Kwabena, Faarsi and Jabulani

I felt reduced. I felt my ego really bruised. Because where am coming from, I was working with my qualifications and I come in an environment where my qualification is not valued and you have to start off with manual jobs and it can be very unsettling…(Kwabena)

I know those jobs were for ladies not a man like me. Where I am coming from, nursing is predominantly women, so it was a little bit disturbing and distressing to wake up to go to work and you are going to cater for seniors. I felt feminised. Not that I had ego, but it is simply something that I never liked in the first place. So, coming to Canada and doing a job that I know is for ladies was kind of a distress (Faarsi)

You know I wouldn't like the job. I have qualification in Engineering and having acquired a higher degree qualification, I am not supposed to be doing this kind of job. I deserve better. I needed something to survive though but I felt demeaned and thinking about it is also another mental challenge (Jabulani)

Racial discrimination

Participants reported different forms of stigmatization and racial discrimination in their daily lives which was a source of stress. Participants' race, gender, social class, marginalized identities of immigration, etc. subjected participants to structural and systemic inequalities. Notable were employment and workplace discrimination, discrimination in the transport system, and academic racism. Participants shared that racism in Canada is not as overt as person may experience in other parts of the world. Rather, Canadians show subtle forms of discrimination which was apparent to participants based on the way they were being treated. Participants stated that although the Canadian system preaches against discrimination, institutional and systemic racism continue in subtle ways. Obimbo stated, *"You see in Canada; racism doesn't come as*

clear as you would've gotten in South Africa. Yeah, it's all diplomatic…". Here are relevant excerpts from Kwame and Jabulani,

> *I think that's Canadians, from my experience here in Calgary, they try to hide their discrimination as much as possible. Like they are not overtly racists. But you kind of notice it's in small details. For instance, you can enter the city train and you sit down close to a White person and the person stands up and move to another place. So, like they don't come to tell you things verbally or try to abuse you verbally or openly, but you kind of notice it in small details* (Kwame)

> *It is very hard in Canada to really tell if you are been discriminated or not. You know why? Canadians don't really show their discriminatory attitude. It is not like before where, due to your color, people will come after you. But how they treat you; their preferential treatment will let you know you are being discriminated. Unequal treatment is a form of discrimination, right? Yeah, it is a form of discrimination. I see this as a modified discrimination. The system preaches against but the same system supports it* (Jabulani)

Employment and workplace discrimination was the most salient but subtle form of discrimination that participants shared. Participants felt employers concealed discrimination under the guise of Canadian experience. Participants shared that their previous professional and academic qualifications were marginalized, and that they were not considered at par with graduates from Europe, or White Canadians with the same qualifications. Due to the marginalization of academic credentials, further education in Canada to reinforce existing qualifications became a must for some participants. Interestingly, those who acquired further education and built considerable Canadian experience through volunteering activities still struggled to get a job related to their qualification. Participants stated this was subtle bias against people from third world countries, particularly African countries. The following excerpts from Obimbo and Faarsi illustrates their concerns

> *… there is this attitude thing which, regrettably, I have to say. Is this bias against third world countries Africa in particular. This is why in the end people talk about race. Whether it's racism or not racism, but it is a thin line between the way an African graduate is treated compared to a European graduate with the same qualification. That needs to be addressed as well. And that's the problem of people from Africa that before you even open your mouth you already crazy. Whether it's race, or whether it's because*

you come from a third world country, whatever it is, you are no longer at par with somebody coming from Europe…It's all under the guise of you don't have Canadian experience...so, I wouldn't say, yeah, I met racism directly, but I would say I got these diplomatic equivalents. You know? Shutting down of opportunity, like things like, "oh, you don't have Canadian experience so come after two years", but you know very well that is not true. Because somebody from Europe will not be told that they don't have Canadian experience. You will apply and go there, but when you get there, that's what you get... (Obimbo)

…the case where you have even had volunteering activities, build up experience in the Canadian setting and still get rejected on employment is something they can explain. Sometimes you wonder if its discrimination because you are an African and they rule you outright because they think you cannot do the job or something, no one can explain. We may all thrive on assumptions but they can really explain the motive of rejecting you even after acquiring their Canadian experience… I have a pile of resumes, attended so many job fairs and learning what employers require but still got rejected by employers. When I finished my Masters, I knew that after acquiring Canadian certification, that will mean something but no. That is why I earlier said that they can only explain why it is so. It is very frustrating and depressing though. Because after my Master's program, my Canadian mates had jobs on the market but I still struggled to find job. I had to pursue PhD before I could secure a job. Even I had to choose a non-competitive area and I think it is the reason why I got the job. It is very hard to compete with Canadians as a Black person. They always think you can't perform unless you prove to them beyond reasonable doubt (Faarsi)

This situation was very frustrating as some participants had 5-10 years working experience in their field in their country of origin, but when they arrived in Canada their qualifications, which should have been a stepping stone, were deemed inadequate and their previous experience did not count. Participants wondered whether it was because they were Africans or if they were simply not knowledgeable enough. Manual labor jobs were a means to an end for participants; however, these jobs were also not also devoid of discrimination. Subtle preferential treatments were reported. For instance, Jabulani said, *"There is this situation where as a Black person, when you do something wrong you are quickly dealt with but others are not."* Kamal also stated,

I faced discrimination especially when I was working in the oil field. Ah, that was from 2006 to 2009. I went through which sometime it caused a little bit of PTS [Post Traumatic Stress] … There was a small issue between me and my co-worker. And I ended up being fired. I was not fired because of what I did, I was fired because I was a Black person. And that was the time that it affects me. It took me a while to recover from it. That was the first time I had issues with racism.

The academic arena was also not devoid of structural and institutional racism. Participants recounted facing racial discrimination and subtle prejudice from their student colleagues and teachers due to their color, age, physical look, etc.

> *…I started learning ESL at the Lethbridge College. And I used to have one of my one of my teachers. And she used to make a little bit fun of me that I was oldest student in class who does not know English. And she kinda gives me bad look…because of my physical look, my age she was always negative towards me. And I did not like that and that affected me* (Kamal)

> *…when it comes to intentional behaviour where as a Black TA some students will go and outright lie about you through the course coordinator and the course coordinator will just react without listening to you, you know. It becomes very difficult to actually understand why anyone will even listen to such lies and act on them without even hearing from you whether it is true or false. You know, so yeah, that's what I experienced. There is some kind of different expectations of, for instance, Black TAs from the other TAs. And when students go and report them, they are judged before even listened to! They are seen to be guilty before……I experience it…*(Kwabena)

> *…. we had formed groups for some projects. Unfortunately, when we were supposed to meet as a group, they will not inform me. I was the only a different race out of the group. So, I would say I'm the Black among the Whites. So, they will not inform me, but they will meet, text themselves, whatever they need to do. Sometime I will ask, are we meeting as a group. They will say, yeah, don't worry, we will do this will do that. So, I remember I reported the case to the professor. The professor called and asked them, why are you not including this gentleman in the group assignment, and they said they don't have my email. So, the professor gave them my email. Even that. It didn't yield anything good…my background, they thought as African guy I do not know anything about foreign education; what does he have. I don't know how to do research. You know, the fact that my educational background is different than here doesn't mean I don't have the mind to do whatever that they are doing here. But I proved them wrong.* (Jo)

Besides these implicit discriminations intersecting with other social factors and determinants, participants recounted how the school system and the government systems further intersect to marginalize them which may account for international student mental health deterioration post-migration (Dombou et al., 2022). They narrated how as international students they paid high tuition compared to what is paid by Canadian citizens and yet they did not qualify for any support. Bursaries and grants to help ease the pressure are usually given to local residents and on

top of that government has set stringent laws to restrict internationals students to only 20 hours of work a week. This puts financial stress on them and hugely impacts their mental health. Here is how they shared their story.

> *And when it comes to the few scholarships that are open for everybody as well, I think that the international students are restricted so much, getting most of them. Where they say, "your undergraduate degree is not a Canadian undergraduate degree, so we decided to award it to someone with the Canadian undergraduate degree." whereas during the application process that wasn't part of their requirements of getting the scholarship. But you realize that they are springing up all these nuances to give a scholarship to other people, but the immigrants* (Kwabena)

> *…this why international students go through lots of depression and stuff like that. Because we are the worst discriminated. The system is structured to go against us and I think what they're doing puts our mental health on the line. We pay four- or five-times tuition as locals but no international student qualifies for student loan or government bursary or grant. Most scholarships and awards requirements disqualify us and they are awarded to their people. We only qualify for few ones and the locals also come to compete with us. And you know the government also says we can't work. How do we live in this system then? The financial stress adding up to academic stress can make you commit suicide. So, you see, we face the worst discrimination here. That's why they have set up student mental health center because they know that you will definitely fall into the trap…*(Bayo)

The Citylink transit system was another sector of society where participants experienced implicit or subtle racial discrimination. This ranged from co-riders' unwillingness to sit by Black person to preferential treatment on the part of the drivers. The following relevant excerpts from Kwame, Jo and Jabulani.

> *…you can enter the city train and you sit down close to a White person and the person stands up and move to another place…* (Kwame)

> *I remember one day I came out in the bus, I sat somewhere and nobody wanted to sit beside me. I felt so bad. No one. Like there is a space there, they would prefer to stand. And they stood in the bus. I felt like, wow. Wow, like they don't even want to come close to you. Uh, Although I feel sad, I was laughing in my head* (Jo)

> *Sometimes when you are getting the bus, you are running to the bus stop and the drivers see that you are indeed running to catch the bus, but they pass by because you were not at the stop. Sometimes you even signal them but they don't mind you. But these same drivers stop for their people. So, you ask yourself is it because I am Black?...* (Jabulani)

Gender roles and norms

Post-migration gender role changes and shifts in power-dynamics were very challenging and psychologically stressful for some participants, and all partnered participants experienced these shifts within the context of a heterosexual relationship. Following migration, some participants wanted to retain the nostalgic ideation of being the head of the household which in essence gives them their status and authority as African men. However, in Canada, where women are more endowed with legal, social, and economic rights and privileges than men (Donkor, 2012; Okeke-Ihejirika, & Salami, 2018), African immigrant women have greater power and autonomy in their families and relationships. This redistribution of gendered power struggle created stress for some participants.

> *…like in Africa, anything to do with that is for the man. It's when we arrive here, we should leave all these powers to the woman… And this is where we Africans we always in trouble because we bring that power practice in this society. But in this society, really, the woman is the head of the family. And we don't see that. That is how this society is set; it is a woman's society. And that's why you see we African men here we are in trouble easy. Because we still have that, oh, "I'm the man who are you… … there is a power struggle. We African men, we have a very strong personality. And then there are some African women that gain the same personality as a man after coming to Canada. They gain more power. And if you are in that relationship, there will always be a power struggle…* (Kamal)

What participants found very challenging was to suddenly perform unfamiliar roles such as taking "second place" in the family, and having to take on more domestic responsibilities (e.g., cooking, cleaning, etc.) after migration. Participants noted that their wives have adopted the Canadian culture of shared domestic responsibility, which many men did not subscribe to. It should be noted that women have become high income earners due to better education and employment opportunities. In consequence, some women, who supported their husbands financially expected their husbands to also help in household duties and take a leading role in the household chores. Here are relevant excerpts from Issah and Faarsi.

> *You see, that is the culture mess up I am talking about. Complete difference in culture. I believe that supporting your husband financially does not mean you have to hijack the house with what you desire. It doesn't work with our religious belief and cultural upbringing… My father never did house chores; he was the provider. But I married and I was to share house duties with my wife else there will be no peace in the house. This was one of the things that stressed the hell out of me. For several years of my wife and I lived under burning roof and honestly that was stressful…*(Faarsi)

> *You know, they say here is that gender roles here in Canada a shared responsibility which is different from what am used to. I know these roles are for women and these are for men. That is why I even found it stressful doing the care home job. Its feminine. I couldn't understand why I had to cook or clean the house as a man. Am not used to doing that…So, the sudden change in roles at home was stressful. I am a Muslim and you know a woman cannot have equal right with me especially when I am the head of the family…*(Issah)

With the erosion of patriarchal power, many participants felt that they lost control of their house. Put differently, there was the feeling of marginalization because their roles as family heads and providers for the family, as defined by their culture, were taken over by their wives. Therefore, they felt they had lost the power and status associated with this role. Faarsi stated, *"...I felt I had lost it. Lost control of the family and my wife was ruling and controlling affairs of the house..."*. This feeling of powerlessness and loss of their previously enjoyed role as leader in the family may fuel depression, sadness and in some cases aggressiveness towards partners. Compounding these stressful moments was the simultaneous marginalization in the employment sphere and the sense of status decline due to men having to engage survival jobs. Kamal stated*, "…my relationship broke down the first night I came from work, so I call it a double fire. I got fired at work and I got fired in my own house. So, I call it double fire and that really affected me…*". Issah also added *"Am not respected in my job and am sidelined in my house. So, you see, I was having double loss…"*

African men perceived this as ego and unwillingness on the part of the women to submit to their culturally assigned positions. Kamal stated that *"...I think that's where I had a little bit difficult to get along with some of the women because of their ego that they carry it from back*

home to here…" Faarsi added "*My wife was educated and was not ready to be submissive. We had conflict all the time because of her arrogance, pride…"* These shifts in gender power-relations created tension in their homes and relationships, which contributed to stress and sadness in many participants.

Housing and Financial barriers

Housing and Finances were also key sources stress for participants. Throughout the resettlement and adaptation phase, many participants experienced a very dire financial situation. They were often either unemployed or engaged in low paying jobs, which made it difficult to make a living. It was also difficult to secure decent accommodation due to high prices. Some participants were not used to the month by month rent payment system and found that challenging.

Abdellah stated that,

> *…housing here is very expensive. When I came, I rented a small room because I couldn't afford a sizeable one. Another thing that I couldn't understand was the monthly payment system. In my country, you pay for the lease period maybe 2 years, but, you know, it's different here. So, if you lose your job and you can't pay for that period you are kicked out…*

For participants who were students, it was very difficult to pay for exorbitant international tuition and accommodation.

> *As for finances the least I say the better. It was very tough. I was then doing new media and their classes started. Then I realized that, oh, this is different from what I'm used to because I need to buy a lot of materials in order for me to go through. That was where the challenge came in. Financially, things were not what I thought it was, so it was tough. Mentally, it was tough. I was always thinking. Like how am I going to do this...I got to realize that there was hold on all my courses that I registered because I couldn't pay my tuition. And so, there was a hold on all my classes, actually they started dropping them because I needed to pay…* (Jo)

Besides financial constraints, there were other housing challenges which stressed participants. Participants stated that home owners were demanding that renters have a credit card, references

from previous landlords, a valid bank account, or proof of employment before they would lease out their rooms. As newcomers there was no way they could meet these requirements, which created barriers to housing and stress for participants. Here are relevant excerpts from Kwabena and Jo

> *When people come here, through resettling and adapting, their financial situation can be very dire. So that puts a lot of anxiety on them and that can degenerate their health very quickly. Yeah! No matter how much money you bring, when you come in you buy everything and then the money goes very fast. Trying to find housing is another challenge because they say you need a credit check; you need a former landlord you need this; the requirements are just on insurmountable* (Kwabena)

> *…and they said, we have rooms but bring your credit card. To be honest with you, I have no idea about credit card. I've not even used a credit card before. And they said without credit card, we can't get you a room….* (Jo)

This however did not hold for participants who came through the refugee and humanitarian visa route.

> *…when we first came to Toronto, it's immigration compensate for the agency that were taking care of us. And finding housing was difficult, but it was not hard like the way it is right now. The agency was working hard for us even we did not have that income. But in Toronto was difficult, but the agency made it very easy for us. During my time even when I was new into the country, I never had any issue of not finding a place to rent, so that part I don't think it was hard for me, it wasn't* (Kamal)

Sub-theme 2: Impact of migration challenges on mental health

Participants reported being susceptible to both physical and mental health problems relating to the compounding effects of migration stressors and unmet expectations. They became unsettled going through these challenges with no sign of imminent resolution, which profoundly impacted their physical and mental health. Kwabena stated, *"Unsettled! you will become unsettled, especially when you are not used to how things are done here. It throws you out and your anxiety level goes through the roof."* Participants shared multiple negative emotions which they bottled up and it manifested in various physical and behavioural pathways. For detailed

explanation of the impact of the migration challenges, this theme is sub-divided into two themes: Psychological Impact and Behavioural and physical impact

Psychological impact

The sub-theme *psychological impact* captures the psychological and the emotional distress that participants experienced, which was reflected in participants' continuous experiences of regret, depressive moments, pervasive sadness, stress, fear and anxiety, overthinking, and frustrations. The intersection of the many factors discussed in sub-theme one contributed to the development of psychological and emotional distress among participants. Although, participants presented a façade of strength and happiness, internally they were in distress and were unhappy. Jabulani said, "*Yes, I experienced sad episodes and frustrations…"*. Kwame and Faarsi also narrated similar experience.

> *…it affects my happiness as a person. I start thinking that I can never be happy as a human being. I would just go through life like this and one day everything will end…I feel sad. I feel moody at times and sometimes I feel angry, but I don't try to act it out or anything. It just happens within* (Kwame)

> *It is very frustrating and depressing…So, I was walking, looked like am sound, but inwardly I was not mentally sound. I was down in spirit all time* (Faarsi)

The genesis of participants' psychological and emotional instability appeared to be the frustrations and regrets associated with the unexpected challenges experienced after moving to Canada. Kwabena narrated,

> *…they show their frustration and also, they feel trapped. They feel, deceived to come here. A lot of people come to Canada and realize that they feel like the Canadian immigration system is deceptive. Because they promise a whole bunch and you get in and there's nothing like that as it is said. Oh, so they always express their frustration of the potential deception* (Kwabena)

These numerous challenges post-migration fueled regret and caused participants to constantly blame and question themselves as to why they made a decision to migrate. Some participants wondered if they were even in the right place. Obimbo stated, *"So, at some point ended up saying*

"am I in the right place, am I gonna be living a life like this…that alone stressed me". The thought of whether they made the right decision to migrate to Canada mentally drained participants. Here are relevant excerpts from Jo, Jabulani and Kwame and how they expressed their regrets of coming to Canada.

> *…there were a lot of time that I regretted coming. And there were a lot of time too that I cried like a baby. Like I will be in my room and cry like a baby. Because I was processing everything that I'm going through here alone. I cried and that is where the regret come in. Why did I make this decision? Why did I even come? The initial motive was not like that. I was excited to come. Now I came and everything changed. And it didn't change for good, it changed for the worse. And now the environment which I came too, I feel like I'm not being welcome. You know that's sort of feeling. So, it's tough (Jo)*

> *The challenges brought some regrets, pains and I can tell you that it wasn't what I anticipated… I can tell you countless times that I spent the day only thinking if I made the right decision or not. This dilemma was overwhelming. And you know when you are overwhelmed by future uncertainties you become mentally drained. You get drowned in fear and anxiety and I think it is more torturing* (Jabulani)

> *Like the first few weeks, I thought about going back. I asked myself why I came because of COVID, I could have been in Nigeria and continued my coursework over zoom. So, I kept on asking myself why I came* (Kwame)

As can be seen from the quotes above, participants experienced persistent mental stress and regrets. They reported episodes of sadness, gloomy feeling and mental instability. The following excerpts from participants that show that they were not going through depression. Kwabena said *"Not to a point where I will seek help…"*. Kwame also stated *"I'm not going to say depressed like people use the word depression, but I am not yet depressed. I've been depressed, but I know that's irrespective of everything that I'm going through at the moment, I am not yet depressed…"*, Jabulani also stated *"I wouldn't say I was depressed. Depression is a kind of strong word…"*. Faarsi stated *"I don't know if what I was going through was depression experience because I didn't plan of committing suicide or anything."* Kamal on the other hand came from Sudan which is a war-torn country. Dealing with extra stress including discrimination at his workplace, loss of his job with its ensuing financial difficulties caused him Post Traumatic Stress Disorder (PTSD).

He narrated, *"I faced discrimination especially when I was working in the oil field. I went through it, lost my job and the financial difficulties sometime it caused a little bit of PTS"*.

The continuous use of the word "overthinking" in the discourse of participants undoubtedly shows the psychological distress related to processing the stressors. Participants inability to resolve their present challenges, uncertain about how they were going to survive these challenges, and not knowing when these stressors would end contributed to stressful and depressive moments. Faarsi stated *"Really stressful and depressing. I was overthinking and it resulted diseases that I didn't know the source. Because my mind was not at peace"*. These excerpts from Jo and Jabulani also illustrate how they were affected by their worries.

> *…when you turn left, turn right and there's nothing coming, of course, how are you going to make it? This is a foreign land, you know nobody, definitely, you will overthink and that really affected me.…things were not what I thought it would, so it was tough. Mentally, it was tough. I was always thinking. Like how am I going to do this?* (Jo)

> *I became mentally unstable. In fact, I was mentally drained and I was having strange dreams. I had sleepless nights and you know; I was overthinking because I was overwhelmed by what I was going through particularly not knowing if I will survive here or not. Waking up to find that the same old problem is unresolved and you have to deal with the same ordeal was one thing that bothered me so much. I was disturbed. It was a big sources of the mental instability* (Jabulani)

Although participants did not have suicide ideation, they noted the consequences or dangers of being in this "solitary confinement" and trying to process their thoughts. Participants stated that there was a high possibility of harming themselves when they became internally or mentally destabilized. Kwame, in particular, emphasized that he made conscious efforts to distract himself from thinking, otherwise he was inclined to completing suicide during these times. Here are relevant excerpts from Kwame and Jabulani

> *I know that I've had experiences with depression in the past, so I try as much as possible to avoid going into that hole again. I know that if I let myself, negative thoughts will start creeping in and I might become depressed. And because I'm alone here, who knows what I might do when I'm depressed. I know that it could happen so I try as much as possible*

to…. Yes, I know that's not the feeling because if I have that feeling now the chances that I'm going to commit suicides is really, really high (Kwame)

Yes, absolutely. I was frustrated. You could tell from my demeanor that all is not well. The sadness that comes to heart is on whether you made the right decision or not. Why should you leave your job and get to Canada only to get into this mess? You see, these thoughts come when you are alone. I think that's the dangerous part. Because you can be disturbed inwardly till you might want to do something to yourself. When you are with people you feel alright, but when you are alone in your room its horrible (Jabulani)

Already stressed with finances, housing and social and emotional isolation, international students' mental health was further worsened by the demanding workload associated with academic life and the pressure of achieving passing grades. Student participants shared that they were not used to the Canadian system of learning and they struggled to adapt. This alone may contribute to depression. Here are excerpts from Obimbo, Kwabena, and Abdella

That was a little tough for a person who was used to having weekends to rest. You have to rest like, you know how we do it in Africa you go to school Monday to Friday, Saturday you relax, you know. We didn't have that time and that alone caused some little bit of depression, yeah? I was saying to myself "365 days of doing this or breakdown" …(Obimbo)

…if you're not careful you go into depression. Because, like you're trying to figure out…… and the worst thing is when you come and class is also starting at the same time then you start you have to go to classes, assignments are coming, you need to teach as a TA. You know! I'm talking as a graduate student. These things can throw you out of balance very easily (Kwabena)

…so, studies were even stressful. There were lots of assignments from each course and you need to produce quality assignments to get good grade and that took a little bit of time. With deadlines approaching, I was even paralyzed in my brains. It stressed the hell out of me. I didn't know what to do…I had to change my study plan to adapt. It was mentally tough (Abdella)

Behavioral and Physical Impact

As stated earlier on, many participants were going through serious mental stress which manifested in various physical pathways as shared by participants. This ranged from acts of anger, aggressiveness, somatic complaints, and sleep disturbances to changes in diet pattern. The culture of silence associated with a performance of masculinity, caused men to "man up" and

"bottle up" the psychological and emotional distress, which ultimately manifested in different forms. As Jabulani stated, *"…everyone walks normal as if they are not troubled in anyway, particularly the men, but they harbor mental problems. So, when they get to the dead end and it begins to manifest in some form…"*. Obimbo narrated, *"Men bottled in a lot of stuff. And then in the end it comes out as a tantrum."* Analysis of data showed that some participants tended to act out their frustrations in anger and aggressiveness. They became internally irritated and destabilized which ultimately manifested as anger or aggression towards family or themselves. Below are relevant excerpts from Faarsi and Jabulani

> *There were times I get unnecessary angry at my wife and on little issues. I overreacted continuously. You go back and reflect what transpired and you know that you have foolishly reacted…You easily get angry because something is irritating you inside. Sometimes I vent my anger on the kids and shouting at them unnecessary. Not because they did something, but because I am already exploding inside me. Sometimes I become too aggressive but all didn't change what was going on* (Faarsi).

> *But you know something, you will be walking and you are angry at yourself. Sometimes you feel grumpy and you don't even know why. Those things were common… I don't become aggressive or violent towards anyone, but you know, I got angry at myself for making some decisions* (Jabulani)

For Kwame, his anger was due social and emotional loneliness. He narrated that he had dreams related to the loss of his father and because he did not have someone to console him, he woke up feeling angry and upset. This is how he stated his experience

> *…for the past one week or so, and I realized that I wake up every morning feeling angry and sad. And because of the loneliness, the loss and grief that I'm going through, I sleep most of the time and I have dreams about the whole thing and I wake up and I'm feeling angry and upset* (Kwame)

Some participants narrated how they became lethargic because of their psychological and emotional distress. In other words, the distress interfered with their ability to navigate day-to-day activities and they became uninterested in doing anything, which really affected their productivity.

And sometimes it's makes me unable to do anything productive because I will turn on my laptop, look at my word that I know I should be writing something or reviewing something or doing something. I usually have a lot of papers that I'm working on at any point in time, but it's makes me less productive. Like before, when you're about to leave Nigeria, people would tell you stuff like, In Canada you have constant electricity, you have better Internet so you don't have any excuse but to be more productive. Write papers because for us we like to publish. So, they expect us to write a lot of papers and publish a lot of articles, but they forget that the loneliness here alone can make your productivity go down. I when I was in Nigeria, with our fluctuating electricity, I did more than when I have been here. So, it affects my productivity (Kwame)

…it really affected my school grades. Because I didn't feel like doing anything. I became uninterested in doing my assignments and I always wait till the last minute before I force myself to do them…the thing was that I wasn't able to think through. The things that I was going through clouded my mind and even at lectures, I was present in body but absent in mind… (Issah)

*…you are right… I lost the will to attend to duties; very hesitant to carry out daily activities. You know, I was actually doing but I realized that I lacked the energy to do them and when I do I make mistakes a lot. So, I was mostly on bed either watching movies or surfing the internet whiles I had things to attend to. In that sense, I think it affected me…(*Jo)

Faarsi reported physical discomfort and complained of somatic symptoms, but his doctor was not able to identify an underlying medical cause for the physical symptoms. Moreover, he experienced irregular eating patterns, which he attributed to being mentally drained and stressed.

There was build-up of stress and I always wake up and I know am feeling weak and body pains, but I go for check-up and my doctor says my system is in perfect condition; I only needed some rest. You can take some time off from work and rest and still feel the same thing… I was mentally drained then. Sometimes you eat too much and sometimes you lose your appetite. Kind of on and off… So that stressed me. I went to see my doctor on several occasions because I had frequent fatigue and body pains.

Sub-theme 3: Coping through ventilation and insulation

The theme *coping through ventilation and insulation* captured the mitigation strategies employed by participants to respond to the stressful and depressing conditions. This included range of mechanisms that were used to mitigate, tolerate, or overcome the burden of the undesirable experiences post-migration. Ventilation aspect of participants' coping involved ways of airing their mental distress but in a manner that did not undermine their masculinity while the

insulation involved putting up psychological resilience to mitigate or overcome the mental stressors. Participants' coping strategies were informed by the situational circumstances or challenges and were influenced by participants' culture, religion, and interpretation of their experiences. For instance, participants who interpreted their experiences as normal life challenges were more likely to draw on strategies related to resilience including a) Building social support networks; b) Avoidance; c) Religion/Spirituality; and d) Learning to live in Canada.

Building social support networks

Connecting with family and friends back home was one of the most common coping mechanisms participants used to mitigate or overcome the distressing conditions. This was particularly true for participants who immigrated to Canada without their family. During the first few months it was not easy for participants to build social connections in their immediate environment as newcomers; hence, participants continued to sustain their social networks while they tried to navigate their new environment. In part, the social support provided avenue for participants to vent their struggles with their family and friends. This created an inner feeling of belonging and temporarily mitigated the social and emotional loneliness. Obimbo stated, *"…the only people I could talk to is when I phone home and talk to my father to express what, I was going through and what I was feeling. That was my outlet of ventilating…".* Abdella shared his story as *"When I came here, I didn't know anyone as that time. I was too lonely and that stressed me a lot. So, my only comfort was to talk to my siblings at home to make me feel better"*. Jabulani narrated *"…I connected back home and talked with relatives, so it was kind of a comfort for me…"*. Sustaining these social connections helped participants to get family support and encouragement, which was primarily what participants wanted. Indeed, receiving encouragement inspired participants to navigate their stressful experiences. However, although participants recounted that they shared current happenings, there was limit to how much information they

shared with their family or friends. Some participants understated or censored the information they shared because of their desire to present a performance of traditional masculinity, because they felt that family members had little to offer, or because they were being cautious not to stir up the emotions of their family. The following excerpts from Kwabena, Jabulani, and Jo explain how they shared their struggles with family.

> *…. A little bit because you don't want to discourage them. Especially if it is mom or dad or wife, you're able to open up more and maybe a best friend…. Sometimes all you seek for is encouragement. That's all, not help, encouragement……They say oh! Hang in there. You'll be fine. Everybody is pushing you to go. Like you came to succeed, you didn't come to fail. So, let's keep going…(*Kwabena)

> *I did talk especially to my mother. I feel comfortable talking to her about my situation. But you know how mothers can get worried about their kids. So, I had to filter the information I told her else she rather becomes anxious. I only let her know I was still looking for a job and it was hard to find one. Sometimes she could sense I wasn't ok, but…. Her words give me encouragement to fight on. After all there is nothing she can do. Giving her so much information than she needs to know will literally send her to early grave. All she can do for me is to pray* (Jabulani)

> *The point is, they have nothing to do for me in in this my situation. They can't solve anything; they can't contribute anything. The only thing I needed from them is what they were giving me; the family support, you know. There is a saying is in my local dialect that "ɛbɛyɛ yie" meaning that "it will be well" so no matter what you are going through now, it will be well, it will be well. That's all I needed that somebody should tell me that it will be well; my family should tell me that it will be well, I'm telling myself it will be well, that's all that I need it…*(Jo)

After a period of time, participants started to create new social connections in their immediate environment, such as connecting with African Immigrant Associations or meeting and making friends with persons of African descent with whom they shared common experiences. Bayo stated that *"…during this time every Black person you see becomes your brother. That's where you start to build your network…"* Creating this social connection was crucial as it lessened the emotional stress and gave relief from those crushing experiences. That is, it gave participants the opportunity to share their struggles with people share the same predicament. And by simply

talking about the problems and negative emotions profoundly reduced their stress and mental struggle. The following are relevant excerpts from Kwabena and Obimbo

> *And another one is to find new students and start making friends as early as possible because you share the same predicament so you're like partners in the same problem, you know. So, you find other colleagues and maybe go pick up lunch together. You talk about how are you coping, how are you coping? They become your counselors you become their counselors* (Kwabena)

> *Yeah, you know. For me, what I did was. I started befriending girls. You see, it was easier to communicate with girls. Because, you know, the girl boy issue. So it was through girls that I learned a lot of stuff and it was through girls that I managed to have more friends. Because. males do talk to girls, right? And when you are a friend of that girl, and this guy finds, oh, we are both friends to that girl communication starts to develop sometimes. That's how I found myself having more friends from both sexes, but through befriending girls first. It is girls that helped me learn a few things first. In through their friends who were male, I started to build friendship blocks with those males. And in the end, we were community* (Obimbo)

For participants who were Christians, joining a church was a way of quickly linking up with other immigrants. As they participated in church activities such as games and picnics, they widened their social connections, and this created an inner sense of belonging. These social connections were a great form of support and helped participants to cope in distressing times. Kamal was fired from his job and about the same time his relationship broke and that really affected him. However, his friends around him help him to cope through the hard times

> *...I have a lot of friends. Some of them they approached and that gave me hope, you know. At that time, my relationship broke down the first night I came from work, so I call it a double fire and that really affected me. But what I did, because of the social network that I have, I talk to few friends. And I used to have a house, I lost it. Then you know, latter on I got it back. But this social network was one helping me to cope. I came here [Lethbridge] and got good friends who we were roommate together. They were pursuing same goal. We were going to school, so I got into a circle of the people who were pursuing the same thing I was. So, when I'm down they are there for me when they are down, I'm there for them and that's the mechanism that I used to cope with what I went through* (Kamal)

In summary, the social support offered both venting and insulating opportunities for participants. Participants connection with their family and friends gave them the chance to air their mental

distress, although in a manner that did not undermine their masculinity, to get family support and encouragement. These support and encouragement received were important piece that motivated participants to put up psychological resilience to mitigate or overcome the mental stressors.

Avoidance or Dissociation

Most participants resorted to distraction strategies to help them cope. These strategies included range of cognitive and behavioral approaches to distract, avoid, downplay, or mask the emotional struggles. Avoidance coping strategy was seen by participants as a means of lessening mental distress through rumination and overthinking. Some participants narrated that they avoided the depressing situations by simply not thinking about them or doing other things such as engaging in work, watching movies, listening to songs, frequently engaging in social media, or engaging in compulsive behaviours such as excessive drinking. They reported that obsessive thinking about the challenges affected their normal mental functioning and because they knew that they could do little to solve the challenges, they chose to forget or ignore them. Issah stated, *"the more I think about it the more I get stressed out. So, at a point I felt it was wasteful to think of it. I strengthen myself and let it go"*. Kamal also narrated

> *And one of the things that really harm me, it's when I sit and think about them, they really affect me. But if I have people to talk to or I am working, I overcome it easy. But with me, I know where I was coming from. My background, I was a child soldier. I've been into hardship than what I face in Canada. So, I sometime blind off some of the things that could affect me because I compare it right…I kinda like compare things and I just let it go 'cause when you don't have the answer to what happened, you think too much about it affects you more. If you know that you got no answer, you got no power then to let it go.*

Kwame stated that he had previous experiences of depression, and that he knew that ruminating on his current happenings would pave way for negative thoughts and might cause him to become depressed again. As a result, he tried as much as he could not to think about it. He stated,

> *I know that I've had experiences with depression in the past, so I try as much as possible to avoid going into that hole again. I know that if I let myself, negative thoughts will start creeping in and I might become depressed. And because I'm alone here, who knows what*

I might do when I'm depressed. I know that it could happen so I try as much as possible not to think about it. Of course, I'm a social worker, so I try to talk to myself to advise myself (Kwame).

Farsi found it hard to adapt to the gender role changes. This led to marital conflicts and stressed him. However, he could not do anything about it so he felt his best coping strategy was to pretend that nothing is happening.

> *What will I do? I just pretend nothing is happening. Just find something to do and pretend all is well. Sometimes when there is heated argument and I think am getting angry, I just leave the house and find some park to cool my mind…just condition your mind not to bother yourself with the issue. Because the more you keep ruminating on the problem, the more the effect increases. When you don't care and you show superior mental toughness the effect naturally dies off…*(Faarsi).

Unhealthy as it may be, some participants used alcoholism to numb the distress. Kamal stated that, *"For the few weeks after I was terminated, the thing that I was coping with was drinking. I was drinking a lot."*. Working long hours was also another way some participants used to distract themselves from ruminating on their current challenges. They emphasized that getting lost in work or keeping themselves busy with work drove away depressing thoughts.

> *Sometimes I also use work to cope as a coping strategy. For instance, I had some research papers that I didn't want to work on, for some time, but because I needed to keep myself busy to get my head out of any depressing thoughts, I had to start working. Also, now that my work as in graduate assistant and I'm working with my supervisor on anti-black racism. So, this kind of work helped me feel that I'm doing something with my time and let the days pass and cope with what is happening at the moment* (Kwame).

> *Right, I used to work overtime and long hours because I wasn't feeling happy at home. I realized that being idle hurts my mental health more. So, I set high goals for the day and press myself hard to achieve them and it was helping me from thinking about the problem. I couldn't have time for my family but I was cool with it because I wasn't happy at home* (Faarsi).

Some participants resorted to more media consumption to cope with their depressing moments. This included watching movies, listening to music, or using social media to connect with family and friends. Participants who felt socially and emotionally isolated were more inclined to use this type of coping mechanism to elevate their moods and to stay in touch with the

rest of the world**.** Kwabena stated, *"Movies. I watch movies. Watch movies, watch a lot of movies."* Kwame narrated,

> *"I also play music a lot. I love to play music so. These are the things that I I've been using to cope. Like sometimes I abandoned everything and maybe decide to watch movies to keep myself busy and avoid those kinds of thoughts. I try to do anything that's possible to keep myself sane."*

With the advancement in technology, it was easier for participants to connect with families and friends via social media platforms, especially WhatsApp video and voice calls to ease the feeling of isolation. Kwame stated*, "…we can never underestimate the importance of our social networks, our friends, our families. The only savior I'm having now or we are having is WhatsApp. You can have video call, talk with them for some time…"* However, the time difference was a challenge hindering participants ability to fully engage with their family and friends. He added *"…. I can have video call, talk with them for some time. But of course, you know that the time difference also affects your ability to communicate with them. This is my daytime and they are sleeping. So, when they are awake, I'm going to sleep so but it's difficult. It's really, really, really difficult…"* Jo also stated that *"…the time difference too wasn't helping me. When they were awake, I would be in class. When I was out of class, they were sleeping. But yes, we talked…".*

Religion/Spirituality

Spirituality was another means by which participants coped with the emotionally stressful life events. This was generally used in combination with other coping mechanism to buffer the stressors and to keep their spirits up. Some religious participants emphasized their faith in God as their way maker, and the only one who is to help them in their distress. Accordingly, in their darkest moments, they remembered to pray more. Prayer brought them consolation, hope, purpose for life, and awoke their inner belief that they are not alone. They got inspired that God

will deliver them from the stressful life events. Kwabena said, "*I prayed. I prayed for consolation. That was my biggest consolation, I prayed. I prayed and wished that God will provide an avenue. So that's what I used to cope."* Jabulani stated,

> *I always result to prayer and asking God to make a way for me. I believe He is a way maker and a miracle working God. Those who put their trust in Him will never be disappointed. So, I was praying every now and then for help.*

With their faith in God, some participants ascribed positive meaning and appraised the stressors as working for their good. This gave them greater psychological resilience to face stressful life events. Jabulani, for instance, stated that *"Getting close to God gives me reason to thinking that everything is working for my good. And when you know that God cannot let you down, it gives you so much comfort that you will come out and it will be a testimony."* Jo narrated that in his depressing moments, the word of God was his source of motivation. It gave him the assurance that God's plan for him is to give him an expected end. He stated,

> *…I believe in God. There is one thing that kept me going through all these depression moods, it's the word of God. I go to church. That I don't joke with, I go to church. I hear the motivational messages that God plans for us is not what we think. And anytime I go to church and I hear those messages, it motivates me. It challenges me. It gives me assurance. It's it tells me that look, there is there is a green light at the end of the tunnel.*

When Jo was asked why he didn't seek professional help when he was going through psychological trauma, his response reemphasized his faith in God as the sole deliverer, and he also stated that treatment modalities of professional help was equivalent to the motivational messages he received at church; hence, he deemed it unnecessary to seek help. He narrated,

> *To me, there's no reason I see it as instead of going to talk to someone who cannot help me materially, I'll go talk to my God. I believe in God. That's what I said. I believe that when I pray and voice everything out to God, I believe that he's with me. He's looking at me. He will understand me. He will assist me. He will see me through. So instead of going through the therapeutic way of seeing the counselor or psychologists…what do they do? To me I feel they are good listeners. They make sure they listen to you very well and navigate you through certain ways and that was what the word of God was doing for me. That was the only reason why I didn't see those helps.*

Getting into the circle of their religious congregation helped to ease the emotional and social loneliness. As participants interacted with the members of the church through worshipping, games, and picnics, they strengthened their social networks and that created an inner sense of belonging. Some participants stated that they were able to get physical support through donations and spiritual support through intercessory prayers. Jabulani stated, *"I joined a church here and they really helped me. I had couple of friends who helped me sometimes with groceries and other stuffs. It kept me going that I have people are there for me."* Jo said, "*One thing I was also doing was to request prayers from close friends in the church. They interceded for me and that also kept me going on…."* The various religious leaders were also very instrumental in supporting the mental health of some participants through offering of prayers, advice, and encouragements. While some did not have faith in sharing their struggles with their religious leaders, some reaped the benefits. Faarsi said, *"Although I do believe that they [Imam or any person of higher repute in the mosque] are also resorts for family issues like this, I didn't like the idea of talking to anyone. I decided to keep it hanging."* For Kwabena, talking to his Pastor was a source of encouragement. He stated, *"My pastor was more of my refuge. When I talked to him about the struggles, he prays with me and kind of gives me encouragement and relieve 'cause I believe God will come through for me…"*

Learning to Live in Canada

Learning to live in Canada was a necessary and inevitable pathway participants took to successfully integrate into the Canadian society. This included learning Canadian English with a Canadian accent; understanding how Canadian society functions, including learning the culture, laws, etc.; getting used to the new foods and weather; and the individualistic style of living in Canada. Some participants noted that they tried to live their culture in a society that does not

support it and that insufficient understanding of how Canadian society functions partly contributed mental health challenges. Kamal stated,

> *…'cause it will teach you how the society works, because the problem is knowing how this society is functioning. We try to bring our own culture and use it here in this society and it doesn't work for us. And this is where there is a mix up and the problem will happen...*

As a result, participants learned to practice what the Canadian society required while maintaining their African culture, but practicing it in a positive way. For instance, one participant advised that being labelled as the head of the family does not mean being hegemonic. Rather, lending a helping hand and providing the avenue for every member of the family to grow. Although this coping strategy helped participants to adapt to their new home, it was not an easy approach because it was difficult for participants to unlearn their culture. It was a gradual process that took time. Notwithstanding, some participants noted that some challenges began to fizzle out as they began to learn to live the Canadian way. For instance, learning to accept the equality of a wife and husband in this society eventually settled marital challenges. Below are relevant excerpts from Faarsi and Kamal

> *…because we bring that power and practice in this society. But in this, society, really, the woman is the head of the family. And we don't see that. Like that is how this society is set. I came to understand this when I was in the college. So, I had to learn all these…(*Kamal)

> *One thing I will say helped me was, I came to learn to accept that this society is different from my culture. So, let me learn to live with it. Accept the way of life here. You know, do what the Romans do when you go to Rome…*(Faarsi)

> *You know you are learning everywhere. There was a lot to learn and it was a little bit difficult. Whatever you had in Africa, by the time you came to the developed world it was like a whole new world to you. You have been born again and the you are trying to learn everything like a toddler…Now having to learn ways of Canada too takes a little bit of a while because the ways of life in this country, most people are not used to from their countries of origin, right? So, you have to learn all that…. Let alone the language, yes, we may be speaking English, but ours was British English, which is a little bit different from Canadian English. Sometimes you want you want to express yourself in another way, and then you understood in another way. That was another frustration, right? I'll give you an example to say by saying hey, "I'm looking for a toilet." You know, some*

> *Canadians will not Understand what you're talking about because it's a washroom in this country. So, we had to learn all these little things you know to find our way* (Obimbo).

Sub-theme 4: Interplay of masculinities and culture

The *theme Interplay of masculinity and culture* captures how traditional masculinities and the diverse culture of participants influenced their post-migration experiences. Traditional understandings of masculinity were pervasive in the discourse of participants and their beliefs surround masculinity shaped participants' perception and interpretation of their experiences, their strategies for coping with the stressors, and their help-seeking behaviours. Participants admitted that there are cultural constructions around masculinity in their respective cultures, which seek to define status of men in society. Participants in this study, had apparently internalized these constructions and were influenced by the accompanying masculine expectations; therefore, this played a key role in how participants reacted to the various situations they encountered.

Cultural construction of masculinity

Culturally, participants stated that men were expected to show dexterity to withstand pressure and that they should be unyielding to emotions. This was a social expectation with a stigmatization price to pay when they failed to live up to that expectation. Accordingly, participants narrated that they faced intense pressure to live to that cultural expectation. Although there were different cultural constructions, masculine characteristics such as emotional restriction, toughness, resilience, and desire to keep integrity as men were common among the conversation of participants.

> *…society expects more from you as a man, especially in my culture. You can't be weak. That will make you live as tough as you can not to be seen as a woman…there is a price attached to it. The stigmatization price is hard to pay. When you are seen as less of a man, it bruises you internally. So, it's better to keep it and protect your manhood than to throw it away. You can't sell your birthright as a man in my culture* (Jabulani)

> *…as a man, you need an ability to withstand pressure. And that cuts across board. It doesn't matter whether you are an African person or Caucasian person. It's an*

> *expectation of society that as a man, you need to show a different level of resilience* (Kwabena)

These common constructions of masculinity or masculine expectations among the different cultures of participants significantly influenced how participants responded to the post-migration stressors. From the quotes above, participants were concerned about protecting their integrity as men. As Jabulani said *"When you are seen as less of a man, it bruises you internally. So, it's better to keep it and protect your manhood than to throw it away"*, and as a result, participants proved their masculinity by showing different level toughness and resilience in navigating their struggles. It is worth pointing out that some participants internalized a *"better dead than dishonoured"* ideology. In consequence, they conditioned themselves to live up to that construct by exhibiting an external performance suggesting a high-level resilience and emotional restriction, which affected their willingness to share their troubles or seek-help. To these participants, sharing meant weakness from their cultural perspective; therefore, as part of upholding male pride, they preferred to keep their cards to their chest. Obimbo, for instance, stated that even when he collapsed and woke up, he will still withhold the truth of what is wrong with him from people. Here is a relevant excerpt of his interview

> *I usually find it very hard to tell anybody that I have a problem even if I'm sick. I'll try to hide it and still go to school or go to work without telling anybody that I'm sick. And the only time people know is when I collapse and they know, oh, something is not right. And even after that collapse, when I wake up, I don't tell them the whole truth. It's all part of upholding the male pride. "I am macho; I can take this. If I tell these people, they will think I'm weak." And I think right up to now, this is still in me and I have to unlearn it. I would never tell you from A-Z what I think, What I do, or anything about me because this is how we were condition as man. That a man is got to keep their cards close to their chest. That's what is affecting me* (Obimbo)

As Obimbo said, there was a reluctance to express emotion as a man. However, these were masculine traits and values learned from childhood, making it very difficult to unlearn these

behaviours because society continuously expects men to live to that "ideal man" standard. Kwabena stated

> *…It's suicidal to move away from it because society will bury you alive. People will even question you. You are the man. Don't complain you are the man. Get up and get going! You are the man. You know society. Society expects you to remain like that so you don't have a choice. So, I'm still there* (Kwabena)

Most of these cultural constructions were rooted in cultural sayings that are used in everyday conversations to continuously remind men of their social status in relation to women. These old traditional sayings encourage toughness and other masculine traits which seek to differentiate men from women. Kwame for instances stated that *"a man and a woman is equal, it's just in the mouth. So, it means that we can talk about men and women being equal all we want, but when it comes to the tough things, a man will show that he's a man."*

Cultural sayings around Masculinity. Most participants' decisions, behaviour, and manner of coping were partly shaped by cultural sayings surrounding masculinity. Although not everyone lived by these sayings, for most participants, it has been part of their cultural nurturing which is difficult to unlearn. Some participants' expressions included: "*As men we have great faith in our anus, so we swallow full coconut. That's what defines us as men"* (Faarsi); *"...being raised as a giant in the jungle, I don't have to show emotions…*(Jabulani); *"…if you are a man you have to swallow a stone…"* (Obimbo), These expressions illustrate how these African men continued to embody traditional masculinity. In fact, these shared cultural sayings emphasized and demonstrated the participants' commitment to maintaining a daring attitude, courage, strength, fortitude, and invincibility which are characteristics their societies believe men should possess. Some participants narrated how these cultural sayings influenced their coping through the challenges that they encountered. One culture preached that a man is born dead. Literally, a man is dead to life challenges; he takes on the dangerous tasks and overcomes them. This is a

daring saying which encourages men to be tough and resilient even if it leads to their death. Men who live by this saying may draw fortitude from this cultural saying and may believe that an "ideal" man fights to the end. Therefore, it was not surprising that participants used resilience as a coping strategy. Here are relevant excerpts from Faarsi and Jabulani.

> *…we use to say a male person is dead from his birth. So, it literally means that when you are born a man you should not fear death because you are already dead by reason that you are born a man. So, we grew hearing these things, kind of a daring saying encouraging you as a man to die even if it hurts or its tough; you can't be a woman…*(Faarsi)

> *… when group of men meet for communal labour and they are to perform a tough or dangerous task, they often make comments like, if you are afraid, take lead with the women. So, literally anyone who doesn't participate is a woman. So, everyone will act like a man to participate. And they normally say a man is he who fights to the end, and not he who fights and runs away. Meaning that you have to fight and overcome. So, technically, if you are dying you have to die to the end to remain a man…*(Jabulani)

Other cultural sayings are tied to breadwinner role, toughness, bravery and resilience. For some cultural sayings, a breadwinner typifies the hunter who is a hardened personality. Hence, when going through the struggles their main source of motivation and resilience was drawn from the understanding that they have been raised to take charge of every situation and therefore breaking down is not an option. For most part, the participants tried to live to that expectation.

> *…if a woman buys a gun, it is the man's room that she keeps it. So, it means that a woman can buy a gun alright but she has to keep in a man's room. It tells you that you are the one who's supposed to use that gun. Right? You are supposed to be a man of the house and use that gun* (Kwabena)

> *And another is that "Etuo to a ɛsi ɔbarima bo' which means that "If one pulls the trigger of a gun, it lands on the chest of a man." This signals that it is only a brave man that can take a bullet. Right? So, as a man you have to exhibit bravery and not to be a coward or act like a woman* (Kwabena)

> *…our cultures are such that they say if you are a man, you have to swallow a stone. Don't cry like a baby. When something is bothering you, you ride the storm on your own... We were brought up being told that the man is the head of the home and by virtue of being the head of the home you are a hunter. A hunter is never soft. A hunter is a hardened human being. Things that a man has to keep to themselves and have a solo chest. A man does not go around talking about His home state like women do…*(Obimbo)

Speaking metaphorically, Jo likened the stressors to a bitter pill and in his culture, it is said that it is a man who swallows the bitter pill. This was a source of resilience to fight his way through overcome the stressors.

> *There is one in my local dialect. "ɔbarima na ɔnom aduro a ɛwono". It literally means "it is a man that swallows the bitter pill." This bitter pill does not mean a normal pill that we take, but the storms of life that a man has to go through. Those are the bitter pills. You know, so as a man, you need to swallow those heavy storms of life that comes your way. And when they come, it doesn't mean that you should give up on yourself. It means you fight your way through to excel at the end of the tunnel.*

These concepts obliged men to live up to the social expectation even for those who do not subscribe to it. Participants also shared that these sayings conditioned them as men to build mental toughness to go through life challenges. While the embodiment of traditional masculinity had a positive side to help these men endure their unbearable life events, it was equally devastating to their mental health at times.

Masculinity as a double-edged sword

In this study, men's masculinity acted as a double-edged sword. In other words, masculinity was seen as a coping strategy and equally as a source of depression. Participants shared that they had to live up to that social expectation of "be a man". As masculinity was a source of resilience and mental toughness for participants to overcome the stressful life events, the intense pressure of living to the 'standard' masculine expectation also caused participants to bottle up sadness and emotional distress. Ultimately, this dysfunctional emotional expression and repressing of emotions may have caused more depression experiences.

Masculinity as a Coping Strategy. Interestingly, the first line of defense in dealing with distressing moments was inherently traditional masculinity for many participants. The cultural construction of masculinity and accompanying social expectation that a man cannot show weakness or fail, greatly influenced participants high level of resilience to mitigate the

undesirable experience. Some participants narrated that in their darkest moment they drew positive energy from this cultural and social expectation to keep fighting. Here are relevant excerpts from Obimbo, Faarsi, Jabulani and Kwame

> *"…our cultures are such that you always have to hide some of your frustrations to try and uphold your pride. Some of our cultures are such that, if you are a man you have to swallow a stone. Don't cry like a baby. When something is bothering you, you ride the storm on your own. That alone makes you fight hard to overcome the struggle…"* (Obimbo)
>
> *Dealing with a problem depends on how you see the it. I know that in any circumstances, no matter how much you are weighed down, see the problem as part of life challenges, develop that mental toughness and see yourself as a man who cannot be beaten down by mere life challenges. With this attitude you are sure to win. For me, it was tough for me to cope and it continuously weighed me down but once am born to survive I develop a. mindset not to ruminate on the problem. I should say that I developed tough resistance towards it when I knew that this thing won't go anywhere and that's how I overcame it and I lived with my family till now. So, yes, I am highly influenced by these sayings. It's not wrong; I see it as building you to be mentally tough. It can have its downside but I always look at the positive of helping you go through life challenges* (Faarsi)
>
> *…sometimes the situation can get tougher till it seems you are beaten down, but you remember your training and you say no, I am more able to overcome this…We used to say that "if a man goes to war and does not die, he comes home with goods from war." I knew that if I don't die, I will get something. So, the desire to fight on kept me going* (Jabulani).
>
> *…I don't know but we have these arguments that Africans are more resilient. Irrespective of the challenges, we go through, we still find a way to be in control of our emotions and not commit suicide and stuff like that. I'm an African, and so I'm still dealing with it. Of course, I don't have a choice but to be resilient to do anything I have to do to survive and to overcome those challenges. As an immigrant, I have to know that there are challenges that's associated with migration and I have to be resilient enough to overcome those challenges* (Kwame).

Embodying this traditional masculinity caused participants to downplay the stressors and they felt that in enabled them to build mental toughness to deal with the stressors. They stated that the challenges are only part of the life learning process which develops you and makes you tougher for the future. Therefore, it was prudent for them to "man up", not to let themselves or other dependents down, or lose their integrity as men in the society. Some participants shared that

being able to go through life challenges defined them as men. Issah narrated that, "*these things are normal situations that we have faced since childhood. So, we are already hardened beings. It makes us who we are as men*". Jabulani also narrated

> *…life challenges are normal. Even women deal with it, how much more a man. You see, as a man you are socialized to be tough. You will soon marry and carry the whole family's burden on your shoulders. So, the first step to becoming a responsible man and carrying out your breadwinner roles is to be pass the test of life….*

Admittedly, some participants complained and thought of giving up; however, they were chided by relatives and friends. This made participants feel that perhaps they were not living up to masculine expectations. For fear of losing their integrity as men, participants had to toughen up to fight on. Here are relevant excerpts from Obimbo, Issah and Abdellah.

> *He [His father] said, ask yourself, "you're not the only one in that institution." Everyone is starting like you. How come those people want to stay there and you want to leave? You have to be a man like them. That's what he said. You have to be a man like them. That alone made me think twice, but this is the point; Everyone in the school is new and nobody is talking about going home except me, so that means I'm a weakling, so that give me courage to, you know, fight on* (Obimbo)

> *…sometimes it is tough but you cannot tell nobody that you are going through challenges, because what they will say will make me feel like I am weak. So, I stay resilient as I can and don't give up. Like some time ago my mother said to me that I am a man so I should act like one….* (Issah)

> *Do you know times when you think you sharing for help but people trivialize your concern making you feel you are complaining like a baby, that's how I felt. I realized that maybe I am not a man enough 'cause if my friends went through this and they survived, what makes me different. I felt I should wake up from my slumber and be a man like them* (Abdellah)

For some participants too their social status as "men" and cultural position as family heads left no room for complaints because giving up or showing emotions would mean letting the whole family down. This motivated participants to "man up" and keep fighting

> *…you truly resist, especially when you are married and you have children. You know that when you fail, it's not affecting only you, it's affecting people who depend on you, right? So, failure is not an option, so that is the source of your resilience when you know that*

> *failure is not an option; when you know you don't have to complain because you are the leader of the family. When you know like you have to stick in there It's going to get better. So, that is that is your reference point of resilience. If I have to show resilience, yes, I did* (Kwabena)

Jo, for instance, got to the lowest ebb and shed tears many times. However, his cultural interpretation of teardrops shed by a man motivated him to cope with the situation. For him, his cultural interpretation of tears does not signify weakness but a source of strength to overcome life challenges. The concept of "you can't give up as a man" inspire him to show high level of resilience as his coping mechanism.

> *The African culture, like I said, we've seen a lot. And a for a man to cry in our culture, that means it has gotten to the level where, he is burn out. That is where you see the tears of a man. But like I was saying, tears of a man from our culture is shed inside, but the moment I step out there we want to behave like men and live like men. Every teardrop does not break them; it actually strengthens them to overcome whatever situation that they are in. That was how I felt. I didn't feel like feminine, but I felt that it's not killing me. Is strengthening me. … I've seen throughout my life when I was home. As a man, you don't give up in life, that's what my Dad used to tell me always. Never say no or never give up in anything you do. It may be tough, it may be difficult, but you don't give up. So, I showed high level of resilience* **(Jo).**

Masculinity as a source of depression. Almost all participants stated they have been socialized to be strong, resilient, independent, and emotionally inexpressive. Thus, there was a lot of denial in regards to expressing their emotions. This dysfunctional emotional expression was a stressor in itself for participants. Some participants shared how the notion of keeping their cards to their chest eventually created mental problem for themselves. However, participants, presented a façade of strength to the public; therefore, internalizing traditional masculinity was partly a source of depression.

Obimbo narrated,

> *…. because men especially Zulu man, Is a lot of pride. A lot of it, so they try to swallow and hide a lot of issues. And by so doing, they are creating a mental problem for themselves. That's why in the end, they have violent. They express themselves in a violent manner because they are just a bottle of a whole heap of secret. I think that makes it a little bit harder for an African man to adjust because we have a closed mind. We are not*

> *as opened as other cultures and this whole thing called pride. You see, that I could see was affecting me to some extent because of that cultural thing that you have to hide your wounds.*

Jabulani stated,

> *…we try to more than we can do. We die slowly inside. Imagine carrying a whole burden, it kills you slowly inside. It even affects your organs. Yeah? That is why we die early than women. We will always be men. Very strong, tough and resilient. So, we have more troubles and we try to deal with them ourselves. When we are going through problems, we keep it ourselves, so we get more depressed inside but we act strong outside.*

Perception of Depression.

Some participants' perception and interpretation of depression was culturally shaped. To them, depression is a sign of emotional weakness which their culture frowns on and a man is not supposed to admit to it. Jo stated that "*My culture sees depression as weakness."* Kwabena added,

> *Yeah, but as a man you are not supposed to even say you are depressed in our culture. You are supposed to be the man. You are supposed to be the all-knowing, all present, all-powerful person in the community. You can't even talk about you are facing depression; you can't even go down that line. It's like a taboo conversation from a man's perspective. 'Cause it is expected that it is the woman that will experience such a situation, but you know, It's a cultural thing, so you swallow it in.*

Other participants perceived depression as reaching a state of no hope or situation where one begins to have suicide ideation. Jabulani stated, "*My understanding of depression is that you are almost near a dead end."* Faarsi also stated that, "*You know, depression can make you desiring to harm yourself…".* On other end of the spectrum, some participants stated that they never heard of depression and it was only when they migrated to the Western world that they realized that depression is used to denote challenges that they have experienced since their childhood. This perception of depression, in part, could have hindered participants from seeking professional help because they felt they grew in these types of challenges and that they were used to it. Here are excerpts from Jo and Jabulani

I know its normal to have such times. I know is a stormy time. I grew to see my father going through such times. When you are born a man, these are some of the challenges that make that defines you as a man. It is normal. I can't get depressed. Like I told you earlier, I wasn't at dead end. What the White person will see it as a medical condition I see it as normal. Those people have medicalized everything. So, it's not surprising that they are taking that for depression (Jabulani)

... we've seen depression in so many forms and so many ways from our childhood. unless it is very of obvious and severe, before we will see it as a depression. But from my culture every day of life is depression like you wake up, you don't know what to eat. You don't know what to wear. You don't know how to survive. It's depression. But it became norm. So, we didn't see it as a depression or psychological. We didn't see it like having psychological impact on us. Trust me, it was when I came here rather that I realize that everything that we've been through back home, they have a name for it. They have a term for it, they have a meaning, they have a word for it. We don't have a word for all these things where I came from. But we had been going through all these things every blessed day. (Jo)

Masculinity and Help-seeking behaviour

Participants' alignment to traditional masculinity was intimately linked to their unwillingness to share their mental struggles and seek help either from either formal or informal sources. This was a way protecting their integrity as men and not to be seen as being overwhelmed by life challenges. Besides protecting their integrity, participants' perception and interpretation of the mental struggles as contributing to their growth also fueled their unwillingness to seek help. They perceived help seeking on mental challenges as a violation of their masculine beliefs although some did not subscribe to this fully. Help seeking, participants stated, is a sign of emotional weakness and hence they did not want to be seen as feminine. Bayo stated that *"…it is hard to tell what you are going through to another man. It makes you the weakening type. Everyone is coping why are you complaining…"*. Obimbo and Faarsi also narrated,

…we believe that to be open minded, we actually exposing yourself to an extent that you feel like a woman. Because it is women that are open and share. But man in Southern Africa don't want to be like women. They want to keep their cards and their pride. They would rather faint when they are sick and when they wake up, they would even deny that I wasn't sick (Obimbo)

> *It's normal for a woman but in our culture, it is absurd for a man. You will be seen as weak in some sense depending on what the problem is. Right! Once you are born a man, you should be able to deal with some life problems. It is only a baby that asks for help because he is incapable of helping himself. But once you grow up you should be able to take charge of it or control life challenges as a man. It is a cultural expectation and we follow it as it is. It helps too; we attack every battle as men and we win it too* (Faarsi)

For some participants, seeking help was not against cultural masculine norms, but they refrained from seeking help for mental challenges because there was price to pay as a man in stigma.

> *It's not so much of a problem to me especially when there is the need. And more importantly, it will depend on what I am seeking help on. For instance, if I get troubled on these life challenges and I wake up to seek help, for what? They are normal life challenges. Some people will even think I am not being man enough. So, I have to live up to that expectation no matter what. Not to crawl for help like a baby…I wouldn't say it's against cultural masculine norms but there is a price attached to it. The stigmatization price is hard to pay. When you are seen as less of a man, it bruises you internally. So, it's better to keep it and protect your manhood than to throw it away. You can't sell your birthright as a man in my culture* (Jabulani)

Notwithstanding, some participants shared their struggles, particularly, with their family members. However, they were very cautious about what they disclosed and who they shared with. Kwabena stated that although he shared his struggle with his family members, he told the story from the point of "*I'm letting you know not I need help"* because he was wary of not dragging his integrity to the mud.

> *It is difficult because you want to keep your integrity as a man intact. We have been raised to take charge of the situation. Even though you are telling these stories, you tell you from a position of, OK, I'm letting you know not I need help, you know what I mean? Yeah, you are not telling them from the position of "I need help." You tell them from the position of "I just want you to know this is what is going on." You know you don't come from a point of oh, "I can't do this anymore; I am quitting, what should I do regret coming, yeah, you just tell them this is how the place is…... it's not easy* (Kwabena)

Almost all participants did not seek professional help during the time of the challenges for various reasons. While some participants did not trust divulging their struggles to healthcare professionals for masculinity reasons, others thought these professionals would not understand

their situations because of cultural differences or because they can't trust them with their information.

> *…marital problem is not anything you can share with your doctor. He is a man and you are a man too; how do you share such with him. As a man you have to keep certain things. If you can't keep this to yourself, they you are not fit to be called a man. I can't just tell him my wife is giving me problems. I will be a weak man to be seen as not able to take charge of my house. Even if I told him, all he could have said was to be a man and take action or maybe I should forget about her. And that does not solve the problem. My mother was my hope to talk to my wife but she chose to advise me instead* (Faarsi)

> *…I didn't know how these professionals will understand my situation and keep the secret if even my condition was dire and I needed to talk to one. You know, you can't trust them with your information. But in any case, I didn't think my situation needed professional attention. What were they going to say to me? I knew where the challenges have been coming from. What were they going to diagnose? Sometimes when you are even diagnosed of a certain disease, the thoughts of it also add to your stress. I wasn't depressed and they were not going to help my situation, so there was no need talking to one* (Jabulani)

> *…some White professionals may understand what you're going through, but not all of them would understand what you're going through as I'm African person. Because no matter how we try to underplay it you cannot remove White privilege. Many Whites people are privileged and they don't know what we go through as people of color, so. When you talk about some of the challenges you go through, they may not understand…*(Kwame)

> *…instead of going through the therapeutic way of seeing the counselor or psychologists…what do they do? To me I feel they are good listeners. They make sure they listen to you very well and navigate you through certain ways and that was what the word of God was doing for me. That was the only reason why I didn't see those helps* (Jo)

Contrary to other participants, Kwame stated that he did not feel emasculated for seeking professional help. He kept reiterating that he is planning to seek professional help. For him seeking help is not a matter of gender, but sharing his struggles makes him feel better. Here is relevant excerpt from his transcript

> *Well, the ideal thing should be from our culture as Africans that because you are a man you should take everything as it comes. Take it you are a man; be strong, show strength. That is what our cultural preaches. And I acknowledge that I cannot do it alone. That's why I talked to friends and family. And I also plan to seek professional help…. like after I started talking about it with my family, I felt a little better. Uh-huh so, but I know that getting professional help would be better for me. I'm not going to say because I am a man.*

> *I'm going to handle everything myself. I won't. I think I need to talk to therapist. A professional. Yeah, I've seen people said that black people don't go for therapy. But I am a social worker and I understand the importance of therapy and I know that I need. I need professional support at this time, and I intend to get it* (Kwame)

Summary

This chapter highlighted the findings from the thematic analysis of participants' transcripts. I discussed the central theme and four sub-themes, and sub-theme elements that emerged from the data. I supported the discussion with excerpts from the transcripts to reflect participants' post-migration experiences. The overarching theme of "Lost in transition" reflected participants' experiences after migrating to Southern Alberta and how they navigated the overwhelming feeling of disappointment and sadness in their new home. The first sub-theme, Contextual determinants of depression, captured participants' challenges which precipitated their distressing moments which included nostalgic feeling, employment challenges, racial discrimination, gender role changes, and financial/housing difficulties. The second theme highlighted on how these challenges impacted their mental health. The third sub-theme captured the mitigation strategies employed by participants to respond to and navigate the stressful and depressing conditions. The last sub-theme that emerged from the analysis of the data captured how traditional masculinities and the diverse culture of participants influenced their post-migration experiences.

CHAPTER 5: DISCUSSION OF FINDINGS

In this chapter, I discuss and situate the findings from the study in relation to the extant literatures. The study findings revealed that African immigrant men go through intersectional challenges which impact their mental health. These findings highlight these challenges and the pathways for navigating through these challenges and are analyzed and in the context of masculinities theory and intersectionality frameworks.

Overview of the Inquiry

This thesis sought to explore the experiences of depression among African immigrant men after migrating to Southern Alberta as existing literatures have established that African immigrant men are among those immigrant groups whose post-migration experiences may predispose them to depression (Adamuti-Trache & Sweet, 2010; Agyekum & Newbold, 2019; Creese, 2012; Creese & Wiebe, 2012; Mensah, 2014). In particular, this study ascertained the contextual factors that contributed African immigrant men's mental distress post-migration, its impact on their mental health, the mitigation strategies they engaged, and the influence of masculinities in these experiences. In this study, ten African immigrant men, drawn from eight different countries of origin, shared their post-migration experiences and how they navigated their mental distress. Interviews were recorded and transcribed by the researcher. Data were subjected to rigorous coding, and themes were generated using Braun and Clarke's (2006) approach to thematic analysis. The generated themes and their sub-theme elements are presented in Table 1, and a thematic map that illustrates intersection of factors that influences participants post-migration experience and pathways to mitigate the stressors and navigate their new environment is presented in Figure 1. The central theme of the data was *"Lost in Transition: African men's mental distress and pathways of navigating sadness post-migration"*. This central theme encapsulates these African men's challenges, which were antecedents of mental distress,

and the mitigation strategies employed to navigate their ensuing sadness to adapt and establish a new comfort zone in their new landscape. Four main sub-themes were identified: (a) Contextual determinants of depression experiences (b) Impact of migration challenges on mental health (c) Coping through ventilation and insulation (d) Interplay of masculinity and culture. The subsequent sections focus on discussing these themes in relation to existing literature to contextualize and provide insight and deeper understanding of the study findings. I also discuss these findings through the masculinities and intersectionality frameworks looking at how the social constructions of masculinity influenced men's behavior post-migration, while concurrently considering intersecting markers of power and status.

Lost in Transition: African men's mental distress and pathways of navigating sadness post-migration

Influx of immigrants from Africa to Canada for economic and social gain, education, asylum-seeking from war-torn zones, or political persecution, etc. has seen a tremendous leap (Thomas, 2015; Lituchy, 2019; Boserup, 2017; King, 2015). Although immigrants arrive in Canada with reported superior mental health, it begins to deteriorate due to intersection of various socio-economic, cultural, and ecological factors and these effects are further compounded by disappointment associated with delayed fulfilment or unmet expectations (Madut, 2019). This central theme captured participants overwhelming feeling of disappointment and sadness due to stressful postmigration events and how they navigated this sadness. Previous studies have found that the pre-migration process is stressful in itself (Desbordes, 2021; Oppong, 2019), yet participants were excited to leave the shores of their respective countries to look for greener pastures. However, their anticipated reality appeared to differ greatly from the realities of life in Canada (Asuo-Mante, 2010; Desbordes, 2021; Oppong, 2019). These study findings revealed an intersection of factors including cultural incongruity, difficult readjustment, loss of social status,

inability to attain their socially aspired status, etc., which accounted for participants' frustrations and sadness (Fenta et al., 2004). Participants began to go through episodes of mental stress, but as found in previous studies (Addis, 2008; Galdas, 2009; Connell & Messerschmidt, 2005; Magovcevic & Addis, 2008; Oliffe et al., 2010), these men masked their psychological and the emotional distress as they tried to navigate through the sadness and frustrations in their new home in order to maintain an acceptable performance of masculinity.

Contextual determinants of depression experiences

Nostalgia

Nostalgia is complex emotion that individuals experience as a result of their separation from past realities (Kubai, 2013). Reminiscence of the past create a longing for objects from this past including their culture, events, people, traditions, etc. (Sedikides et al., 2015). For diasporic populations, studies have shown that nostalgic feelings are related to spatial (separation from their homeland) (Akin, 2007; Kubai, 2013), which creates an intense feeling of homesickness. Homesickness — a psychological vulnerability — evokes strong desire to return home (Stroebe et al., 2015) and predisposes immigrants to psychological problems. Lijtmaer (2022) and Miyazawa (2012) stated that homesickness among immigrants results from the loss of the familiar, such as, social connection, conversation in their native language, food, geographic space and the non-human environment. It is quite obvious that moving to a new society means immigrants will have to deal with new people, economic and social systems, architecture, transport systems, food, culture, weather, etc., which can be a painful experience (Hack-Polay, 2012). Baffoe (2010) explained that these painful experiences come with the need to emotionally deconstruct and reconstruct Canada as their 'home'. Because of the loss of these elements, which

in essence creates a strong tie with their homeland, individuals go through a stressful adaptation process.

Findings from the current study aligned with previous studies in many respects in that participants memories of the past (nostalgia) and how familiar objects were lost in their new home fueled their homesickness. Notable among these losses were the loss of their social connections, particularly for participants who moved to Canada without their family. Their nostalgia emanated from memories of their past family moments, social gatherings, community activities, etc. (Desbordes, 2021), which were unfortunately missing in their new home. This created a difficult adaptation process and stressful conditions because they came from communities where they had broader social networks and socialized frequently. The loss of family to provide comfort, companionship, support, and care; the loss of neighbors, the community to which they once belonged, and the informality of social interactions (Hurly, 2019) caused participants to grow homesick.

Hack-Polay and Mahmoud (2021) stated that integrating into a new culture becomes more painful when the two cultures are vastly dissimilar. The more distant the cultures are, the more stressful the adjustment is, which worsens homesickness (Hack-Polay, 2012). For participants, there was a huge dissimilarity between their cultures and the Western culture; consequently, emotional, cultural, and social adjustments became distressful. In particular, the predominantly collectivist culture of participant's cultures of origin mismatched the individualist western culture (Hack-Polay, 2012). Hence, participants nostalgic feelings towards social gatherings, and most especially the fun with friends and family caused homesickness (Hurly, 2019). Hage (1997) highlighted how nostalgia from traditional cuisines can contribute to homesickness and a desire to go back home. Akin to what Hage (ibid) noted, participants shared their homesickness as longing to taste their favorite staple foods. Participants either improvised, redesigned, or totally

abandoned their traditional foods and learned to eat unfamiliar food, which sometimes troubled their stomach (Mensah & Williams, 2013). Besides the afore stated challenges, difference in climatic conditions partly accounted for African immigrants' desire to go back home. The extreme cold conditions in Southern Alberta caused participants to stay indoors which they found it uncomfortable and unhealthy (Mensah & Williams, 2013; Hurly, 2019).

Lijtmaer (2022) has, however, stated that nostalgia provides an interval of time for individuals to make adaptions and that it usually fades away gradually after successful adaptions have taken place. In circumstances that nostalgia does not disappear, individuals may enter into depressive moments filled with affects of self-pity, resentment, and despair.

Employment

Employment in the host country is very important for immigrants; it fosters socioeconomic integration, ensures financial independence, and allows individual to contribute meaningfully to the economy of the host country (O'Connell, 2018). However, African immigrants rarely find it easy to penetrate the labour market (Agyekum, and Newbold, 2019; Mensah, 2014). Almost all participants reported difficulty in finding jobs that matched their professional experience or academic qualification due to the fact that their academic credentials, or prior professional experience, were not recognized by prospective employers (Adamuti-Trache and Sweet, 2010; Creese, 2011; Creese & Wiebe, 2012; Madut, 2019; Oppong, 2019). Previous studies have reported similar findings and have linked these difficulties to latent prejudice and discrimination against African immigrant men in the labour market under the guise of Canadian experience (Baffoe, 2010; Somerville & Walsworth, 2010; Adamuti-Trache & Sweet, 2010; Creese, 2011; Creese & Wiebe, 2012; Madut, 2019; Oppong, 2019, Desbordes, 2020). Interestingly, Dietz et al., (2015) stated that the devaluation of foreign skills and credentials is experienced by immigrants from a non-Western country when compared to immigrants from a

Western country. This corroborates with Guo's (2015) findings that racialization occupies the center stage of the Canadian labour market, where skin colour has been the basis for discrimination. Frank (2011) argues that these exclusionary practices predominate among immigrants, who seek high status occupations, due to the dominant group's attempts to maintain power and status by limiting employment opportunities of immigrants. While this practice benefits the dominant group, it keeps immigrants in lower status jobs and creates more vulnerability and uncertainty in the immigrants' employment trajectory (Liu, 2019).

The need to demonstrate Canadian experience led some participants to engage in volunteer activities or low paying jobs to build interpersonal skills and acquire work-related skills (Behnia, 2012; Wilson – Forsberg & Sethi, 2015; Liu, 2019) or alternately pursue further education to enhance their job prospects (Adamuti-Trache & Sweet, 2010). However, this did not necessarily translate into better job opportunities (Madut, 2019). Participants had to settle for survival employment or "under the table jobs", where they earned low wages with poor financial security, and suffered discrimination and exploitation from management due to the existing power dynamics.

Participants experienced downward occupational and economic mobility when comparing pre- and post-migration social status and occupations (Baffoe, 2010; Creese, 2011; Creese & Wiebe, 2012), which was intimately linked to a feeling of social status decline and decreasing sense of self-worth. This has been reported by previous studies as problematic since occupying low paid jobs keeps skilled immigrants at lower end of the social gradient, and further creates disarray in men's career and breadwinner identities (Alegria et al., 2018; Creese, 2011; Creese & Wiebe, 2012; Mechanic & McAlpine, 2002). The ensuing financial crisis leads to low self-esteem, perceived self-insufficiency, and shifts in power dynamics within their relationships, which impacts mental health (Desbordes, 2021).

Racial Discrimination

After migrating to Canada, African men often experience multiple subordinating structures including multiple forms of structural and systemic discrimination which intersect with other markers of racialization, gender, social class, marginalized identities of immigration, etc. to reinforce barriers to equal opportunities compared to natives or other immigrant groups (Baffoe, 2010; Mensah, 2014). Participants reported that they experienced different forms of explicit and implicit biases, structural inequalities, and prejudices in their everyday lives. Notable was the shutdown of employment opportunities under the guise of lack of Canadian experience (Dietz et al., 2015; Creese & Wiebe, 2012; Madut, 2019). Although racial discrimination is witnessed among other immigrant populations, intersecting dimensions of African immigrant men's race, immigration status, education, socio-economic status, language, and being labelled as a visible minority may further marginalize them in respect to having equal opportunity for jobs in the labor market (Godley, 2018; Hyman, 2019; Fung & Guzder, 2018). However, this is rare among African immigrants seeking lower echelon jobs which Frank (2011) explained as an effort by the dominant group to create a power gap by limiting employment opportunities of immigrants. In other words, the dominant groups desire to maintain power and status by keeping immigrants at lower end of the social gradient.

Some participants in the current study, who were students in postsecondary settings, also reported encountering various explicit and implicit discriminations, including disparaging humor, which contained implicit messages of denigration. Besides these implicit discriminations, participants recounted how the school and government systems further intersect to marginalize them, which may account for international student's reported mental health deterioration post-migration (Dombou et al., 2022). Intersection of these factors with other aspects of international student experience (socio-cultural, academic, administrative, personal) impacted the mental

health of these students (Dombou et al., 2022). Berg et al., (2011) asserted that discrimination alienates and constantly reminds immigrants of their marginalized status, which in turn deteriorates their mental health (Khanlou, 2010). The feeling of being rejected by the host majority emotionally disorganizes individuals, which often results in disappointments and sadness. In the present study, participants' experience of persistent alienation and marginalization partly fueled stress and chronic sadness.

Gender roles and norms

Gender roles changes among African immigrants has largely been reported in literature and, in this study, and all partnered participants experienced these shifts within the context of a heterosexual relationship. It should be said that, African gender roles are generally patriarchal and traditional with distinct scope of roles for both men and women (Okeke-Ihejirika et al., 2022). In most African societies women are regarded as homemakers, while men are seen as protectors and breadwinners of the household. While this is maintained and practiced in these African societies, there seems to be a shift in gender role patterns within immigrant families in the transnational space. Donkor (2012) and Guruge et al., (2010) reported that African immigrant women have adopted the culture of shared domestic responsibility with their spouses. However, because domestic duties are gendered roles ascribed to women (Okeke-Ihejirika & Salami, 2018), African immigrant men feel disrespected by their wives' insistence that they do domestic duties (Donkor, 2012). Like other men from patriarchal societies, participants considered domestic activities as unfamiliar roles and unsuited to them due to their social location as men (Okeke-Ihejirika et al., 2022; Donkor, 2012; Creese, 2012; Creese & Wiebe, 2012). Hence, they found it difficult to adapt to these changes and this led to frustrations and stress.

In patriarchal societies, the breadwinner role and decision-making in the family are regarded as male responsibility (Donkor, 2012; Pasura & Christou, 2018) and for most African

men, the breadwinner role gives them power and status as 'men'. Consequently, power sharing, or a shift in domestic power relations is considered by the most African men to be a threat to their masculinity and status (Adinkra, 2012; Adomako-Ampofo & Boateng, 2012; Desbordes, 2021). In transnational spaces, the high rate of downward economic mobility among African immigrant men, and the need for a double income to cater to family needs (Desbordes, 2021) has contributed to women's enhanced need to engage in the labor force (Corley & Sabri, 2021; Okeke-Ihejirika et al., 2018). However, this rise in economic power among African women is perceived as enhancing their negotiation power in the family with regards decision making of family affairs (Okeke-Ihejirika et al., 2020). Within this context, African men may feel an erosion of their patriarchal power (Okeke-Ihejirika & Salami, 2018). Similar to what has been cited by previous studies, the current study participants shared that they felt they had lost control of their house. The feeling of powerlessness and loss of their previously enjoyed role as leader in the family may affect their sense of masculinity (Creese, 2012; Creese & Wiebe, 2012; Donkor, 2012; Pasura & Christou, 2018). Kabeer, (2007) stated that when men lose their masculine status, their frustration may manifest in different ways, such as resorting to domestic violence, drug, and alcohol abuse. This is consistent with what Connell and Messerschmidt (2005) call protest masculinities, because when men feel subordinated as men, they may engage in hypermasculine performances to emphasize their masculine status. For most participants enacting acceptable forms of masculine performance (Pasura & Christou, 2018) was utilized as a means of reducing the frustration and the mental distress.

Housing and Financial barriers

Housing and finances are very important for the successful integration of immigrants (Teixeira & Halliday, 2010). Unfortunately, these two factors have been cited as partly delaying African immigrants' integration post-migration. Okeke-Ihejirika and Salami (2018), reported that

African immigrant men's financial situation worsened post-migration due to their engagement in low-paying jobs (see Creese & Wiebe, 2012). This drives them to experience financial distress, endless cycles of poverty, and slows down their integration process. Findings from Okeke-Ihejirika and Salami (2018) vividly mirrors the economic crises of current participants, who shared that their finances became dire through resettlement and adaptation process. Their inability to secure well-paid job made it difficult to acquire a decent standard of living for themselves due to the rising cost of living, accommodation, and especially the exorbitant tuition fees for international students.

In addition, housing challenges have dominated the discourse of African immigrants' needs and challenges in Canada. Issues of racial and ethnic discrimination, affordability, the scarcity of culturally sensitive housing information, and recency of immigration have all been cited as factors accounting for immigrants' housing difficulties (Teixeira, 2008; Danso & Grant, 2000; Mensah & Williams, 2013; Mensah & Williams, 2014; Brown, 2017). Pronouncedly, discrimination on the part of Landlords is cited as the most formidable barrier that African immigrants face when they migrate to Canada (Teixeira, 2008; Danso & Grant, 2000; Mensah & Williams, 2014; Mensah & Williams, 2013; Teixeira & Halliday, 2010). In investigating the barriers and outcomes in the housing searches of new immigrants and refugees, Teixeira (2008) reported that landlords discriminated by withholding information about vacancies, utilities, and prices to Black applicants.

Some participants in this study narrated that some landlords demanded credit card information, references from previous landlords, a valid bank account, or proof of employment before they would lease their units. This created a huge barrier to acquiring a housing for many immigrants. This finding resonates with previous study findings that some landlords were very hesitant to lease out their units to people with temporary status or on government assistance

(Francis, 2010; Brown, 2017). Mensah and Williams, (2014) argued that landlords are interested in leasing their units to individuals who they think have the capacity to pay their rent on time and in full. Hence, they require individual renters to provide proof of reliable source of income.

Landlords, who eventually rented their units, preyed on the ignorance of newcomers by imposing restrictive regulations; raising the financial bar by asking for extra rent to cover first and last month; overcharging for utilities; or constantly breathing threat of eviction (Francis, 2010; Teixeira, 2008; Teixeira & Halliday, 2010; Mensah & Williams, 2014). For African immigrant men, the intersection of their race, gender, and low socio-economic status due their engagement in precarious employment confines them to substandard housing units which can be a source of distress and the propensity to experience depression.

Impact of migration challenges on mental health

Psychological impact

Psychological and emotional distress appeared to be the immediate impact of migration stressors. It was evident that unanticipated challenges and unmet expectations fuelled frustrations and regrets of coming to Canada (Baffoe, 2009). Commonly reported impacts included pervasive sadness, stress, fear and anxiety, depressive moments, etc. which implicitly suggested moments of psychological and emotional distress. It was apparent that participants strived hard to process their emotions on their own, which resulted in excessive thinking and rumination, which some previous studies have noted to be signs of the onset of depression (Ellis, 2003; Carroll, 2004; Sweetland et al., 2014). It should be stated that although participants reported episodes of sadness, internal distress and mental instability, there were no emphatic statements from narratives that seem to show that their experience constituted depression, and neither was there formal diagnosis of depression. However, participants used culturally situated phrases such as "I am down in spirit"; 'I am thinking a lot'; 'thinking too much', 'my spirit is out of me', "worn out

my body and mind" to describe their distress (Ellis, 2003; Carroll, 2004; Sweetland et al., 2014; Johnson, Chin, Kajumba, Kizito, & Bangirana, 2017; Okello & Ekblad, 2006). Previous studies have found these phrases to carry meaning, which may be synonymous to the existence of mental health challenges, and therefore they caution mental healthcare providers, psychologists, and counselors, to be cognizant when diagnosing mental health among African men.

Another important finding from the current study was that even though migration challenges negatively impacted participants psychological well-being, most of them did not talk about their distress too often. When they shared, they told it from a perspective that people will not see it as problem to them. Similar studies on African men's mental health have linked this to the alignment with traditional masculinity (Hammond, 2012; Watkins & Neighbors, 2007; Watkins et al., 2013). Watkins and Neighbors (2007) for instance asked their focus group why they felt reluctant to discuss their mental health and most participants affirmed that talking about it places them in a vulnerable position, while others thought people would not understand them. Magovcevic and Addis, (2008) and Oliffe et al., (2013) stated that men who endorse traditional masculinity may repress psychological and emotional distress (see Stewart, 2020) and will not talk about it. Indeed, most participants internalized stigmatizing views about mental health (Addis, 2008; Oliffe et al., 2016) and felt that discussing it meant that they ran the risk of tainting their image as African men (Watkins et al., 2013). This may largely account for their tendency to censor or make light of their struggles to avoid being seen as emotionally weak (Bryant-Bedell & Waite, 2010; Kendrick et al., 2007; Watkins & Neighbors, 2007). Nonetheless, participants' post-migration experiences were challenging enough to cause psychological and emotional distress and for the participants to admit this distress.

Behavioral and Physical Impact

Previous studies have shown that men are more likely to exhibit the symptoms of a uniquely male form of depression, which is characterized by externalized symptoms of psychological and emotional distress more than traditional symptoms of depression (Addis, 2008; Nadeau et al., 2016; Brownhill et al., 2005). In line with these studies, participants in the current study exhibited behavioural and physical symptoms that seemed to suggest hidden distress. Findings from the study showed that African men repressed their inner frustrations, stress and sadness. They became internally irritated and destabilized, and their inner pains were expressed in different pathways such as explosive anger and aggressiveness towards self and family, addiction to alcohol, over engagement in work, etc. (Addis, 2008; Brownhill, et al., 2005; Magovcevic & Addis, 2008; Oliffe et al., 2013; Watkins & Neighbors, 2007). These behaviours may be deliberate behaviours of 'acting out', to mask the deeper emotions or distress to prevent them being perceived as 'weak' or 'unmanly.' (Addis, 2008; Brownhill, et al., 2005; Magovcevic & Addis, 2008). Besides these "acting out" behaviours, some participants reported physical discomfort and somatic symptoms including fatigue, irregular eating patterns, and sleeping disturbances because they felt mentally drained and stressed. This is in line with previous studies that African men may overtly express more somatic complaints of mental distress (Bagayogo et al., 2013; Husain et al., 2007; Mosotho, et al., 2008) because somatic complaints are endorsed more than mood disorders (Ventevogel et al., 2013; Irankunda et al., 2017), which may be regarded as inner weakness (Addis, 2008; Addis et al., 2010).

Coping through ventilation and insulation

Navigating through the psychological and emotional distress became inevitable for African men, who had strong ties to traditional masculinity. Instead of being "on the pity pot" or seeking professional help, they employed a series of coping mechanisms to mask their

experiences (Addis, 2008; Watkins & Neighbors, 2007). This included conscious mitigation strategies to establish psychological resistance or choosing to air their struggles in a way that did not undermine their masculinity. Ventilation aspects of participants coping involved ways adopted to air their psychological distress, while insulation included strategies to establish psychological resilience to mitigate or overcome the mental stressors. Analysis showed that participants resorted to rebuilding their lost social connections, spirituality, personal management, self-control strategies, or other high-effort coping strategies, for example, overindulgence in work, substance use, or other compulsive or addictive behaviours. in response to the psychological stress (Bryant-Bedell & Waite, 2010). These coping mechanisms appeared to be the most common strategies among Black men who had strong ties with traditional masculinity. Other authors have reported positive reframing or reinterpretation (i.e., seeing a negative situation in a positive way), self-distraction (focusing on other areas to deal with stress), religion or spirituality, planning (determining how to cope with stress), acceptance (accepting the reality of the stressful situation) as most resorted mitigation strategies among Black men (Greer, 2007, Kohn-Wood et al., 2012; Mincey et al., 2015). It appears to be the easiest way of hiding their weakness from the public, or perhaps, trying to show resilience or emotional toughness to handle the stressors (Kendrick et al., 2007; Watkins & Neighbors, 2007).

Building social support networks

Disruption to the social network of participants and the lack of a sense of community belonginess, hugely accounted for participants' frequent sadness, gloomy feelings, and frustration. Consequently, building participants' social networks was an important strategy that helped to ease the social and emotional loneliness (Khawaja et al., 2008; Khawaja et al., 2021; Gladden, 2012; Zewdu & Suleyiman, 2018). Building social support networks was seen as both a venting and insulating strategy. For most participants, due to their inability to create immediate

social connections in their new home, they continued to talk to their family and friends back home in their country of origin (Guiffrida & Douthit, 2010; Oliver et al., 2017; Covington-Ward, et al., 2018). They cautiously vented their struggles to receive encouragement or emotional support and attempted to establish a resilient attitude to keep fighting. As one participant said "*the only I could talk to is when I call back home and talk to my father to express what I was going through and what I was feeling. That was my outlet of ventilating."* Sustaining their social support system in their home country temporarily alleviated the isolation and made them feel they were not alone (Gladden, 2012), but it appeared insufficient to help participants cope with their isolation as they still missed their social gatherings and interacting with family and friends. With time, participants began to create social connections with other immigrants through the African communities, church, workplaces, learning institutions, and, most importantly, with persons from the same cultural background whom they shared common experiences (Ikafa et al., 2021). Previous studies suggest that creating a new social connection post-migration help to distract mentally distressed immigrants from excessive worries and intrusive thoughts, and helps to alleviate stress (Markova & Sandal, 2016; Acheampong et al., 2019; Ikafa et al., 2021; Covington-Ward, et al., 2018; Guiffrida & Douthit, 2010; Gladden, 2012). Similarly, participants in the current study narrated that their immediate social connections (minority peers, spiritual support systems, relationships with persons of African descent) were a great form of support which helped them to release emotions and cope in distressing times.

Avoidance or Dissociation

The study findings unearthed *avoidance* as an important strategy employed by participants to cope with the mental distress. As individuals, who aligned with traditional masculinity, it was not surprising that they resorted to these different cognitive and behavioral mechanisms to distract, avoid, downplay, or mask their emotional struggles. Strategies

participants reported employing to distract themselves ranged from greater media consumption, such as listening to music and watching television, to working long hours, and increased alcohol consumption. This is consistent with what has been reported by Gary et al. (2016). Central to their choice of avoidance as a coping mechanism was the fact that ruminating rather impaired their normal mental functioning and exacerbated their emotional distress. Hence, they chose to act as if the stressors did not exist, disengaged their emotions, and avoided behaviorally, or emotionally reacting to the mental distress. As a result, they distanced themselves from the source of the distress and created a gap between the reality and their experience (Carver & Conner-Smith, 2010).

Previous studies suggest that avoidance strategies are one of the most common coping mechanisms that African men employ to cope in their distressing times (Covington-Ward et al., 2018; Goodwill et al., 2018; Kohn-Wood et al., 2012; Markova, et al., 2020; Zewdu & Suleyiman, 2018). Goodwill and his cohorts (2018) reported coping strategies including: conscious or unconscious decisions to do nothing, just letting it go, acceptance, not dealing with emotions, shutting down emotions, or hiding emotions (Goodwill et al., 2018). Brownhill et al., (2005) and Addis (2008) stated that men choose to respond to emotional distress through these internalizing or externalizing pathways to mask underlying mental challenges. Although studies have reported benefits of avoidance coping such protection from suicide (Wang et al., 2012), or lessening mental distress through rumination and overthinking, it is often an ineffective way of dealing with mental stress as it does not ultimately address or reduce the stress (Carver & Conner-Smith, 2010).

Religion/Spirituality

Findings from the current study showed a convergent acknowledgement of strong faith in God, which gave participants greater psychological resilience to face their emotional stressors.

Participants resorted to strategies such as prayer, going to church, meditation, listening to Godly messages, and reading of religious texts to redefine their life, draw strength, to find a reason for living, or perhaps, in hopes of improving the situation (Khawaja et al., 2021; Breland-Noble et al., 2015; Bryant-Bedell & Waite, 2010; Chatters et al., 2018; Nguyen, 2020; Robinson et al., 2012; Taylor et al., 2012). Through these active religious coping mechanisms, participants transformed their distress into devotion, or hoped to relieve their sadness. Participants noted that fostering a closer relationship with God awoke their inner belief that God brought them to Canada for a purpose (Ikafa et al., 2021). This positive appraisal and reframing of mental challenges eventually helped participants to navigate their overwhelming feelings of disappointment and sadness, and previous studies have also found this approach to improve symptoms of distress and depression (Acheampong et al., 2019; Hurly, 2019; Kohn-Wood et al., 2012; Machoko, 2013; Mensah et al., 2013; Stoll & Johnson, 2007; Ikafa et al., 2021; Khawaja et al., 2021; Nguyen, 2020; Trovão et al., 2017). These studies report that African immigrants frequently resort to spirituality — faith, prayer and a spiritual relationship with God— to manage psychosocial adjustments in their new home; they hoped and believed that faith in God would provide psychological healing and spiritual renewal to help them cope with their psychological and emotional challenges. Besides this intrapersonal relationship with God, study findings also showed that interpersonal relationships with religious leaders and members of the same faith were also very instrumental in supporting the metal health of some participants (Markova & Sandal, 2016). Some participants shared their challenges with their spiritual leaders and sought their prayers, advice, and encouragements to help them to build resilience to fight on. However, this was not true for all participants as some participants did not trust in sharing their struggles with members of their church, perhaps due to alignment with traditional ideas surrounding masculine independence and strength.

Learning to live in Canada

Settling in Canada and integrating into Canadian society may involve a deconstruction and reconstruction of "home", a complex process which demands a greater emotional, cultural, economic, and social adjustment (Baffoe, 2010). Regardless of how difficult this adjustment may be, it is certainly an inevitable pathway to successful integration into Canadian society. Study findings have revealed that African participants continued to maintain strong ties to their homelands (Desbordes, 2021; Oppong, 2019), as a result, they struggled to adapt to their new home, particularly in terms of cultural and social adjustment. Participants narrated that they had no choice but to learn the ways of Canada including its laws, foods, and getting used to the weather; etc. While struggling to transition into their new home, they maintained semblances of their home cultural identities as Africans and prepared their staple foods as they would in their homelands (Baffoe, 2010).

Pasura and Christou (2018) reported that African men, who experienced loss of patriarchal power postmigration, may resort to four possible coping strategies such as *Withdrawal* (a situation where African men withdraws from the marriage and/or return to their homeland to regain their privileged position), *Accommodation* (involves negotiation and embrace of new masculine identity), *Resistance* (a condition where African man upholds and preserve the 'ideal' African cultural practices by mounting strong opposition to the new gender role and values); and *Endorsement and Subversion* (situation where an African migrant man consciously embraces and enact respectable forms of masculine behavior such as sharing household duties, while simultaneously and strategically using religious and social spaces to resist changes to gender relations and roles). Participants in the present study were inclined to using accommodation and endorsement and subversion strategies. In other words, while some chose to learn, renegotiate and adapt to newly defined gendered roles post-migration and accept the

equality of a wife and husband in Canada (Akram-Pall & Moodley, 2016), others articulated acceptance the new masculine identity, while simultaneously resisting and sought to maintain their traditional cultural role using religious and social spaces.

It is important to emphasize that all participants maintained a certain degree of their traditional culture while adopting elements of the Canadian culture. This acculturative strategy has been reported in the literature as the most preferred way of coping for African immigrants and has been found to be associated with higher levels of wellbeing (Berry & Hou, 2016). In other words, participants, who maintain their traditional culture while adopting elements of the host country's culture through integration had positive psychological wellbeing (Berry & Hou, 2016; Berry & Sabatier, 2010; Fung & Guzder, 2018). Participants' ways of learning to live in Canada could eventually improve their mental health.

Interplay of masculinity and culture

The subtheme *Interplay of masculinity and culture* captured how culture and traditional masculinities intersected to influence how participants navigated their mental struggles. The African men in this study acknowledged that there were cultural definitions of the "ideal man", and to a great extent, they lived by these gender expectations as entrenched in their cultures and driven by social performativity. In other words, participants were influenced by these accompanying cultural masculine expectations. In the following sections, I discuss how culture and masculinity bidirectionally played a key role in how participants reacted to the various situations they encountered.

Cultural construction of masculinity

Findings from the current study revealed that cultural constructions of masculinity greatly influenced how African men behaved when faced with psychological and emotional distress. Coming from different patriarchal cultures, they understood what it meant to be a man in their

respective cultures, and its accompanying masculine expectations, (Edley & Wetherell 1996; Hussein, 2005). Therefore, they tried to conform to these traditional social constructions and rigid gender role norms (Addis, 2008; Galdas, 2009). Participants stated that as men, they were culturally expected to withstand pressure, to be resilient, stoic, emotionally resistant, and to not show any sign of weakness, which would be labelled in their culture as feminine characteristics (Evans et al., 2011; Oliffe et al., 2013; Oliffe & Phillips, 2008). Findings showed that participants were more concerned about protecting their integrity as men; therefore, they presented an exterior of high resilience amid the mental stressors. They noted that men in their culture, who showed signs of weakness or breakdown were labelled as "female-men" or "women's puppets" (Adomako-Ampofo & Boateng, 2011; Diabah & Amfo, 2018). These are derogatory remarks, which participants wanted to avoid, because they narrated that their masculinity is bruised when they are seen as less of a man. Therefore, it is perhaps not surprising that emphasizing traditional masculinity was the primary coping mechanism employed by participants.

Cultural sayings around Masculinity. It is worth pointing out that beliefs about masculinity are entrenched in the cultural sayings within the participants' culture. As stated by Hussein (2005) the messages that a society conveys through proverbs about masculinity and femininity shows the society's view of men and women. Indeed, the participants' cultures positioned men as invincible and resilient; accordingly, the cultural sayings, shared by participants, which equated masculinity to acts of dominance, self-reliance, willingness to take risks, resilience, and invincibility (Addis 2008; Addis et al., 2010; Magovcevic & Addis, 2008; Oliffe et al., 2010; Oliffe & Phillips, 2008). These sayings reinforced the notion that, men are expected to confront the toughest issues of life, including navigating mental struggles, regardless of whether they have the mental resources to handle the psychological distress or not (Diaba & Ampofo, 2018). Consequently, participants in the study strived to navigate their mental

challenges alone based on their understanding of masculinity in their respective cultures. For instance, some cultures saw men as dead to life's challenges or stated that men must swallow the most bitter pill, while others likened them to a hunter who is a hardened being. This emphasized men's responsibility to live up to that masculine expectation and to protect their integrity as men (Addis, 2008; Addis, & Mahalik, 2003; Ezeugwu & Ojedokun, 2020; Magovcevic & Addis, 2008).

Similar studies that have explored masculinities in African proverbs have reported similar trends of masculine performance among African men (Adomako-Ampofo & Boateng, 2011; Diabah & Amfo, 2018; Boahene, 2013; Hussein, 2005; Ogutu, 2019; Mariwah et al., 2022). Findings showed that cultural sayings influenced participants to build the mental toughness to face overwhelming psychological and emotional distress. This remained their main source of motivation and resilience, knowing they are socialized to take charge of every situation. Implicitly, these cultural sayings caused dysfunctional emotional expression for participants in their socio-cultural space. While the embodiment of traditional masculinity had a positive side to help these men endure their unbearable life events, it was equally devastating to their mental health at times.

Masculinity as a two-edge sword.

The sub-theme *Masculinity as a two-edge sword* described how men's alignment to traditional masculinity positively and negatively impacted them. From the current findings, participants' masculinity involved disengaging their emotions during overwhelming situations and their approach to stress management manifested as resiliency regardless of its cost to their mental and emotional health (Goodwill et al., 2018). While masculinity was used as a coping strategy for participants, it was equally detrimental to their mental health (Addis, 2008; Galdas, 2009). Participants noted how their respective cultures forbade them to show weakness or admit

to giving up in the wake of life's stressors, and they were, in some cases, rebuked for not "manning up" (Addis 2008; Magovcevic & Addis, 2008). Consequently, they tried to hide their frustrations to uphold their male pride. In doing this, participants aligned themselves with the masculine norms of self-reliance, toughness, and resilience. Therefore, in distressful times, they disengaged their emotions and showed resilience to keep their perceived sense of manhood (Goodwill et al., 2018), which some previous studies suggest may be protective against poor mental health (Gerdes et al., 2018; Smith et al., 2018). This was often the first line of defense to mitigate the undesirable experience.

Masculinity as a coping strategy. Participants narrated how the notion of "African men are strong and more resilient" enabled them to control and navigate sadness. This became a fountain of positive energy participants drew to surmount the challenges. Similar trends have been reported surrounding how masculinity influenced Black men to deal with stressors (Bowleg et al., 2013; Goodwill et al., 2018; Chung et al., 2014; Mincey et al., 2015; Curtis et al., 2021). In some of these studies, alignment to masculinity caused participants to downplay, positively reframe, reinterpret their experiences, or stay positive that this stressful situation will pass (Chung et al., 2014; Mincey et al., 2015). In that way, participants were able to build the mental toughness to deal with the stressors they encountered. Equally, participants in the present study adopted a positive reframing and reinterpreted their experiences as life learning processes that will help them to be tougher for future life in Canada. While this could be seen as a positive way of coping, it could also be an exhibition of their masculinity. For instance, some participants were emphatic that their ability to go through such challenges defined them as men and that by dwelling on their African identity as "strong African men", they will overcome every challenge without showing emotions (Chung et al., 2014). This belief reflects previous studies that men who endorse traditional masculinity will reject gender-specific behaviors that show emotional

vulnerability and endure pain to show off their masculinity (Addis 2008; Magovcevic & Addis, 2008; Oliffe et al., 2010; Oliffe et al., 2011).

Masculinity as a source of depression. Contrary to what could be considered a positive way of coping with distress, alignment to traditional masculinity could also negatively impact the mental health of men (Addis 2008; Magovcevic & Addis, 2008; Oliffe et al., 2011; Zartaloudi, 2011). For instance, participants noted that the intense pressure of living to the expectations of the masculine 'standard' caused them to bottle up their sadness and emotional distress. Pleck (1981; 1995) termed this as "masculine strain" in his dysfunction strain paradigm, which could lead to negative psychological outcomes. Mahalik et al., (2003) noted that men, who endorse traditional masculine norms may conceal negative affect, which may increase the risk for depression, and this was particularly true among the current participants, who reported that the dysfunction in expressing their emotion was a stressor them. Because they have been socialized "not to complain like babies", they concealed their frustrations and sadness, which negatively impacted their psychological health despite being seen as strong men by outside observers. This resonates with other studies in which masculine norms predicted more depressive symptoms among African men (Iwamoto et al., 2018). Ultimately, the dysfunction in emotional expression may manifest as violence towards partners, engagement in compulsive behaviours, or suicide (Brownhill et al., 2005), which may be signs of masked depression (Magovcevic & Addis, 2008; Oliffe, et al., 2013; Stewart, 2020).

Masculinity and Help-Seeking Behaviour

The sub-theme *Masculinity and Help-Seeking Behaviour* captured participants' attitude toward seeking help amid the persistent sadness, stress, fear and frustrations. Despite admitting to experiencing psychological and the emotional distress, participants were not likely to seek either formal or informal help. Significant barriers to seeking help included masculine norms, and

difference in the perception and interpretation of the mental struggles. Current findings revealed that participants' masculinity and perception was tied to their image as Black men in the society (Watkins & Neighbors, 2007). In other words, they tied "the African man image" to strength, toughness, stoicism, and emotional restriction, and because they aligned themselves to these constructs on masculinity it highly constrained their willingness to seek help (Addis, 2008; Galdas, 2009; Johnson et al., 2012; Oliffe et al., 2010; Oliffe et al., 2011; Oliffe et al., 2012; Ridge, Emslie, & White, 2011). In fact, they saw help-seeking as harmful to their self-image and a loss of self-reliance from the masculine lens (Valkonen & Hänninen, 2013; Whittle et al., 2015). Although they avoided help as much as they could, they were more likely to opt for informal help such as help from families, friends, religious and Immigrant association leaders (Matthews & Hughes, 2001; Issack, 2015) than formal sources. This is because participants came from cultural backgrounds, wherein family heads, heads of religious groups and organizations are revered and consulted in times of problem (Issack, 2015). Hence, it was easy to share current happenings; however, they told their story from the point of "I'm letting you know, not that I need help" in order not to be perceived as "weak" or "unmanly". Participants either understated or censored the information they shared to protect their "African male image". Findings showed the equally important role religious leaders played in praying for, guiding and encouraging participants in addition to family members and friends. It was not clear why participants avoided professional help, but distrust in healthcare professionals and their lack of cultural competence appeared to be reasons why participants kept away from professional help (Hudson et al., 2018; Erentzen, Quinlan & Mar, 2018; McCann et al., 2016). Participants were particular about their privacy, or felt healthcare providers may not share their sentiments, would not be able to relate to their real-life situational stressors; therefore, they preferred to self-manage their challenges or seek informal help.

Limitations of the Study

This study is among the few studies that has sought to explain depression experiences of African immigrant men in Southern Alberta and has elucidated how these population are underrepresented in depression studies. More importantly, findings are explained from the lens of intersectionality pointing out how social identities, systemic and institutional structures intersect to marginalize this sect of the population and its impact on mental health. The study provides greater insight into how traditional masculinity influenced by cultural sayings influence African immigrant men's responses to mental distress, which is the first study of its kind in Southern Alberta. Although the study contributes to understanding the complexity of depression experiences among African men in Southern Alberta, it has some limitations.

First, the small sample size and the research setting limited to Southern Alberta. Participants were drawn from Lethbridge and Calgary, which limits the transferability of the study findings to other settings. Although all attempts were made to sample African immigrant men of diverse cultures, the small sample size limited the inclusion of participants from other cultures; hence, the opinions shared by participants cannot be generalized. The inclusion of participants from other cultures could have yielded different perspectives to the issue under discussion. Moreover, the opinions shared in this study may reflect participants, who may endorse dominant forms of masculinity. But as stated by Connell (2005), in all societies, multiple forms of masculinity exist. Men who endorse other forms of masculinity may share different opinions than what may be discussed in this study. Thus, further limiting the transferability of the study findings.

Second, although not intended, the study was dominated by participants who migrated to Canada under the economic class. Accordingly, the study findings cannot be said to collectively represents opinions, views, and perceptions of other immigrant groups, most especially refugee

men, whose additional social identities and experiences, may further marginalize them, and consequently worsen their mental health. It is possible that the language inclusion criteria may have excluded some participants who could have provided valuable information for this study.

Lastly, my experiences biases, beliefs, and philosophical assumptions about the topic may have influenced data collection, data analysis, and interpretation of the data; however, I minimized this by maintaining reflexivity throughout the study. Furthermore, some participants may have withheld certain information because of the notions of traditional masculinity. This is evident in what one participant stated: *"I would never tell you from A-Z what I think, What I do, or anything about me because this is how I was conditioned as a man. That a man is got to keep their cards close to their chest"*.

These limitations, however, do not undermine the findings of the study. The findings provide valuable insights into African immigrant men's depression experiences and contributes to the discourse on immigrant men's challenges and their mental health post-migration.

Recommendation for Future Research

Based on the study limitations, the following recommendations have been put forward for consideration in future research on African immigrant men's mental health challenges. First, future research built on this study should increase the sample size and should include participants from a wider geographical area. Again, further research could explore cultural safety approaches to support African immigrant men as suggested by the men themselves. Based on this, various interventions could be designed to better support and enhance African men's mental well-being.

Significance of the study and Implications for Practice

The study aimed to address the knowledge gap relating to immigrant men's mental health in Southern Alberta. Findings from this study may be very useful to policy makers, stakeholders, healthcare professional, service providers, etc. in addressing the mental health of African

immigrant men. For instance, with Immigration, Refugee and Citizenship Canada (IRCC) urging Local Immigration Partnerships (LIP) to create welcoming and inclusive community for newcomers, findings from this study will inform the immigrant serving subdivision of LIPs to understand the special needs of African immigrant men so as to create a culturally sensitive mental health support services to ensure that immigrant men are able to integrate and connect to all aspect of the community life including economic, social, political, and cultural life.

Furthermore, the findings of this study may help inform health care professionals and service providers to better understand how mental health is manifested among African immigrant men, most especially how they communicate their stresses and frustrations. In that way they will be to support immigrant men's mental health because participants in this study complained of how health care professionals and service providers were not equipped to address the complexities of their mental health. In other words, there is lack of trained professionals with an understanding of African culture, who will be able to help African immigrants' men transition better and have better mental health, especially during the transition phase of their lives in Canada.

This study also illustrates the important role African immigrant associations and informal support channels such as religious leaders, elders, church, etc. play in supporting the mental health of immigrant men. Therefore, policy makers and immigration stakeholders should actively engage these groups in policy making to be able to identify best support services that could ultimately enhance immigrant men's mental well-being.

Knowledge Mobilization

A copy of the thesis will be available for open-access through the University of Lethbridge Institutional repository and a summary of the study findings will be shared directly with collaborating agencies such as immigrant association groups. Findings will be presented at conferences such as the Metropolis Conference and other internal and external conferences. I

plan to make the findings available to the public by publishing it in scholarly journals to address the knowledge gap relating to immigrant men's mental health in Southern Alberta. The study findings will also be shared with the Local Immigration Partnership in Lethbridge.

Reflection

As a beginner researcher in the field of qualitative studies, I have learned invaluable skills in conducting qualitative research. Conducting this study has given me the opportunity to learn how to interview participants for qualitative research, which has also improved my communication skills and human relations. I have learned how immediate transcriptions of conducted interviews provides an opportunity to see areas for further probing in subsequent interviews. Through the guidance of my supervisor, I have learned the skills of using NVivo software to generate codes, transform the codes into categories, and themes.

One of the difficult challenges in conducting this qualitative piece was keeping my opinion and personal bias away from the data collection, data analysis, and data interpretation. However, as Galdas (2017) stated that a researcher is an integral part of the process and final product of a qualitative study, and it is impossible to completely separate personal experiences biases, beliefs, and philosophical assumptions about the topic from collection, analysis, and interpretation of the data. Polit and Beck (2014) stated that it is important is for the researcher to be transparent and reflexive enough about the collection, analysis, interpretation, and presentation of data. I worked through this challenge by keeping a reflexive journal, and moreover, I worked closely with my supervisor and committee members who provided regular feedback and evaluated my coding and themes, which brought accountability and clarity to the study.

Conclusion

The purpose of this study was to explore African men's experiences of depression post-migration. Study findings revealed that the intersection of multiple contextual factors including

social isolation, cultural incongruity, difficult readjustment, socio-economic status, discrimination, internalization of patriarchal gender beliefs, language insufficiency, etc. influenced participants' mental health post-migration. It was obvious that participants' racialization, gender, social class, marginalized immigrant identities, etc. subjected participants to structural and systemic inequalities in the areas of employment, housing, and racial discrimination, which impacted their mental health. Moreover, the internalization of patriarchal gender beliefs, fueled by respective cultural sayings intersected with the aforesaid dimensions of identities to influence patterns of mental health risk and resilience. The core of the challenge was separation from their homeland and the loss of familiar things including: social connection, native language, and food, which created stressful adaptation process for participants. The intersection of these multiple factors caused psychological and the emotional distress among participants. The repressed pervasive sadness, stress, fear, etc. internally irritated and destabilized participants, and they expressed their inner pains in different pathways. The mental challenges participants went through elicited some coping mechanisms to mitigate, tolerate, overcome, or put-up psychological resistance to the mental distress. Strategies including sustaining and rebuilding of their lost social networks, religion/spirituality, avoidance, and learning effective ways to live in Canada were all employed by participants. Although participants internalization of traditional masculinity was a source of mental distress for participants, it was paradoxically also a source of psychological resilience and a coping mechanism to mitigate the mental distress.

This study has shed light on the immigration trajectory of African immigrant men in Southern Alberta. Participants stressed on the lack support services for African immigrant men. Hence, the study suggests that policy makers and immigration stakeholders should seek to develop better support services to help African men transition into the Canadian society.

Exploring cultural safety approaches to support African immigrant men could ultimately enhance their mental well-being.

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APPENDICES

Appendix A: Participation Invitation Letter

Subject: Invitation to participate in a study to explore the experiences of depression among African Immigrant Men in Alberta, Canada.

Dear Association President and Executive Members:

My name is Daniel Agyapong, a Master of Science student in the Faculty of Health Sciences at the University of Lethbridge, Alberta. I am undertaking a research study that seeks to explore the challenges faced by African immigrant men and how they impact their mental health. Consequently, I am writing to this association to invite members to voluntarily take part in the study. Your assistance in sharing information about this research study and recruitment materials with your members through your bulletin boards, social media platforms, or during cultural and religious events facilitated by your association would be greatly appreciated.

It is hoped that exploring participants' experiences post-migration will generate valuable knowledge which may help inform policy and advocacy efforts to support African immigrant men, and also help in the development of future intervention programs that may seek to provide peer-support services for African men. Participation in this study is voluntary, and each participant has the right to withdraw from the study at any point in time, for any reason, without any penalty or consequence. Participants who choose to withdraw from the study will have all their information destroyed to protect their confidentiality.

Participants who may be interested in participating in the study can contact me via any of the contacts provided below. The interview will be approximately 45 – 60 minutes which will be done via videoconferencing software. With the participants consent, the interviews will be digitally recorded to capture each individual's experiences accurately. As a token of appreciation for participation, all participants will receive a $10.00 gift card which they may keep even if the participant decides to withdraw from the study.

I kindly ask that the leaders of this organization give me the opportunity to discuss the study and the potential risks and benefits of participation with both the leaders and group members of this organization (which could be during one of your meetings), so that members will not perceive that there is any pressure from the leadership to participate.

If you have any questions pertaining to this study, feel free to contact me (phone: 647-219-7469 or email: d.agyapong@uleth.ca) or my thesis supervisor Dr. Peter Kellett at the Faculty of Health Sciences, University of Lethbridge (phone: 403-329-2643 or email: peter.kellett@uleth.ca) or the Office of Research Ethics, the University of Alberta (Email: reoffice@ualberta.ca).
Thank you for your time and consideration of this request.

Yours faithfully,
Daniel Agyapong

Appendix B: Informed Consent Form

Dear Participant:

I would like to invite you to voluntarily participate in a study that aims to explore the experiences of depression among African Immigrant Men in Alberta, Canada. African immigrant men often face unanticipated post-migration challenges in Canada. These challenges create frustration, which may lead to stress, anxieties, and depression. However, due to the social expectations surrounding how a man is required to behave, African men who go through these challenges are often reluctant to share or seek professional support or counseling. They may struggle to cope with the mental health and engage in unhealthy practices that might affect their quality of life. I am conducting this study to talk to African immigrant men who have gone through mental challenges after migration. It is hope that the information you share could be used to develop better policies and programs to support the mental health of newly immigrated African men.

The study will be conducted by Daniel Agyapong, a Faculty of Health Sciences, Master of Science student at the University of Lethbridge, Alberta, Canada under the direct supervision of Dr. Peter Kellett, Faculty of Health Sciences, University of Lethbridge.

Before you decide if you want to participate in this study, the researcher will go over this form with you. You are encouraged to ask questions if you feel anything needs to be made clearer. You will be given a copy of this form for your records.

What is the reason for doing the study?
The study will focus on better understanding your post-migration experiences which may impact your emotional and psychological health, any experiences of depression, and how you cope in times of depression. The researcher also plans to ask you about your knowledge on masculinity, how the experiences make you feel as a man, and whether or not you are willing to seek help for any experiences of depression. The researcher will also ask you what would be the best way to support African immigrant men experiencing mental health challenges.

What will I be asked to do?
If you agree to be in this study, you will first sign this form (or provide your verbal consent virtually). The study involves an interview where I will ask you a series of questions about your experiences after migrating to Canada. The interview will take place at a mutually agreed location (in person or virtually if you prefer) and will take approximately 45 – 60 minutes. With your consent, the interview will be audio recorded. You will not have to answer any question that makes you uncomfortable – you can simply ask to skip that question. After the interview, I will transcribe what you said and you will have the opportunity to provide feedback on this to confirm whether what I wrote down is what you wanted to say. Feedback and suggestions for changes can be shared with the researcher at that time.

Risks

The study does not present any major risks to you; however, some of the questions may result in your sharing unpleasant experiences. This may lead to emotional distress for you. If this happens, you may choose not to answer the question or to end the interview at any time that you wish. In addition, a list of counseling options will be provided to you to enable you to seek additional assistance if you choose (some counselling options are available at low-cost or at no cost to individuals). All efforts will be taken to minimize any risk and to ensure the safety, security, and privacy of each participant.

Benefits

You may not get any direct benefits from being in the study – however we hope that the information we get by doing this study will shed light on the factors leading to depression among African immigrant men and may inform future intervention programs and policies to support well-being of African immigrant men.

Confidentiality

In this study, we may be doing the interview in person, or over a video conference platform. While there is no complete guarantee of confidentiality when information is transmitted over the Internet during a videoconference interview; we are using a platform that has been deemed to have adequate security protocols in place. I will ensure that data collected from you is kept secure and confidential in a locked filing cabinet in a locked office, or that it is encrypted and saved on a password-protected computer. These data will only be used for this study and the raw data will be shredded or destroyed after 5 years. A pseudonym will be used to hide your identity during analysis and reporting of findings, and care will be taken to ensure that any quotations used to illustrate the findings of this study in publications or presentations will not contain any identifying details. The researcher and his supervisor have also signed a confidentiality agreement.

The one limitation to the guarantee of confidentiality is that the researcher is legally obligated to report instances where a participant discloses information which suggests that the participant or any other individual is at risk of violence or death.

Participation

Participation in this study is completely voluntary. If you decide to participate in the study, you can change your mind and stop being in the study at any time, and it will not result in any adverse consequence for you, or limit future opportunities to participate in research studies. You do not have to answer any questions that you are not comfortable with. If you choose to withdraw from the study, your interview responses will be destroyed using confidential shredding or digital shredding, and will not used for analysis or publication. The only limitation is that contributions that have already been published or presented at the time of your withdrawal cannot be withdrawn.

As an expression of my gratitude for your participation in the interview component of the study you will receive a $10 gift card in appreciation of your time. If you begin the interview but do not finish, you will be allowed to keep your gift card.

Dissemination of the Study findings

The findings of this study will be shared in scholarly journal publications, and conferences. A copy of the Thesis will be made available through the University of Lethbridge Library and ProQuest Thesis Database to add to the already existing body of knowledge in related areas of study. A report of findings will also be shared with participants and collaborating agencies.

Kindly respond to following statements by checking out either "Yes" or "No"

a) I agree or consent to participate.

   Yes ☐ No ☐

b) I agree or consent to be audio recorded during the interview.

   Yes ☐ No ☐

c) I wish to receive a copy of the findings

   Yes ☐ No ☐

d) I agree or consent to be contacted again to ensure I have correctly understood what you have told me.

   Yes ☐ No ☐

e) I agree or consent that all the information I share with the researcher will be strictly kept confidential

   Yes ☐ No ☐

The nature and purpose of this study have been explained to me by Daniel Agyapong and I have not been in any way coerced to partake in this study. I fully understand and willing to participate in the study.

The signature below shows I agree to partake in the study;

____________________________ ______________________________
Signature of Participant Signature of Researcher

____________________________ ______________________________
Date Date

** Contact information of the participants
Phone number or Mailing address: ____

Contact Information

If you have any questions pertaining to this study, feel free to contact me (phone: 647-219-7469 or email: d.agyapong@uleth.ca) or my thesis supervisor Dr. Peter Kellett at the Faculty of Health Sciences, University of Lethbridge (phone: 403-329-2643 or email: peter.kellett@uleth.ca) or the Office of Research Ethics, the University of Alberta (Email: reoffice@ualberta.ca). Thank you.

Thank you very much.

You will be given a copy of this form for your records

Appendix C: Semi-Structured Qualitative Interview Guide

Experiences of depression among African Immigrant Men in Alberta, Canada.

During this interview, I will be asking you about y your migration experiences and challenges, how this affected your mental health and what you do to cope with these mental health challenges.

1. When did you immigrate to Canada, and southern Alberta?
2. What led to the decision to immigrate to Canada/Alberta?
3. When you came to Canada, what were some of the challenges that you faced as a newcomer and as an African man?

   (Areas to Probe)

   a. Employment challenges
   b. Poor recognition of their previous education or work experience
   c. Discrimination/Racism
   d. Financial difficulties
   e. Housing difficulties
   f. Different culture/ social norms – culture shock
   g. Gender-role changes
   h. Family issues
   i. Social isolation/ loneliness
4. What work experience/professional experience did you have before migration to Canada?
5. Did you have hard time finding a job related to your professional experience/ related field in Canada?
6. Did you have a sense of decline in social status because you thought that job was not befitting?

<u>Impact on Mental Health</u>

7. How did this challenges that you went through affect you? mental health

8. Were there times that you experienced frustrations, sadness, moodiness, or regrets associated with migration challenges you have experienced?
9. Did it persist for long?
10. What did these challenges that you were enduring make you feel as a man?
11. In all these experiences, did it break you down or you were showed resilience as a man?
12. So, in those times, did your activities or behaviours change? Were you feeling easily irritated, aggressive or violent because of your frustrations?
13. Did you have any suicide ideation? You felt life is not worth living?

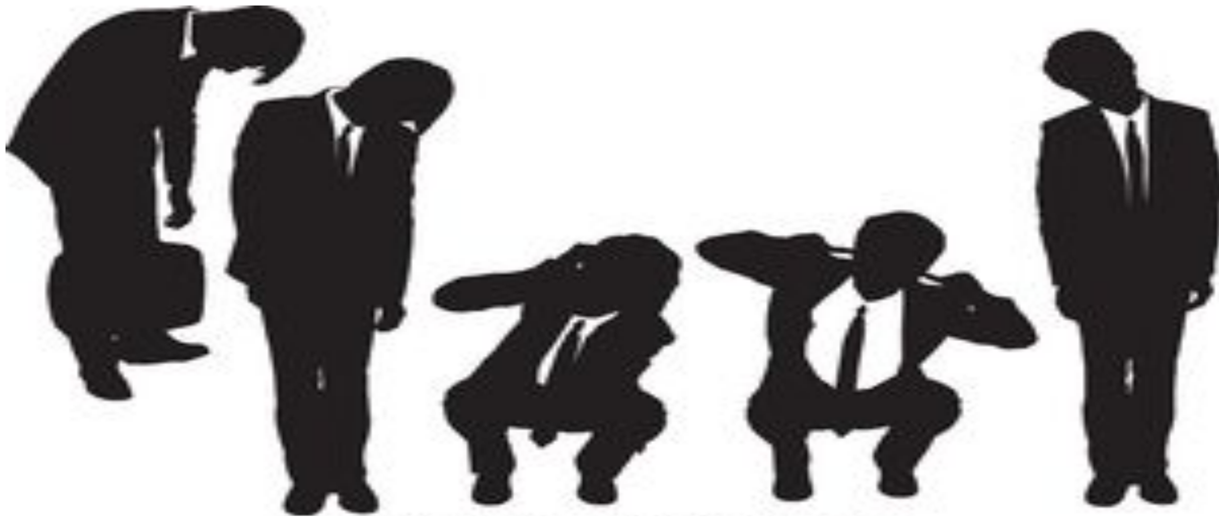
Coping Mechanism

14. How were you coping during those times?
15. Did you seek for help? (Is there a reason?)
16. Do you talk to friends, family members or close relatives about your experiences?
17. As a man, how will you feel if people get to know you are going through hard time or challenges?

Culture, masculinity and depression

18. How does your culture understand and explain mental health challenges?
19. So, in most African cultures we are told to “be a man”. Did that concept of “be a man” greatly influenced how you acted during those times?
20. Do you think men are able handle issues of mental health more than women?
21. Would you say it’s because of culture or how African men are brought up in society?
22. Do you have culturally embedded sayings or proverbs that make a person strive to live as “a man”? Do you think men are driven by these sayings?
23. What lesson can you share for newcomers who might go through challenges on arrival?
24. If you are to suggest any support services for African men what will that be?

Appendix D: Poster



Would you be willing to participate in a research interview for a study entitled

Experiences of depression among African Immigrant Men in Alberta, Canada.

Eligible Participants must be:

(a) a first-generation immigrant from Africa,
(b) at least 18 years of age,
(c) able to communicate in English, and
(d) Someone who has lived in Canada for at least six months.

The interview will take about 45-60 minutes, and may be conducted by Zoom or Skype. Each eligible participant will receive a $10 gift card as a thank you for participation.

For further information contact **Daniel Agyapong @ 647-219-7469, d.agyapong@uleth.ca**

This study has received ethical approval from the University of Lethbridge Human Participant Research Committee – Protocol # TB