

**MENTAL HEALTH AND WELL-BEING OF AFRICAN IMMIGRANT WOMEN IN
SOUTHERN ALBERTA**

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Bachelor of Nursing Sciences, University of Jos

A thesis submitted
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

in

NURSING

Faculty of Health Sciences
University of Lethbridge
LETHBRIDGE, ALBERTA, CANADA

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ABSTRACT

The aim of this study was to delve into the experiences of African immigrant women in Southern Alberta and the ensuing impact on mental health. Employing an exploratory descriptive qualitative research design, semi-structured interviews were conducted with eleven (11) African immigrant women. Thematic analysis revealed that these women encountered intersecting challenges in Canada stemming from factors such as race, gender, social class, and immigration status, leading to negative effects on their mental health. Nevertheless, the participants employed various coping strategies to alleviate these challenges, with culture playing a significant role in shaping perceptions and coping mechanisms. The study underscores the importance of implementing culturally safe programs by stakeholders, policy makers, and mental health practitioners to facilitate the successful transition and integration of African Immigrant women into their new environment.

ACKNOWLEDGEMENT

I express my profound gratitude to God, the orchestrator of all things beautiful in His time. My heartfelt thanks extend to the University of Lethbridge for making my master's journey a reality. A special acknowledgment is reserved for my supervisor, Dr. Wendi Lokanc-Diluzio, whose unwavering guidance, invaluable feedback, and encouragement were instrumental in sustaining my momentum. I appreciate my committee members, Dr. Peter Kellet and Dr. Toupey Luft, for their thorough review of my thesis and constructive feedback. I also remember Dr. Sienna Caspar, who initiated this journey with me.

My gratitude extends to my husband for his unwavering support. I cannot overlook the encouragement and prayers from my parents and siblings. To my dear children, Edo-Attah and Ateko-ojo, your patience and love during my hectic schedule did not go unnoticed.

Special thanks are reserved for Prof Awosoga and his wife, Esther. Also, special thanks to my senior colleague, Daniel Agyapong, for his guidance and responsiveness to my queries. To the friends I made during graduate school—Etta, Ogo, Vivienne, Suha, Fateemah, James, Amanda, Anika—I appreciate your camaraderie. I am also grateful, to the families and friends I gained over the past two years, for their support. THANK YOU!

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CHAPTER 1: INTRODUCTION

Background

Globally, trends in migration are increasing due to factors such as conflict, persecution, poor living environments, and lack of personal safety (WHO, 2018). Over the last two decades, international migrants (people residing outside their country of birth) have risen from 173 million in 2000 to about 281 million in 2020, representing about 3.6% of the world's population (United Nations, 2021). Akin to what is seen on the global scene, Canada's immigrant population has increased steadily over the past decades. In other words, Canada's population growth continues to be driven by the unprecedented increase in the number of immigrants admitted over the past decades. In 2022, Canada recorded a 2.7% increase in population growth, the highest annual population growth rate since 1957(Statistics Canada, 2023). International migration accounted for 95.9% of the growth in 2022(Statistics Canada, 2023). African immigrants in Canada grew from 1.9% before 1971 to 12% of the total population between 2006 and 2011(Statistics Canada, 2013), representing 13.4% of Canada's 7.5 million foreign-born population (The Canadian Press, 2017). Regardless of the reasons behind migration, individuals who relocate must adapt to new environments and deal with associated stressors. The process of adjustment can significantly impact mental health and has the potential to cause significant disruptions to their mental health (Bhurga & Gupta, 2010).

The World Health Organization (WHO) defines *mental health* as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her own community (WHO, 2007). Good mental health is not only defined by the absence of mental disorders and

problems but also by the presence of various coping skills such as resilience, flexibility, and balance (Canadian Mental Health Association,2010).

Undeniably, the process of migration, transitioning, and integration into a new country can be very stressful. Adapting to a new environment, culture, and social life can cause anxiety and stress, a state of worry or mental tension caused by a difficult situation (WHO, 2023). These are known to be a significant risk factor for a variety of diseases, including mental illness (Health Canada, 2008). It is therefore not surprising that research indicates that more immigrants than non-immigrants encounter adverse social and mental health outcomes shortly after they arrive in the host country (Wang & Palacios, 2017). Many immigrants find it hard to navigate their new environment with little or no help, which predisposes them to psychological challenges in their new home. For many African women, the intersection of their race, gender, religion, and the challenges that come with being women from Africa can cause a faster deterioration of their mental health.

Studies show that the mental and emotional well-being of immigrants is usually influenced by post-migration stressors such as unemployment, separation from family, racial discrimination, language barriers, poverty, and a lack of social support and healthcare system responsiveness to immigrants' health needs (Canadian Mental Health Association, 2010; Gushulak & MacPherson, 2006). Numerous factors, such as systemic racism impacting education and employment, where credentials are not recognized, variations in support systems, with little or no support, adjustments to a new life with changing gender roles, disparities in healthcare access, financial hardships, limited job opportunities, and economic challenges, have been identified in studies as contributors to the elevated risk of mental health issues and illness among African immigrant women in Canada (Bourque et al.,2011; Cantor-Graae et al.,2015;

Elabor-Idemudia, 1999; Etowa et al., 2010; Hyman et al.,2008; Levecque et al.,2007; Okeke-Ihejirika et al., 2019; Said et al.,2018; Topen, 2009; Yohanna &Okeke-Ihejirika et al., 2019; Yohanna & Okeke-Ihejirika., 2018).

The social determinants of health, which encompass factors like housing, education, employment, food security, access to healthcare services, and social support, play a crucial role in the overall well-being of Canada's growing African immigrant population. Social determinants of health can increase or decrease a person's risk of developing a mental health problem as they have a considerable impact on health (WHO, 2023). Research has established that an individual's health and mental well-being are influenced by numerous social factors (WHO, 2014; PHAC, 2013). Importantly, these are also areas where many immigrants encounter challenges (WHO, 2021). Additionally, it is crucial to improve access to services, ensuring that people can obtain and effectively use mental health services and enhance the quality of care. This involves individuals receiving appropriate, evidenced-informed care and support to promote overall well-being (Etowa et al., 2007).

Further research is essential to enhance mental health literacy, where: people know the causes, symptoms, and available treatment options for mental health; there is improved access to and utilization of services; and there is enhanced quality of care where individuals receive appropriate and evidenced-informed treatment and support, and overall well-being is promoted (Etowa et al., 2007). The immigration process, vital to Canada's sustained economic growth and success (Hussein, 2018), also brings forth distinctive challenges, resettlement difficulties, and adverse mental health outcomes among immigrants (Brown et al., 2017). Therefore, it is imperative to investigate the challenges faced by African immigrant women and understand how these social determinants of health impact their mental well-being.

Why Study the Mental Health of African Immigrant Women in Southern Alberta?

In twenty years, the Black population doubled from 573,860 persons in 1996 to 1,198,540 persons in 2016, representing 3.5% of Canada's population (Government of Canada, 2022). Statistics Canada reported that in 2022, the Black population constituted 4.3% of Canada's total population. Additionally, projections indicate that the Black population is expected to double, reaching over 3.0 million by 2041, up from 1.5 million in 2021 (Statistics Canada, 2023). African immigrants are a growing population in Canada, representing 13.4% of Canada's 7.5 million foreign-born population (The Canadian Press, 2017). Alberta has the fastest-growing population of immigrants (Statistics Canada, 2017). Because the number of immigrants is growing in Canada, there is also a growing concern for the mental health needs of this population.

Though it is believed that immigrants on arrival to their new country have a higher level of health than the native-born population, a phenomenon known as the "healthy immigrant effect," this health advantage declines over time after the migration (Vang et al., 2016; Aldridge et al., 2018; Jin et al., 2015). The reason for the decline in health is attributed, in part, to the stressors of migration and settling into the new country and other factors such as racism and discrimination, unemployment, lack of family support, and poverty (Fuller et al., 2011). Research shows that a significant number of women often suffer from depression, anxiety, mood disorders, schizophrenia, and emotional distress after migrating to Canada (Delara, 2016; Guruge et al., 2010).

There appears to be a dearth of literature on African immigrants in Southern Alberta, more so related to African immigrant women. Therefore, asking the question, "How do the challenges that African women experience after immigrating to Southern Alberta affect their

mental health?" allows for a nuanced exploration of these women's individual and subjective experiences in the face of various challenges. Findings from this study will help inform service providers, policymakers, and informal support channels to develop culturally safe programs that will help transition and integrate African immigrant women into the Canadian community, thereby leading to better mental health outcomes. Findings will also help to inform equitable health policies and programs for African immigrant women in Canada.

Study Purpose/Aim

This study explores African immigrant women's experiences after arrival in Southern Alberta, including,

1. Understanding the challenges they face after arrival to Canada.
2. Understanding how these challenges affect their mental health.

Research Question

The overall goal of this study is to understand the mental health outcomes of African immigrant women in Southern Alberta and to add to the literature on the mental health and well-being of African immigrant women in Southern Alberta, Canada. The following research question will guide the study, *What are the challenges faced by African immigrant women, and how do the challenges faced by African Immigrant women after arrival to Canada affect their mental health?*

Significance of the Study

Canada is undergoing a significant demographic shift towards increased diversity. By 2036, approximately half of the country's population is projected to be immigrants or children of immigrants (Statistics Canada, 2017). This indicates a growing multicultural makeup of the country, reflecting the ongoing impact of immigration on Canadian society.

This study will give insight into the challenges faced by African immigrant women in Southern Alberta after migration. It will also help expand knowledge on the effect of these challenges on their mental health. Findings will help inform culturally sensitive programs for African immigrant women that will help them transition and settle into their host country.

CHAPTER 2: LITERATURE REVIEW

This chapter reviews the related literature and establishes the scholarly foundation for the importance of the current study. It reviews the literature on mental health and cultural perspectives on mental health, compares the mental health of immigrants and non-immigrants, discusses the mental health of African immigrants, and explores the internalized oppression suffered by African immigrants. Finally, it explores the theoretical framework that informs the study.

Mental Health

The World Health Organization (WHO) defines *Mental health* as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community" (WHO, 2007). This definition includes the individual, their physical environment, and social communities. The concept of mental health, according to the World Health Organization, includes promoting mental well-being, preventing mental illness, and rehabilitation from mental illness (Herman & Jane-Llopis, 2005; WHO, 2014). Mental illnesses are characterized by alterations in thinking, mood, or behavior associated with significant distress and impaired functioning (Government of Canada, 2015). Different authors (Huber et al., 2015; McKenzie, 2014; Bhurga et al., 2015) emphasize that mental health extends beyond the mere absence of mental illness. Instead, it represents a state characterized by positive well-being and effective functioning, underlining the significance of social support and resilience in sustaining good health. In this study, the understanding of mental health will be congruent with the WHO's definition, and the terms "mental health" and "mental wellness" will be used interchangeably.

Mental health disorders have become a significant global health challenge, affecting millions of individuals globally. One in eight people in the world live with mental disorders; anxiety and depressive disorders are the most common (WHO, 2022; Institute of Health Metrics and Evaluation, 2019). Some common mental health disorders include anxiety, depression, schizophrenia, bipolar disorder, post-traumatic stress disorder (PSTD), and eating disorders (WHO, 2022). Mental health conditions are said to be the leading cause of daily adjusted life years (DALYs) globally and account for 37% of healthy life years (HLYs) lost from non-communicable diseases (WHO, 2011). Amongst these mental health disorders, unipolar depressive disorder, alcohol use disorders, and schizophrenia are seen to constitute the most significant global burden in terms of disability (World Economic Forum, 2011; WHO, 2008). It is documented that the global cost of mental health conditions in 2010 was about US \$2.5 trillion, and this global cost is projected to increase to US \$6.0 trillion by 2030 (World Economic Forum, 2011).

Some of the factors that cause poor mental health or mental illness are the social determinants of health and other factors such as: discrimination and social exclusion; adverse early life experiences; income inequality; neighborhood deprivation; food insecurity; climate change; exposure to conflict, violence, or war; forced migration; and interaction with an unjust and biased criminal justice system (Shim et al., 2020; Paradies et al., 2015). When people are exposed to these conditions, the impact creates psychological stress, and this triggers responses that increase the risk for mental illness (Shim et al., 2020; Paradies et al., 2015). These factors interact with immigrants at individual, family, system, and macro levels to impact their mental health (Bell et al., 2013).

Good mental health is not only defined by the absence of mental disorders and problems but also by the presence of various coping skills such as resilience, flexibility, and balance (Canadian Mental Health Association, 2010). Several studies show the vulnerability of immigrants to poor mental health (Chadwick & Collins, 2015; Srirangson et al., 2013; Jafari et al., 2010; Jibeen & Khalid, 2010). As of 2012, 17% of Canadians, 15 years or older, were reported to need mental health care in the last 12 months; this included people who were not diagnosed with a medical disorder and those who were diagnosed with mental illness (Sunderland & Findlay, 2013; Farah et al., 2021).

Cultural Perspectives of Mental Health

Health and illness are perceived differently across cultures (Biswas et al., 2016; Kirmayer, 2004; Nguyen & Bornheimer, 2014). Culture influences: how people view health and illness; help-seeking attitudes; whether to seek help; where people seek help (from a specialist or religious or traditional healer); the type of support needed; how people communicate symptoms; and what symptoms to report or not (Gopalakrishnan & Babacan, 2015; Gopalakrishnan, 2018; Lezcano, 2021; Satcher, 2001). Certain culture-related factors significantly impact mental health. This includes the presence of cultural stigma, where mental health problems are viewed as a sign of weakness, and individuals may be reluctant to discuss their symptoms due to cultural taboos. Additionally, the lack of community support can hinder individuals from seeking necessary care. Without support from friends and family, those facing mental health challenges may struggle to access the help they require. Moreover, the need for culturally relevant resources is crucial, as individuals often find it more beneficial to converse with someone who can relate to their experiences and situations (Lezcano, 2021).

To understand the mental health of immigrants, it is essential to know the degree to which culture is identified as influencing their health and mental healthcare-seeking behaviors. Acculturation is a series of cultural and psychological transformations that occur when two cultural groups and their individuals interact (Berry, 2002). The acculturation process has four outcomes: assimilation, separation, marginalization, and biculturalism (or integration) (Berry, 2002). Assimilation occurs when immigrants accept the host country's cultural worldview, values, and beliefs (Berry, 1992). For separation, immigrants reject the host culture's worldview, values, and beliefs (Berry, 1992). Marginalization occurs when immigrants neither accept their cultural worldview group nor the worldview or behaviors promoted by the host culture, and biculturalism occurs when immigrants successfully integrate various aspects of their own traditional culture with those of the host society (Berry, 1992). Among immigrants, marginalized persons have the highest level of risk for mental health problems, whereas bicultural persons are regarded as being the healthiest psychologically (Chi-Ying Chung et al., 2008). Studies also show that immigrants who employ integration strategies show better psychological and sociocultural adaption (Nguyen & Benet-Martinez, 2013; Berry et al., 2006); therefore, aspects of cultural assimilation are tied to mental wellness for immigrants.

Mental Health of Immigrants

Globally, five to ten million people cross an international border yearly to reside in a different country, with a higher percentage of women than men (Davis et al., 2006; Guruge et al., 2008). The Government of Canada indicates that almost one million immigrants were admitted to Canada between 2018 and 2020⁹(Statistics Canada, 2017). Furthermore, the number of immigrants to Canada will increase from 7.5 million to more than 12 million by 2036, which is about 30% of the Canadian population (Immigration Refugee & Citizenship Canada, 2017;

Statistics Canada, 2017). It is important to note that the Black population has doubled, from 573,860 persons in 1996 to 1,198,540 persons in 2016, accounting for 3.5% of Canada's total population (Statistics Canada, 2022).

With high proportions of immigrant populations, the mental well-being of immigrant groups is essential because the experience of migration and resettlement in a new country is usually associated with mental health risks (Alegría et al., 2017). Literature also shows that the immigrant population is less likely than their Canadian counterparts to seek help with mental health problems due to various reasons such as language barriers, access to services, fear, and stigma (Mental Health Commission of Canada, 2016) and more likely to use expensive services like emergency rooms, if their mental health reaches a crisis point (Mental Health Commission of Canada, 2016; Saunders et al., 2018).

Upon arrival, most immigrants are generally in better health than their native-born counterparts, a phenomenon known as the "Healthy Immigrant Effect" (Vang et al., 2016; Aldridge et al., 2018; Jin et al., 2015). The observed health advantage among immigrants is often attributed to the "immigrant selection hypothesis." According to this hypothesis, there is a deliberate selection of healthy individuals who choose to immigrate to the receiving country at the individual and national levels (Vang et al., 2016). At the individual level, immigrants are considered a self-selected group from their country of origin, exhibiting better health and social outcomes than non-immigrants in the sending country (Vang et al., 2016; Bostean, 2012). On a national scale, this positive selection process is facilitated through rigorous migration policies, such as points-based systems, and these policies prioritize the evaluation of potential immigrants' health and educational backgrounds, favoring those who are in good health and have higher levels of education (Ramraj et al., 2015). The health advantage observed among immigrants is

also associated with their resilience, which refers to their ability to adapt positively and effectively in challenging life circumstances (Mendenhall & Kim, 2021; Ungar, 2013). This suggests that newcomers, especially those who are positively selected, possess the motivation and determination to succeed. They can navigate the resources and community assets available in the destination country, contributing to their overall health and well-being (Oh et al., 2015; Wu et al., 2010). However, this healthy immigrant effect appears to diminish over a period, and the longer the immigrants live in the host country, the worse their health status becomes (Ali, 2002; Ng et al., 2011; Wiking et al., 2004; Salami, 2017). The decline in the mental health of immigrants is attributed to many factors, including socioeconomic status, financial and employment constraints, resettlement and acculturation challenges, multiple responsibilities, discriminatory treatment, and difficulty obtaining services promptly due to language differences (Davis et al., 2006; Ng et al., 2011; Hyman, 2007; Edge et al., 2014).

Studies carried out internationally found an increased risk of mental health problems in immigrants (Cantor-Graae et al., 2005; Levecque et al., 2007). A synthesis of findings from studies on immigrants around the world also found that immigrants experience more mental health problems than non-immigrants (Bourque et al., 2011). Immigrants are at risk for mental health challenges due to various socioeconomic, cultural, and sociological factors (Elshahat & Moffat, 2021; Elshahat et al., 2022). The process of migration and integration into a new country exposes immigrants to stressors such as language barriers, family separation, loneliness, housing issues, loss of social status, and job insecurity (Elshahat, 2022).

In Canada, immigrants face barriers to securing employment. Even though most immigrants have higher educational qualifications than the non-immigrant population, immigrants are more likely to be underemployed (Galarneau & Morissette., 2008; Mawani et al.,

2005; Mawani, 2014; Simich et al., 2004; Stewart et al., 2008). Barriers to securing employment include nonacceptance of foreign credentials by employers (Esses, 2007; George & Chaze, 2012), language barriers (Schellenberg & Maheux, 2015; Xue, 2014), and lack of Canadian experience (Xue, 2014; Liu, 2014; Slade, 2014). This forces immigrants to take low-skilled jobs (Galarneau & Morissette, 2014). These factors impact immigrants' health and mental health (WHO, 2014; PHAC, 2013).

With some of the factors affecting the mental health of immigrants in comparison to non-immigrants and its risk on the mental health outcomes of immigrants, research shows that immigrants underutilize mental health services more than non-immigrants. Some of the factors responsible for the underutilization include social, cultural, religious, linguistic, geographic, economic factors and systemic discrimination (Braveman & Gruvskin, 2003; Chen et al., 2010; Fuller-Thompson et al., 2011; Gee et al., 2004; Kirmayer et al., 2007; Tiwari & Wang, 2008; Whitley et al., 2006). The economic challenges immigrants face affects their mental health and their utilization of services (Asanin & Wilson, 2008; Donnelly & Hwang, 2011; Reitmanova & Gustafson, 2009; Stewart et al., 2011;). Other factors responsible for the underutilization of services include gender, language barriers, discrimination, acculturation stress, the attitude of healthcare workers, health beliefs, and religious and other healing practices (Asanin & Wilson, 2008; Donnelly & Hwang, 2011; Reitmanova & Gustafson, 2009; O'Mahony & Donnelly, 2007; O'Mahony & Donnelly, 2010; Stewart et al., 2011;).

The Mental Health of African Immigrants

The experiences of African immigrants and their effect on mental health are vast. Cultural disparities surrounding families, parenting, and food have been identified as areas where differences exist between their societies of origin and Canada (Olawo et al., 2019; Woodgate et

al., 2021; Yohani et al., 2021; Salami et al., 2021). Moreover, African immigrants also face personal struggles with their identity and finding their place in a society and culture different from what they were accustomed to (Olawo et al., 2021).

African immigrants encounter various forms of racial discrimination, which significantly impact their mental well-being. Both direct experiences of discrimination of children and parents at school and indirect experiences through systemic racism influencing education and employment prospects where credentials are not recognized thereby making employment difficult, contribute to the negative effect on mental health (Baiden et al., 2019; Olawo et al., 2019; Salami et al., 2021). The limited employment opportunities resulting from racial discrimination where white is preferred to colored people often lead African immigrants to low-wage jobs, restricting their economic prospects (Okeke-Ihejirika & Salami, 2018; Olawo, 2019; Salami et al., 2021).

African immigrants face challenges in parenting due to so many factors. The unstable socioeconomic status, long work hours to make money and pay bills, and limited time for quality interactions with children affect the parent-child relationship (Okeke-Ihejirika, 2019). Moreover, Canadian education and legal systems sometimes undermine African cultural values regarding child discipline, where some of the African cultural values are seen as abuse, creating difficulties for parenting in the post-migration context (Salami et al., 2021).

Poor economic prospects present significant challenges for African immigrants, often leading them into cycles of poverty. Immigrants face limited economic options as they are stripped of credentials or their credentials go unrecognized, forcing them into lower-skilled jobs. Additionally, they experience racism in the workplace (Okeke-Ihejirika & Salami, 2018; Yohani et al., 2019; Alaazi et al., 2019).

The presence or absence of a support system has a significant impact on the mental health of African immigrants. Leaving family behind in their country of origin and not having the support of family in the new country, adds to the stress of migration and can affect their well-being (Olawo et al., 2019; Okeke-Ihejirika et al.,2019; Salami et al.,2019). The stress resulting from these factors can manifest in various forms, including anxiety, depression, and poor mental health outcomes. Additionally, it can significantly affect an individual's self-esteem (Olawo et al., 2019; Okeke-Ihejirika et al.,2019; Salami et al.,2019).

Internalized Oppression

Oppression occurs when one group has more access to power and privilege than another and when that power and privilege are used to maintain the domination of one group over another (David, 2014). A state of oppression is when there is a group with unequal access to power or privileges, while a process of oppression is how the inequality in access to power and privileges in groups is maintained (Prilleltensky & Laurier, 1996; David, 2014). Because of oppression, people are differentiated into groups: groups of oppressed or non oppressed, groups of powerful or powerless, groups of superior or inferior, and other groups. People can be categorized into groups based on various factors like race, sex, sexual orientation, or abilities (David, 2014). Oppression can take different forms through imposition, force, or depriving individuals of their rights and opportunities (Hanna et al., 2000; Sue et al., 2010; David, 2014). It can occur on a systemic or institutional level, where structures and institutions perpetuate oppression (Jones, 1997; David, 2014). Oppression can also be subtle or overt, with some forms being covert and others more explicit (David, 2014; Sue, 2007). Moreover, oppression can manifest as institutional, interpersonal, or internalized, affecting individuals at different levels (David, 2014).

Internalized oppression refers to individuals believing, adopting, accepting, and internalizing negative beliefs and stereotypes imposed by the oppressor group as their truth (Rosenwasser, 2002). Postcolonial scholars, including Fanon (1965), Freire (1970), and Memmi (1965), argue that internalized oppression is a psychological consequence of colonialism. The experiences of colonized people frequently result in self-doubt, confusion regarding their identity, and a sense of inferiority (Fanon, 1965). This feeling of inferiority often leads the colonized individuals to emulate and adopt the practices and values of the colonizers, as they are perceived as superior (Freire, 1970). Internalized oppression, therefore, reflects the internalized beliefs and behaviors that stem from the power dynamics established during colonial periods. Individuals who experience prolonged exposure to oppression often internalize feelings of inferiority over time—leading to unconscious responses rooted in internalized oppression (Batts, 1983; David & Okazaki, 2010; David, 2014). As a result, they may internalize the negative stereotypes associated with their oppressed group (Chung et al., 2011; David & Okazaki, 2006a; Rosenwasser, 2002). When people have been exposed to oppression all their lives, they internalize the feeling of inferiority, and with time, internalized oppression becomes an unconscious response to oppression (Batts, 1983; David & Okazaki, 2010; David, 2014), thereby internalizing negative stereotypes about them (Chung et al., 2011; David & Okazaki, 2006a; Rosenwasser, 2002). Oppressed individuals also begin to act out the negative stereotypes.

The belief that the oppressed group is inferior to the dominant group creates automatic negative attitudes and behaviors by the oppressed; these are likely to affect their self-esteem and contribute to the development of mental health problems (David, 2014). Studies show how the mental health of oppressed groups can be influenced by internalized oppression through acculturation, low self-esteem, and depression; most likely leading to feelings of negative self-

worth and hopelessness (David, 2006; David & Okazaki, 2006b; David, 2010; Walker et al., 2008; David, 2014). A higher level of adherence to one's heritage culture and dominant culture positively influences individuals' mental health and well-being (David et al., 2009; David, 2014). Research shows internalized oppression occurs when there are lower levels of enculturation and higher levels of assimilation (David, 2008; David, 2010; David & Okazaki, 2006b; Walker et al., 2008; David, 2014).

Some of the forms of racial oppression experienced by Africans include symbolic racism, aversive racism, color-blind racism, and racial microaggressions (David, 2014). Symbolic racism highlights that discrimination and biases are not specific to any individual but instead affect the entire community (Henry & Sears, 2002). Aversive racism is based on the belief in fair and equal treatment for everyone, but it involves the unconscious holding of negative and uneasy feelings towards Africans. This can prevent interracial interactions (Gaertner & Dovidio, 2005). Gaertner and Dovidio (2005) suggested that aversive racism has led to subtle discrimination in hiring practices, admission processes, and criminal justice for Africans. This means that even though people may believe in fairness, they still harbor unconscious negative feelings towards Africans. Color-blind racism refers to attitudes that involve disregarding, distorting, or minimizing the importance of race and racism (Neville et al., 2006). Racial microaggressions are everyday instances of verbal, behavioral, or environmental actions that may be intentional or unintentional. These convey derogatory, hostile, or negative racial slights and insults toward an individual or group regularly (Sue et al., 2007). Research has found that internalized racism is associated with depressive symptoms and severe psychological distress (Hughes et al., 2015; Mouzon & Mclean, 2017).

The consequences of internalized racialized oppression manifest in the mental health of Africans; this includes Africans who have migrated to Western countries, including Canada. Some of the manifestations of internalized oppression on mental health include emotional stress, anxiety, depression, and obsessive-compulsive disorder (Paradies, 2006). It is, therefore, pertinent to understand post-migration experiences and their effect on African immigrant women in Southern Alberta.

Theoretical Framework

Intersectionality Theory

Intersectionality theory guided the design of this research. Intersectionality theory is credited to the scholarly work of Kimberlé Crenshaw (1989). Intersectionality was coined by Kimberle Crenshaw, an African American scholar, first in 1989 in her essay titled "*Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics*" and secondly in 1991 in yet another essay titled "*Mapping the margins: Intersectionality, Identity politics and violence against women of color.*" She explains in her essays how the interactions of gender and race/ethnicity influence black women's access to the labor market and experiences of marginalization in analysis and politics (Crenshaw, 1989,1990). This theory holds that the intersection of social identities such as gender, race/ethnicity, and class affect the people in those categories by creating social disadvantages for the marginalized or vulnerable population. According to Crenshaw (1989, 1991), it is imperative to examine multiple forms of marginalization beyond the confines of gender and race. Crenshaw (1989,1991) argues that multiple marginalization should be looked beyond the context of gender and race. They are mutually constituted and cannot be experienced in isolation but instead constituted together.

The intersectionality theory is based on three central principles: multiple systems of social stratification; interlocking systems of oppression and domination; and standpoint epistemology (Kaushik & Walsh, 2018). Society is made up of multiple systems of social stratification (Dill & Zambrana, 2009), and no social group is homogenous (Stewart & McDermott, 2004). Someone can be an oppressor, part of a group that oppresses others, or be oppressed and part of a group of oppressed persons (Browne & Misra, 2003).

Intersectionality theory has extended its use beyond feminist and race studies to include analyses of health inequity (Salami et al., 2018). It can be used to analyze gender, race, and class differences in mental health outcomes (Rosenfield, 2012; Banks & Kohn Wood, 2002).

Five Faces of Oppression

The five faces of oppression by Iris M. Young (1990) attempts to create an objective criterion by which we can judge the existence and levels of oppression of different groups. Young posits that oppression is a concept rooted in societal structures. Oppression is defined by Young (1990) as the disadvantage and injustice faced by individuals, not due to the forceful control of an oppressive authority but because of the everyday practices of a well-intentioned liberal society (Young, 1990). Young (1990) proposed that oppression has five faces, namely exploitation, marginalization, powerlessness, cultural imperialism, and violence.

Exploitation. It is suggested that oppression manifests through an ongoing process wherein labor results from one social group are systematically transferred to benefit another. An example of this is women experiencing different types of gender exploitation whereby “their energies and power are expended, often unnoticed and unacknowledged, usually to benefit men by releasing them for more important and creative work, enhancing their status or the environment around them, or providing them with sexual or emotional service” (Young, 1990,

p.51). Also, marginalized groups face exploitation in the labor market where skilled, high-paying, unionized jobs are reserved for White people. The unfairness of exploitation stems from how specific social processes cause the efforts of one group to be taken away and given to another, resulting in unequal distribution. This unfairness is also perpetuated by social institutions that allow a few people to gather wealth while imposing restrictions on many others (Young, 1990).

Marginalization. Oppression also occurs in the form of marginalization. Marginals are people the system of labor cannot or will not use (Young, 1990). Marginal people include Black immigrants, single women and their children, older adults, mentally and physically disabled people, and indigenous people who remain involuntarily unemployed (Young, 1990). This group is excluded from taking part in social activities and is at risk of facing poverty and even extermination. These marginalized individuals experience these circumstances, while those who are not marginalized have abundant resources and opportunities (Young, 1990).

Powerlessness. Powerlessness refers to the inability of an oppressed group to make decisions about their own lives. The powerless lack the authority, status, and sense of self that professionals tend to have. Injustices related to powerlessness involve hindrances to developing one's abilities, limited control over decisions in the workplace, and disrespectful treatment because of one's social status or position (Young, 1990).

Cultural Imperialism. Cultural imperialism involves the universalization of a dominant group's experience and culture and its establishment as the norm. Those living under cultural imperialism find themselves defined from the outside, positioned, and placed by a network of dominant meanings they experience as arising from elsewhere, from those with whom they do not identify and who do not identify with them (p.59). The unfairness of cultural imperialism lies

in the fact that the oppressed groups' own experiences and understanding of social life are often disregarded or overlooked by the dominant culture. Instead, the dominant culture imposes its own experiences and interpretations of social life onto the oppressed group. This results in a lack of representation and recognition of the oppressed group's unique perspectives and contributes to the perpetuation of inequality.

Violence. Many groups suffer the oppression of systematic violence. Members of some groups live with the knowledge that they must fear random, unprovoked attacks on their persons or property, which have no motive but to damage, humiliate, or destroy the person. The oppression of violence encompasses more than just direct acts of victimization. It also includes the constant awareness shared by all members of oppressed groups that they are at risk of harm solely based on their group identity. Simply living under such a constant threat of attack, whether on themselves, their families, or their friends, deprives the oppressed of freedom and dignity and unnecessarily drains their energy.

Any of these five conditions is sufficient for calling a group oppressed. However, different group oppressions exhibit different combination of these forms, as do different group members. As a group, women are subject to gender-based exploitation, powerlessness, cultural imperialism, and violence. Racism also condemns Africans to marginalization, and most Africans suffer all five forms of oppression. The five faces of oppression help to view the experiences and oppressions that African immigrants are exposed to in general.

African Immigrant Women

In many countries, immigrant women make up over half of the immigrant population (OECD, 2021), and their mental health is an increasingly important public health concern (O'Mahony & Clark, 2018). Alberta has seen significant growth in its immigrant population, with

a 31.1% increase in Edmonton and a 28% increase in Calgary between 2011 and 2016 (Statistics Canada, 2017). Research indicates that women and men respond differently to the challenges of transitioning and integrating into a new society (Yoshihama et al., 2014; Kanagaratnam et al., 2012). The confluence of gender, race, ethnicity, immigrant status, and cultural expectations places African men at risk of poor mental health outcomes (Olawo, 2019). Men not only encounter acculturation stress related to gender roles but also grapple with the challenge of adjusting to gender role expectations (Olawo, 2019; Okeke-hejira et al., 2019). Cultural norms pressuring men to exhibit strength in the face of adversity consistently and to suppress any display of vulnerability render them more susceptible to mental health challenges (Olawo, 2019). For women, the intersection of race, nationality, and gender also influences the integration of women into their new society (Okeke-Ihejirika et al., 2019). The gender norms in Canada, particularly the expectation for women to be primary earners, can contribute to domestic violence. This shift challenges men's traditional privilege and leaves women vulnerable thereby impacting their mental health (Okeke-Ihejirika et al., 2018).

Studies conducted on the challenges faced by immigrant women in Western countries, including Canada, have identified job market inequalities, social isolation, lack of social networks, and insufficient provision of mental health care as significant obstacles (Okeke-Ihejirika et al., 2016). African immigrant women, in particular, experience discrimination at work based on factors like race, nationality, and gender (Wong, 2014), and their qualifications may be disregarded or undervalued in jobs predominantly held by women and requiring lower skills (Elabor-Idemudia, 1999; Ogunsiji et al., 2012). Unemployment and underemployment further limit their access to social networks and support systems necessary for integration into the host country (McMichael & Manderson, 2004). African immigrant women also face

domestic violence in their new environment, with gender relations playing a significant role (Okeke-Ihejirika et al., 2019). Research suggests that changes in gender dynamics following migration contribute to the risk of domestic violence (Hoffman, 2014; Jin & Keat, 2010; Mahler & Pessar, 2006).

CHAPTER 3: METHODOLOGY

Research Design

An exploratory, descriptive qualitative research design was used to understand the experiences of African immigrant women after their arrival to Southern Alberta. The method used for data collection was semi-structured interviews. This approach is appropriate as it documents and describes the phenomenon of interest (Marshall & Rossman, 2016). This approach allowed study participants to share their experiences and contribute to developing new knowledge in an area of interest (Reid-Searl & Happell, 2012). In this case, the phenomenon of interest is the experiences of African immigrant women. This gave African immigrant women the opportunity to share some of the challenges faced after migration and its effect on mental health.

Positionality and Researcher Bias

This section details my positionality as a researcher to address concerns about potential bias in my study. As I reflect on my experiences as an African immigrant woman in Southern Alberta, navigating the challenges encountered in Canada, I acknowledge the alignment of my journey with the study's focus. In certain aspects, I bring my experiences into consideration and reflection with regards to this study. Arriving in Canada with two young children and no other family members, I have personally grappled with challenges related to childcare, the non-recognition of international qualifications, underemployment, and racial discrimination. These personal experiences have been crucial in shaping my research's focus on African immigrant women's experiences in Southern Alberta. I recognize that there are other valuable experiences and stories to be explored among African immigrant women residing in Southern Alberta.

Theoretical Approach

This study employed intersectionality theory as an analytical lens to explain my findings. It also used intersectionality theory as an analytical lens during coding. This study utilized intersectionality theory to analyze the challenges faced by African immigrant women in Southern Alberta and their impact on mental health. By considering factors such as African identity, gender, and migration experiences, the study explored how these intersecting factors contribute to poor mental health outcomes. Intersectionality theory guided both data collection and analysis, acknowledging the complexity and interconnectedness of the challenges experienced by participants. The study anticipates that the cumulative effect of these challenges may lead to distress and affect the mental health of African immigrant women.

Research Setting

This study was conducted with African immigrant women in Southern Alberta. Alberta is the fourth-largest province in Canada, with a growing African immigrant population. Statistics Canada (2017) states that nearly ninety thousand Africans reside in Alberta. Alberta has Canada's fastest-growing population of immigrants (Statistics Canada, 2017). The African immigration population in Canada includes but is not limited to, Nigerians, Ethiopians, Ghanaians, Togolese, Kenyans, Congolese, South Africans, and Cameroonians. Participants were interviewed in a natural setting, including their homes or any chosen place of convenience, which provided them with safety, security, and confidentiality.

Participant Recruitment

The study used purposive sampling with snowball sampling techniques to recruit eleven (11) participants from the population of African immigrant women in Southern Alberta. The purposive sampling helped select participants based on proficiency and experiences of the

phenomenon under study (Holloway & Wheeler, 2010; Creswell & Clark, 2017). This method selected African immigrant women who migrated to Southern Alberta. The snowball sampling method was also used to recruit other participants. Snowball or chain sampling involves seeking information from key informants about details of other 'information-rich cases' in the field. The chain of recommended informants would typically diverge initially as many possible sources are recommended, then converge as a few key names get mentioned over and over (Patton, 2002, p.237). Thus, the researcher asked African immigrant women who met the eligibility criteria and consented to participate in the research to recommend other potentially qualified individuals.

For this study, the eligibility criteria included participants who are African women, proficient in English, 18 years and older, and who have migrated to Southern Alberta and lived in Southern Alberta for at least six months. Participants meeting these criteria were expected to have experienced some challenges post-migration; therefore, having the ability to share their experiences and opinions related to the phenomenon of interest.

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 (see Appendix A) was sent to the leaders of African immigrant associations and leaders of established cultural and religious groups upon approval by the University of Alberta Human Research Ethics Board (Pro00132845) seeking their assistance in the study. A zoom or Microsoft Team meeting was scheduled with the association executives after providing the introductory letter and the ethics committee's approval letter. The purpose of the research was then explained to them, and they were allowed to ask any questions about the study. With their consent, recruitment posters (see Appendix D) advertising the study were shared via their social media platforms, including WhatsApp and Facebook pages, to invite

potential individuals to participate. Some posters were also displayed on noticeboards in 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, and potential use of the data collected before being provided an opportunity to freely consent to study participation without any pressure or coercion from the researcher or organizational leaders. A consent form (see Appendix B) detailing the objectives, procedures, 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. Participant comprehension of the study was determined by the interviewer obtaining consent before inviting them to sign.

Participants signed the consent form and the researcher and the participant mutually agreed upon the interview date. In working with the African immigrant association leaders, care was taken to ensure that potential participants did 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, a semi-structured interview was used to collect data from African immigrant women in Southern Alberta to find out the challenges they faced after arrival to Canada that affected their mental health. This method of data collection was suitable for the research design, exploratory, descriptive qualitative research, as I needed to explore the experiences of these women and allow participants to express themselves as best as they could (Kallio et al., 2016; Polit & Beck, 2010).

I developed an interview guide (see Appendix C) that my supervisor and supervisory committee members vetted. The first section focused on basic demographic information and participants' views and beliefs surrounding immigration (e.g., why did they migrate from their homes?). The second section addressed their experiences after immigrating to Canada (e.g., what challenges did they face after arrival in Canada?). Participants were interviewed in a natural setting, which preserved their confidentiality, including their homes. Interviews were conducted over Microsoft Teams. After the participant consented, the conversations were recorded on Microsoft Teams. This ensured that transcriptions were accurate and reflected the words used by the participant (Bryman, 2012). The interviews lasted between 30-90 minutes. Participants were ensured they could stop the interview at any time.

I proceeded with my interview using the strategy designed by Rubin and Rubin (1995, 2005). According to Rubin and Rubin, this interview process has five stages. Stage one includes introducing myself and the topic. This put me (the interviewer) and the participant, at ease through informal chat and by reviewing the topic and how the information provided by the participant will be used. In the second stage, I asked some easy questions and showed empathy as this began the more formal interview. This showed I was interested in their words and wanted to learn from them. In the third stage, I asked the tough questions or addressed more sensitive topics. This was followed by asking some more straightforward questions. In the fourth stage, I toned down the emotional level to end the interview positively. This was done by returning to earlier, less sensitive topics. The fifth stage was closing the interview while maintaining contact, such as thanking the participant and keeping the door open by asking the participant if they wanted a copy of the report or whether I could talk to them again in the future. Participants were

also provided with resources for immigrant support and counseling. All participants received a \$10 gift card for participating in the study.

Data Analysis

Interviews were transcribed verbatim. After transcription, I read the transcripts in their entirety several times to correct for grammatical errors and remove any potentially identifying information. Inductive thematic analysis technique was used to analyze all transcripts (Braun & Clarke, 2021). The thematic analysis identifies, analyzes, and reports themes within and across data about participants' experiences, perspectives, behaviors, and practices (Braun & Clarke, 2012). Braun & Clarke's (2021) six phases of thematic analysis were used to guide analysis. The six phases included familiarising oneself with the data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes, and producing the report.

Following the thematic analysis guidelines suggested by Braun and Clarke (2021), the interviews collected were transcribed, and I then re-read each transcript to obtain an understanding of the transcript. The transcripts were then imported into NVivo software for qualitative analysis (Version 12) to code the transcripts inductively. I reviewed the dataset and highlighted potential phrases and sentences relevant to the research topic to generate initial codes. In generating initial codes, I identified aspects of the data items that were interesting and maybe informative in developing themes. Any data item that might be useful in addressing the research questions was coded. After all relevant data items had been coded, I focused on interpreting aggregated meanings and meaningfulness across the dataset. The coded data was reviewed and analyzed to determine how codes may be combined according to shared meanings to form themes or subthemes. I actively construed the relationship among the different codes and examined how this relationship could inform the narrative of a given theme. I then assembled

codes into initial candidate themes. I conducted a recursive review of the candidate themes to the coded data items and the entire dataset. Then, I reviewed the relationships among the data items and codes that informed each theme and subtheme. Then, I reviewed the candidate themes of the data set to demonstrate that items and codes are appropriate for interpreting the dataset. In defining the themes, I identified the data items to use as extracts when writing up the results of my analysis. I then reported my data whereby themes were connected logically and meaningfully, building a cogent narrative of the data (Braun & Clarke, 2021).

Data Management

The data collected was for research purposes only and was not shared with any third party, other than my supervisor and supervisory committee members for their input and guidance. Participants' privacy and confidentiality were ensured. I ensured their anonymity by masking their names in the data as pseudonyms were used. Each recorded interview was transferred to a password-protected computer and stored in an encrypted folder before the following interview. The computer remained with the researcher and was not given to a third party for any reason. Field notes and hard copies of transcribed data were kept in a locked safe, and soft copies of transcribed data were password-protected.

Enhancing Trustworthiness

I used Lincoln and Guba's (1985) elements of rigor to ensure trustworthiness.

Confirmability

Confirmability represents the researcher's neutrality in interpreting the findings (Guba & Lincoln, 1989). To ensure confirmability, throughout data collection, I kept field notes of my emerging understanding of the data and reflected on my 'insider' positionality as an African immigrant vis-à-vis those of the research participants. I also supported emerging themes with

participant quotes (Cope, 2014). My supervisor was given the data collected for verification and interpretation to minimize bias from me as the researcher.

Dependability

Dependability is the stability of data over time (Polit & Beck, 2012). To ensure dependability, another element of rigor, data collected from the interview and preliminary findings, was shared with my supervisor for reflection and advice. The preliminary findings were also shared with members of my advisory committee for their reflection and advice. The advisory committee members included my supervisor and two other faculty members from the Health Sciences department. The advisory committee partnered with me, the student, and my supervisor to guide and advise me. Members of the advisory committee were selected based on their complementary fields of expertise and the nature and planning of my research project. I also shared the preliminary findings with the participants. This way, the participants could confirm the emerging findings and contribute their insights for a comprehensive understanding of the factors influencing the mental health of African immigrant women.

Credibility

Credibility refers to how the researcher's data interpretation reflects the participants' views (Polit & Beck, 2012). To establish the credibility of the findings, participants were allowed to provide feedback on their data at two time points (Yardley, 2008). Participants were allowed to add, modify, or remove any comment at the end of each interview. Everyone was later sent the complete verbatim interview transcript and allowed to add, modify, clarify, or exclude comments (Lincoln & Guba, 1985).

Ethical Considerations

Access and Rapport

I sought approval from the University of Alberta Research Ethics Board and individuals at the proposed research site. This process involved submitting a proposal detailing my study procedures (Creswell, 2012). I also created a consent form. This consent form (see Appendix B) discussed the right of participants to withdraw from the study at any time, the central purpose of the study, the procedures for data collection, the protection of confidentiality, and the known risks and benefits associated with participation in the study (Creswell, 2012). Participants were also provided with resources for counseling and support if they needed it.

Power

Power is an ethical issue as power is about the relationship between the interviewer and the interviewee (Kvale & Brinkmann, 2009; Nunkoosing, 2005; Weis & Fine, 2000). It is believed that there is usually unequal power between the interviewer and the interviewee (Kvale & Brinkmann, 2009). To handle the issue of power in my interview, I tried to make it collaborative, where the participants and I approached equality in questioning, interpreting, and reporting (Kvale & Brinkmann, 2009). While interviewing, I avoided leading questions and withheld sharing personal impressions about what was discussed.

I strictly adhered to the ethics guidelines of the Tri-Council Policy Statement compiled for the Canadian Institutes of Health Research (CIHR), the Social Sciences and Humanities Research Council (SSHRC), and the Natural Sciences and Engineering Research Council of Canada (NSERC). These guidelines included respect for persons, concern for welfare, and justice.

Respect for Persons

To ensure respect for people, I obtained informed consent by explaining the rationale for my study to the participants (Bryman & Bell, 2015). Information on this study was provided in detail to enable understanding and the ability to make an informed decision to participate. The anonymity of participants was maintained throughout the analysis and dissemination of findings. Pseudonyms were used, and all identifying factors were removed to ensure the anonymity of participants.

Concern for Welfare

The study's risks and benefits were explained to the participants. Sensitive research questions that posed a risk to participants were avoided. Participants who met the eligibility criteria and voluntarily agreed to participate after reading and signing the consent form were allowed to participate in the research, while those who did not meet the eligibility criteria did not partake in this study. Participants had the right to withdraw from the study at any time of the research process without any intimidation or consequence.

Justice

In this study, I ensured that all participants were treated equally and fairly (Bryman, 2012). I ensured that participants did not feel exploited, overly burdened, or denied the opportunity to learn about the research's benefits. I ensured the participants understood the research's benefits and voluntarily consented. I avoided the power imbalance between the researcher and the participants and created a comfortable atmosphere where participants could share their lived experiences.

CHAPTER 4: STUDY FINDINGS

The challenges faced by African immigrant women after migrating to Southern Alberta are numerous, and these challenges impact their mental health. In this chapter, I will discuss the findings of the following research question: “How do the challenges faced by African Immigrant women after arrival to Canada affect their mental health?” The findings will include a summary of participant demographics and the themes from the qualitative analysis of interview transcripts.

The study findings are based on data gathered from individual interviews with eleven (11) African immigrant women in Southern Alberta. These interviews, conducted via Microsoft Teams videoconference software, lasted between 30 and 120 minutes and were audio recorded and transcribed. The data collection process was deemed sufficient after eleven (11) participants, as data saturation was achieved. Semi-structured questions were used to capture the in-depth experiences of each participant post-migration. The interviews were then transcribed and a thematic analysis, following the method outlined by Braun and Clarke (2021), was performed.

Demographic Information of Participants

Eleven African immigrant women above 18 years of age and in Southern Alberta for at least six months participated in the study. Eight participants were married, two were single, and one was divorced. The sample was diverse in terms of participant country of origin to ensure that participants’ experiences and responses were diverse. There were three Ghanaians, five Nigerians, one Eritrean, one Ethiopian, and one Kenyan. Participants had different reasons for migrating to Canada, including employment, better quality of life and living conditions, better career opportunities, and better education for themselves and their children. At the time of the

interview, six participants had attained Canadian citizenship, one held permanent residency status, one was a temporary resident, and three were on study permits. See Table 1.

Table 1

Demographic Summary

Participants	Country	Age group	Level of Education	Marital status	Religious Affiliation	Immigration Status	Number of years in Canada
Kate	Nigeria	36-45	University degree	Married	Christian	Canadian Citizen	10 years
Rosemary	Nigeria	46-55	University degree	Married	Christian	Canadian Citizen	14 years
Comfort	Kenya	26-35	College diploma	Single	Christian	Student	5 years
Sara	Ethiopia	46-55	College diploma	Married	Christian	Canadian Citizen	31 years
Angel	Ghana	46-55	University degree	Married	Christian	Temporary resident	7 months
Sophie	Ghana	18-25	University degree	Single	Muslim	Student	2 years
Juliet	Nigeria	26-35	University degree	Married	Christian	Permanent resident	3 years
Mary	Eritrea	56-55	College diploma	Divorced	Christian	Canadian citizen	32 years
Aisha	Nigeria	26-35	University degree	Married	Christian	Student	1 year, 9 months
Bola	Nigeria	46-55	University degree	Married	Christian	Canadian citizen	12 years
Naana	Ghana	46-55	University degree	Married	Christian	Canadian citizen	10 years

Themes

The central theme of the data is “The necessity of finding ways to survive in the face of intersecting challenges,” which illustrates African women’s resilience and determination to be successful in their new environment, even in the face of overwhelming challenges. Three main

sub-themes were identified: (a) struggles in Canada, (b) consequences, and (c) surviving the storm. Table 2 contains the central theme, subthemes, and elements of the subthemes.

Table 2

Central theme, subthemes, and elements of the subthemes

Central Theme: The necessity of surviving in the face of intersecting challenges			
Subtheme	Struggles in Canada	Consequences	Surviving the storm
Subtheme Elements	Structural barriers to economic success	Psychological impact	Finding new extended family and support in a new home
	Navigating multiple intersecting layers of discrimination	Social impact	Resilience/Strength through adversity
	Burden of gender double duty		Survival through spiritual support
			Becoming bicultural
			Proactive problem solving

Central Theme

The central theme, "Necessity of finding ways to survive in the face of intersecting challenges," encapsulates the resolute determination and resilience demonstrated by the participants to thrive despite encountering formidable obstacles upon their arrival in Canada. Postmigration challenges proved more overwhelming than anticipated, and participants

acknowledged this reality. However, their unwavering determination to realize their migration goals propelled them to surmount these difficulties. As Naana stated

There are some experiences that I have gone through here that I wouldn't have gone through back home. Back home I would just be a relaxed person, not thinking about anything, not having myself stressed up. Then coming to Canada, I have gone through a lot of experiences, things that I never thought I would find myself in. That is the challenges that I'm going through in Canada here, So I guess have to accept it. That is how life has brought me, So you just have to accept it as it is. And it's like because you need to survive, and you have taken that burden upon on yourself. My kids need a better education.

Participants perceived survival as imperative, leading them to strive relentlessly to overcome the challenges they face. Motivated to provide their children with better opportunities, escape insecurities from their home countries, and support their families left behind, they are determined to adapt and thrive in Canada. As highlighted by Sara...

So all the time I think I change my attitude to think and to believe that it doesn't matter what, I am here. I have kids. I have a family, I have to survive. It doesn't matter what, this is a problem I have to attack the problems and I have to take whatever job, You cannot go back home because of the political situation....

Participants showed unwavering resolve, refusing to consider giving up and viewing the encountered challenges as temporary hurdles. They perceived Canada as offering a superior quality of life compared to their home countries, drawn by the prospects of better career opportunities and superior education for their children. They also received positive endorsements from individuals residing in Canada, further inspiring their aspirations for a better life and improved living standards for themselves and their families. They firmly believed that the challenges were transient and would gradually subside. As stated by one participant...

“...So is just looking for ways of managing the challenges and you know facing it head and knowing fully well that it's not going to last forever, right...” Bola

Participants showed strong determination to persevere in Canada despite their challenges, viewing these obstacles as temporary phases that they believed would eventually pass.

Subtheme 1- Struggles in Canada

The subtheme “struggles in Canada” captured the practical experiences of the participants. These challenges included: structural barriers to economic success; navigating multiple intersecting layers of discrimination; and burden of gender double duty.

Structural Barriers to Economic Success

Participants revealed they were faced with several critical challenges on their arrival to Canada. Some of these included economic challenges where structural factors such as non-recognition of international credentials and experience forced participants into unemployment, and those who were employed were underemployed. This posed financial constraints on them and subjected them to poverty and led to unfilled career expectations. Naana stated,

we have to go through all the circumstances that we went through to get a better job. There are jobs, but you never get a job of your interests or your field of work. What you have studied, thinking you would get the same line of study or the same line of job that you had back in your country. It's not like that.

Notably, eight participants arrived with qualifications and significant experience from their home country. However, due to the non-recognition of their credentials, they find themselves compelled to take low-paying jobs. These jobs are not only challenging to secure but also require spending several months searching for meaningful employment. Often, these low-paying jobs fall short of covering the numerous bills participants face in Canada. Moreover, participants frequently work in fields unrelated to their study area. Angel stated....

Ah, since I got here, the only challenge that I'm having is the job searching. I've been here for seven months, and it took me about three to four months to even get this part time job....

Some participants further expressed their displeasure; for example, Mary said...*Even to get into that field to work with that field, it is a very challenging...* Whereas Angel said...*And then as a university graduate back from home, I've not gotten the job that I'm looking for yet...*

Often, these women return to school to acquire a Canadian education to secure employment. As Naana stated,

I never had a job in that field, so I have to go in for another diploma course which it's not my heart desire to get, but because I need to sustain my family. I had to go in for that job, that education and then go into that field of work and that is what I'm in now and it's all good because I don't want to go into anymore education.

Navigating Multiple Intersecting Layers of Discrimination

Racial discrimination presented a significant challenge articulated by nine of the eleven participants. Participants highlighted various manifestations of racial discrimination as a significant challenge encountered in Canada. They recounted instances where discrimination based on race and gender was pervasive. Often, these instances of racism manifested subtly in the form of microaggressions. The workplace, day-to-day activities, and even their children's experiences were identified as contexts where racism was observed. Discrimination related to accents was also mentioned as a prevalent form of racism faced by participants. For example, Bola stated, "*Mmm of course you have challenges in terms of racism, the subtle, I will say it's a more subtle racism*" Furthermore, as stated by Angel,

...but well, I think it's been fine and the people are ... kind of welcoming to some extent, but ...there is also microaggression and passive racism. ... I had faced the challenge of, just like I said, racism, but very subtle where people make comments like ohh, I didn't know you could speak English. What's your country like? You know when people want to be umm racist but very subtle about it because of the color of skin. I've also experienced it, but not full blown.

It is worth noting that the encounters participants faced with racial discrimination and the barriers to economic success in Canada revealed an interconnection between structural racism

and individual experiences of discrimination. The structural factors, such as the non-recognition of credentials and the insistence on Canadian experience, coupled with discrimination from employers based on skin color and African accent, underscore the challenges of discrimination participants had to contend with in Canada. Discrimination in employment and the workplace emerged as a prevalent issue among the participants. They shared instances where they experienced racism at their workplace. In numerous cases, their white counterparts were favored, even when the participants possessed more job-related experiences, as reported by participants. Despite obtaining a Canadian education and accumulating relevant experiences, participants expressed frustration over encountering barriers to certain positions due to their skin color. Discrimination within the workplace was reported to come from colleagues and the clients they served. The nature of this racial discrimination varied; some were subtle and embedded in everyday interactions, while some were overtly and directly targeted against the participants.

Mary said,

.... There are those kinds of challenges at workplace all the time we've been looked at and then judge that by your look. But I learned that I have to prove myself by doing what I have to do. And even if I get a job and whatever I work like right now, I am OK. But there were some experiences like you will be mistreated like you are nothing. You don't know anything or something, even though you are working, you are doing ten times better than the other people. There is discrimination.

Whereas Sara stated,

But just too, as a woman, generally speaking, as a black person, it was a big challenge even to join the workforce. As always, immediately your color rejects you to be qualified for anything, and yeah, immediately. When people look at you and they act like you don't know anything or that kind of attitude. But still it was very, very hard. As I said, people are not giving you a chance to look at you the same way they look at your colleagues. So, it was very, very challenging to survive there too with this condition. You have to accept any kind of job, any kind. Because as I said, not because you are not qualified, but the other also, those part time jobs are available to other people than you. I took my time to finish my diploma. I graduated from there, but as I said earlier, the problem is not the education, not the experience, the problem is my color. You have to be not the colored person to get that position... but if you ask a question, can I get the next position? Can I

go to the next step? Then you can see the problem. Who are you to ask that question? You are not entitled as a Black person, as a Black woman, you have to stay there....

Nanna expressed,

.....I did all my practicums, finished the schooling, did my practical and now searching for a job with that course that I did, took me years, which I never got a job into because it was a frontline job. It's sometime people just look down upon you or something and is just because of your skin color...

Participants expressed incredible frustration with their situations. Even though many had good experience and had occupied leadership positions in their country of origin, all of these experiences did not count as they had to start from the bottom in their career. Participants felt they could work in their area of expertise but were not given the opportunity here. For example, Angel stated,

“It's not like I don't qualify for admin job, I've done admin job for so long back home. It's not something that I cannot do, so ask yourself, why am I not being called?” Whereas Bola said,

....Even though I was working in the same industry that I came from Nigeria, that was a big blow. I was already a manager. I mean a head of operation where I was coming from, that did not count because Canada system is different from us, I didn't have Canadian experience. What counted? OK, you had a banking experience and that was it. But the fact that I've had experiences in different aspects I could manage, I could actually manage a branch if I was given the opportunity and the training because I have, that did not count. So I had to start all the way. So that's a very big challenge

Additionally, according to Angel,

That's just what's, maybe because that is what comes to mind in the first place. Like maybe I don't have Canadian workers' experience. That is why I have not been selected or have not been called, even not to test me, to say maybe we tried her she is not good or she couldn't express herself or whatever means you would do to disqualify me? None of such thing happen. So for me, I think like maybe you need to have Canadian experience work experience. You need to have Canadian qualification or something of that kind...

Participants also recounted that they experienced racial discrimination in their day-to-day activities. They experience racism right in their community and in their interactions with people

in their new environment. Many pointed out that some were right in their faces and were challenging. For example, Bola said,

The racism, Oh, God, yeah. I faced racism in Ontario very well and so also here in Southern Alberta. But like I say, a lot of it were subtle, is one or two or three that is in your face. That kind of, you know, a Black woman. I've heard somebody call me Black bitch before, so I've heard somebody told me go back to your country, We don't need you here. You know, I've had somebody take me to the social media, you know, but I couldn't be bothered. Why? Because people display their ignorance. what they don't know, they fear it. And what they fear, they try to destroy. So that's the way I see it...

Naana indicated,

And even when you go to the shops and things, you'll be in a queue, there are people in the queue, you see that it's your turn to be served, but that white person who is at the counter ready to serve you would not even call you to be served, he'll go to the back of the counter all fidgeting, doing something that is unnecessary, Say something that is irrelevant instead of him or her calling you to serve you because they have seen a Black person standing there to be served and he or she hates Black people, would not even call you to serve, they would go and do something until someone else come to call you to serve you...

According to Kate,

Sometimes when I have a used product in my house and there are so many platforms that people sell their used items that are still really good. If I want to sell my, I feel like some people are, because it has happened to me before. Like I will post it and when they come and when they see that you are black, they will just give you an excuse and then they will not buy it. In fact, there was one time I was selling one dish, one table dishwasher in the kitchen. She heard my words and she looked at my face. She saw that I was Black. She grabbed the money from me, like right away, grabbed the money and said no, I'm done. I'm not buying anymore...

Whereas Bola voiced,

I've experienced it at my workplace, not so much from colleagues, but from clients at the workplace, that's, you know, when they see my name they don't even want you attending to them before seeing my face and I've had some people just walk into my office looking at me just felt immediately that my level of education was lower than theirs until I opened my mouth. Right? I have people say you know, where did you learn your English from? You know that kind of in a very condescending manner. There's a way people will ask question that, you know they are enquiring, is not, they just want to know because maybe they're surprised, that's not what they thought, but the one that it's condescending, you know?...

Participants conveyed that racism was not solely their own experience. Instead, their children also encountered racism both within school environments and in their day-to-day activities. As articulated by Kate,

Yeah, sometimes they said some kids might call them like, monkey. Probably because they're black. but it's my third son. I faced a lot of challenges and then. Yeah, So many things from school, like it got to a level that even they make him sign some things in school. And like every little thing he does, they have to call me. You know, you gotta come, You gotta come, You gotta come, You gotta come. Sometimes I feel like what if he's a White child, would they have done this? I don't know. I feel like they were hard on him more than what is supposed to be...

Whereas Sara recounted,

So few weeks back, I asked, I told my son like what he has to do to protect himself for this kind of situation and he told me once, he said, "Mom, don't you think I didn't face this kind of discrimination in my life? Yes. Whenever I went to seven eleven with my friends, the shop owners always followed on me..." I said, "Oh my God." And you would think my kids wouldn't face this kind of discrimination. I thought that was only for myself.....I remember once my son and his classmates, they have a competition every Friday for math class. Every Friday, each kids, they have a competition, and by the end to find the winner and from 25 students in the class, they were two kids left for the last Friday, my son and one of the boys, Caucasian boy and my son was the winner and the teacher told him, I'm sorry I cannot give you the trophy because I don't want the other boy to be sad. You know, as your mother. You know that like how much it hurts, but you cannot do anything...

Burden of Gender Double Duty

Nine participants out of the eleven participants had children with them in Canada. They highlighted the complexities faced as women in Canada, grappling with the balance between caring for their households, tending to their children, and sustaining meaningful employment. Among the challenges identified, participants emphasized the lack of support they encountered in Canada. As expressed by participants, juggling childcare responsibilities, and shouldering diverse roles as women emerged as major stressors. Sophie stated*So it's like finding balance between everything is also another challenge because you have to make time for every single thing you want to do and have to do. Yeah....* Whereas Sara expressed,

Yeah, I said, it takes everything from you. There is no time for yourself. Being a mother to three kids in full time work, this full-time work is not just full-time work, not just one job. It's a job with labor related, they call it hostess or waitress position, but it's not. Most of the time, we don't take a break at work because it's impossible to finish the job and very, very hard. But as a mother, you have lots of responsibilities at home. So I tried to get time for me, For myself, for my kids, for my husband. That's how I survive until today, but not easy...

Rosemary indicated,

So, the challenge here will be that in terms of how do you care for your child and still hold your full time job because now at the daycare, I worked, you know you would do nine hours of work and one hour of a break...

Five participants expressed considerable difficulty in accessing childcare services in Canada, and even when available, the services were financially burdensome. Unlike in Africa, where individuals often had assistance available to care for their children, this support system was not readily accessible in Canada. In Africa, participants received support from informal channels such as their family and friends in the community in caring for their children, and this is different for them in Canada. The absence of such familiar support has left them without the assistance and aid they previously depended on, thereby intensifying the challenges with childcare in their new environment. This situation created immense stress for recently migrated women who found themselves navigating the challenges of caring for children entirely on their own, lacking the support they were accustomed to. As Juliet said...*And then also finding childcare is also been kind of challenging here....* Whereas Bola voiced,

Temi came in when he was six years old. So yeah, childcare is very expensive We were here... only with my son. No vehicle so that the support system was not there in terms of back home I had a house help. If you worked and if you know what I mean, if you're working in the bank, you know your resumption time, you don't know your closing time, but I had a house help that I could pick and drop my son with, but here I didn't have anyone to rely on and I have to take my son to school...

Participants also acknowledged that in Canada, communal support was absent, unlike what they experienced during pregnancy and postpartum periods back home in Africa.

Participants are used to the collectivist system of living in their home countries. In Africa, pregnant women traditionally receive substantial assistance and support in managing the demanding tasks during pregnancy and after childbirth. However, upon relocating to Canada, this supportive network is notably absent. Consequently, these women find themselves solely responsible for various tasks during this period despite the desire for relief from some of these responsibilities. This absence significantly affects their mental health and well-being. As Juliet stated...

There's little or no support actually compared to what we have, what I had back home, there's no communal system of living like what I had back home. And also, especially when I was pregnant there was that, although it was cool when I had my first baby but, there was this support I knew pregnant women get back home and it wasn't there...

It is noteworthy that the gender double duty challenge also intersects with the stress of being a new parent compounded by the lack of adequate social support after migration. Just as stated by Comfort....

And the motherhood thing as well, you know, raising a kid, your first kid. I was young, I am lastborn. I never raised any kid back home. So oops, when it came to raising my kid, I struggled a lot. And then now having a second person depending on you, like you have a dependent, you have to think when you have everything you provide must be twice your own. And it changed my perspective of looking the other things and then the reality that you're now on your own to take care of your kid. So you must work hard to get some something in life, right?...

The weight of additional responsibilities that women bear, often with inadequate or no support, significantly influenced their decision to expand their families. Some participants stated they could not entertain having more babies and growing their families. The absence of such support, coupled with the high costs associated with childcare, often compels women to abandon the notion even before it can take root. The lack of a supportive framework becomes a considerable obstacle, contributing to the decision-making process regarding family growth. As stated by Rosemary,

You know the, the idea to grow your family would not come up because you're thinking about the childcare that you pay, you know, will take all the money that you think you're making and all that. So there's always those variables that can be challenging....because if I was in Nigeria, even if I had all this stuff, I'll be making babies. Even if my husband wanted me to have five children, he should be asking for five babies, no matter what but because he is here and we are both here and we see that. Ah, okay who wants to die first? You know, this is a lot, like do you have money to raise these kids or to pay this bill to childcare or, you know, to hold the job? But all of these little things that just are expensive, they come at a cost...

Sub-Theme 2: Consequences

The second sub-theme, which emerged from the interviews, was the consequences of the challenges on mental health. Participants stated that the challenges they faced after arrival to Canada had impacted different aspects of their lives. This has impacted their mental health and social well-being as there was a psychological impact and social impact.

Psychological Impact

The psychological impact part of this sub-theme relates to the mental and emotional state of the participants. It encapsulates the profound psychological and emotional distress endured by participants because of the challenges faced. This is evidenced by the persistent experiences of depressive moments, stress, anxiety, sadness, frustrations, feelings of hopelessness, bouts of crying, and even physical manifestations such as headaches. Just as Naana complained of stress, she experienced post migration.... *There are stresses everywhere but not as much as Canada. Canada has so much stress compared to when I was back home, there's less stress....* Also, Sara stated how the challenges made her feel.... *I have to see a doctor because I was so depressed, I cried every day, I had a bad headache.*

The various challenges as mentioned by participants played a pivotal role in fostering the development of psychological and emotional distress among the participants. As Sophie

expressed, “...It's like all the horrible feelings combined, like feeling down, feeling overwhelmed. Frustration, depressions like everything put together...”

Kate talked about her anxiety for the future,

Of course it affects my self-esteem because even up till now I have a lot of things in my house. I really... want to do garage sale, but I always feel like if I do garage sales now, will people even come to buy it? Yeah, I feel sad. And I feel scared for my kid's future. I feel sad and I'm so scared. Like what stand for my kids in the future? Are they going to grow in this kind of life for the rest of their life? Are you gonna be facing this kind of things for the rest of their lives?....

Participants often feel defeated by the psychological challenges. They expressed frustration over not being able to find a solution to the challenges causing so much mental stress.

Just as Mary stated,

Sometimes, I feel defeated, I feel angry. Why don't I do what I can do? like with my question and everything? Umm, I just can't do what I can do, what is available for me and then just live my life. That's what I love.

In the face of the numerous challenges, one participant openly shared her frustration, expressing “...I was sad, I was frustrated. I thought I was frustrated I was angry also...” (Juliet). This quote showed how participants expressed their deep frustrations with the challenges they are faced with in Canada. Participants also mentioned that although they try to act like everything was okay, there were still times of emotional breakdown. Just as Mary stated, “Umm, I behave okay. Like you know there, there are times of sadness, there are times of anger.” Some participants expressed frustration over their life “...It's like you are not happy, you are not happy at home, you are not happy with your life...” (Sara).

Some participants indicated that although they were depressed and wanted to give up on coming to Canada, they were not suicidal. For example, Comfort stated,

Yeah, like for the family violence was really depressing because it happened that I was at school and that was my first semester at the university. Then I was sad, I was anxious, but

I was, I didn't go to an extent going to bad thoughts like suicidal or something. So just, I was just so stressed, I was about to give up with life in Canada and yeah....

Whereas Sara said “*...especially for few years back, I have to see a doctor because I was so depressed, I cried every day, I had a bad headache...*”

Participants who were students also stated that schoolwork, assignments, and their thesis also posed extra stressors on their mental health. The ability to maintain good grades while working to pay bills and survive in Canada also impacted them psychologically. As Sophie said, “*...Balancing school and work is also another thing I struggled with because, It's like you still want to make money, you still want to get good grades, so you know it's hard...*” Whereas Comfort voiced,

I had research to do, at the same time I had to sort out all these issues that I was on and off the police case thing, and I have to do my school assignments, I have to work. I have to provide for my daughter because I was given full custody. So looks like everything was on me, so it was depressing. I was really struggling, and it was really stressful situation like I could not make it on my own...

Some participants revealed that they experienced diagnosed clinical depression. For instance, Juliet recounted her struggle with postpartum depression, saying “*...It made me feel down that I got to the point of postpartum depression after my second baby was born...*” Others mentioned feeling overwhelmed by the multitude of challenges and feeling depressed. Naana described, “*There are some that you become so depressed...*” Similarly, Aisha expressed “*...I was, let's say I was a bit depressed and you can be depressed like that because I just had a baby like five months prior to coming and I didn't come with her...*”

Social Impact

Many participants stated they were going through serious mental stress, which manifested in various social ways. This ranged from social withdrawal, isolation, and even loss of social relationships. The culture of dealing with situations one is passing through alone led these

women to “go back into their shell.” In this regard, Comfort said, “*At first it made me disconnect with so many people, disconnect with family, disconnected friends, because I isolated myself, thinking that I'm gonna face this. I'm gonna deal with it all by myself...*”

Whereas Kate explained,

I just go back to my shell. I like to be quiet, I get to keep to myself. I try to give people space. I just keep to myself and I tell my kids this is real. You guys don't think everything is just rosy oo it's real, racism is out there. So, I try to encourage my kids and I shut myself down a little bit for a while...

Additionally, Aisha said,

So, I get irritated but then I get to withdraw. So I withdraw myself from people and then the people around now feel like they are now walking on eggshells. And then I tell her no, just take it as one of those mood swings. So, I usually have mood swings. Yes, sometimes like you're down and then I can lock myself up for three days. I don't go out, just I don't really need to see people. I just stay inside my room...

While participants face these challenges and try to keep to themselves, they lose meaningful relationships they had before. They no longer have the ability to open up to people, and they lose friends around them. Just as Sophie mentioned....

...but usually when that happens, I just become very distant from everybody else, right? So, nobody hears from me, I don't talk to anybody. It's just me, myself and I, and that hasn't been like a very good impact cause it's like, I don't know how to open up to my family, especially about certain things. And I also feel like with everything I'm going through here has affected some of my friendships back home. So, I've seen that I've fallen out of friendship with certain people...

It is essential to highlight that participants mentioned that the reluctance to share personal struggles with others often prevents women from opening up about their challenges within African cultural norms. Perhaps some cultures of silence, where people feel reluctant to share their problems, might contribute to these women's social withdrawal and isolation. Just as Rosemary stated, “*Now, culturally, we don't open up with our challenges, especially if it's home, home type of challenges because we don't want to feel like we are open out our homes....*”

Furthermore, participants hardly have time to socialize because all they think about is how to get the bills paid, and this affects both their relationships and their mental health. For example, Sophie explained, “...*you can't socialize, you can't do other stuff, you can't go up, you can't explore Lethbridge, your environment. You don't have time to do things, to go out, because throughout the week you have to work...*” Whereas Naana stated,

The only thing is here you have not much social life. All we know in Canada is work, work, home, work, home, Nothing else. Friends that you even socialize with will be at work when you are free. How to pay your bills, How to pay your mortgages, How to get to work in the winter, How to shovel the snow, How to walk through it or get a bus, those are most stresses that you have to go through every day. Money to pay your bills. So it's always work, work, work work work work, even the holidays you are thinking of working because you get an extra money in addition to pay your bills so. It's all about work in Canada...

Finally, Sara said,

I work and in the afternoon at least I have time with him to sit down, to have dinner, to talk about school. Yeah, I said, it takes everything from you. There is no time for yourself. Being a mother to three kids in full time work, this full time work is not just full time work, not just one job. It's a job with labor related, they call hostess or waitress position, but it's not most of the time, we don't take a break at work because it's impossible to finish the job and. very, very hard. But as a mother, you have lots of lots of responsibilities at home...

Sub-Theme 3: Surviving the Storm

The theme of surviving the storm captured the strategies that participants employed to cope with the challenges and their impact on their health. These strategies, deeply influenced by their culture and religion, were used to mitigate, and overcome some of the experiences faced after arrival to Canada. Participant's coping strategies were informed by the challenges they found themselves in as well as their culture and religion. Strategies that were employed included: Finding new extended family and support in a new home, strength through adversity, survival through spiritual support, becoming bicultural, and proactive problem-solving.

Finding New Extended Family and Support in a New Home

Participants highlighted that connecting with family and friends proved to be a valuable source of support amidst their challenges. Encouraging words from their loved ones provided comfort and a supportive buffer, although it did not eliminate the challenges. This familial connection positively influenced their mental well-being, providing encouragement to thrive in their new environment. For example, Comfort said, “...even engaging phone calls talking to my people, my family back home, asking for guidance and also learning from the mistakes, right, you know?” Whereas Sara stated, “Otherwise, there's no other place to go except discussing the issues with the family...”

Finally, Aisha explained,

So, I found ways to harmonize, ways to keep in touch with family, because I know it's not easy and easy because of the different time zone. So, I had to make some adjustments. Sacrifices just to help myself but then again when you talk, what really helped me was I used to like, talk to family friends, you know, just talk about what's wrong with you. And then they feel like you know, encourage you and tell you all, just look at it is like a future sacrifice. Like my aunt in the US was always, you know, calling me to encourage me, you know...

Participants identified that they received vital support from their families, who significantly encouraged and guided them through adapting to the new environment. This support from their family provided the much-needed social support for their adjustment. After some time, participants started creating new social connections with other Africans and people they met at work and in their new community. Comfort stated,

We have so many people from my country coming in and we are growing even at school. You get to meet more people that you didn't know. Like, you know, interacting with new people, it could be White or Black people from different countries like you. I have so many Nigerians and Ghanaian friends we met from school and work as well. I mean, it's been a great growth creating new friends, creating new community, new everything is just new and it's getting along with me and it's too much growth, I mean....

For participants, meeting new individuals and fostering connections offered a sense of belonging akin to family. Through these connections, participants found comfort in sharing their

challenges with newfound friends, creating a supportive network to receive the necessary assistance and support, further enriching their support network. For example, Mary said, “*No, actually I usually talk to my family and my friends. I have good friends from my culture, I have good Canadian friends which I can talk to, so I talk to my friends and my family...*” Whereas Aisha indicated,

So, I think having with friends, I've had really some good social support, which has really helped, especially from the African community here. Yes, because my supervisor is an African and his wife. He always hosts us. I'll just come over, you know? So, it's those little little things, that's what helped me in the long run... So, you know when your friend talks about their own challenge, comes to you to talk about your own challenge, and we encourage each other. Basically, the go to for help was my friend, which were close like we have this mother to daughter ship and we won't know we are from different background. But then again, we found help from each other...

Finally, in this regard, Sophie voiced,

So it's like even though like sometimes you struggle in Canada like life here in Canada is beating you up, at least having good friends around you makes you feel like, oh, like, it's not so bad because at least I have people who support me all the time. I have people who be around, who be there for me when I need them, you know, all that stuff. Like there's a very good support system around me. So, and it's like we do that for each other. So, it makes things easier...

Strength through Adversity

Many participants employed resilient strategies as coping mechanisms to meet their challenges. These encompassed approaches such as self-resilience, cultivating hope, self-motivation, and determination, as well as drawing strength from their faith in God. Participants believed the challenges were only temporary and would be over with time. This motivates them to continue fighting through whatever they are faced with. Just as stated by Angel,

...Like I said, I know it's just a matter of time. I've not been here for long, so I'm not dwelling on it too much. I don't concentrate on it too much. I know with time things will be fine. And like I said, I know it's temporary, so I don't dwell on those issues too much. So I haven't gotten where I will be more frustrated or I will be like, you know, crying over it or something. No, I haven't gotten there, and I know I strongly believe I will not get there...

Participants do not only harbor hope of overcoming their challenges but are resolutely determined to confront them head-on. This determination is evident when participants exhibit self-motivation and a robust mental preparedness to face obstacles. For example, Sara voiced, *“But I believe that like okay, at least if I work hard and continue working and get Canadian experience, I will grow...”* Additionally Aisha said, *“It's something that I really want to do and I'm not there yet, but then I see hope for the future, of improving my status here”* Whereas Mary stated,

Umm, I say like you know the challenges, uh, at the time were hard, but they make me to work harder, to be stronger because if I just say all this is too hard, this is too tough, I can't and then it's not good for my mental health. It's not good for someone, so I have to think the positive and then I have learned to do what I can do and not what I can't do...

Finally, Rosemary stated,

So, my experience coming in, I knew I would have to start from the beginning, and I was ready mentally for that. I was not gonna come, and I feel like uh, because I was doing this before I must go straight on to that path where I felt like, because before I came to Canada, I taught high school math in the states. But I knew I was going somewhere new, somewhere different and I was open to any job that came my way. I wasn't coming in and saying ohh I have master's degree, so I must, you know this is just I want to do. No, no. I was gonna start from anywhere, so I was open and being open allowed me to explore any job that came out where I applied...

Survival through Spiritual Support

For many participants, spirituality and faith played a significant role in their coping strategies. They found solace in their unwavering faith in God and their reliance on scriptures. Prayer and engagement with the bible became a source of hope and reassurance, particularly in challenging moments. This reliance on their faith fostered the belief that difficult times were transient and would eventually pass. Angel, in this context, shared, *“So I rely solely on God, I pray. I read my bible and in the bible there are lot of conservation question is UM sometimes when you pick your bible you don't. You don't even know what you're going to read, but the*

moment you open is God will give you a message that will comfort you...” Whereas Bola expressed,

And so, my goodness, I have gone, my family and I have gone through tremendous challenges since leaving Nigeria, but we always come out stronger. Again, I would say largely because of our faith in God. We always approach things based from the Christian aspect of things, right? We have scriptures, we speak to. What aspect of this challenge can I control? And I do that one. What aspect can I not control but I ask for help I go there, right? So what other is remaining and there's nothing else I can do, then I pray Ah, I'm a Christian. When I have this kind of challenges, I do pray. I pray a lot. Yeah, I do. Pray and I have faith in God. I know with God all things are possible. So and I know at his own time, I will be fine...

Finally, Rosemary stated,

Now the other thing that I know I do all the time is I read my bible because I am a woman of faith, right? So I believe that the bible is the word of God and it has truths. It tells me how to live life and how to live with people and how to resolve some life challenges. Actually, when you're feeling sad and moody and down, you're feeling trapped or nowhere else. And in this way you have no control where you have to just wait there and wait for people who are in charge to do their thing. Then I default to prayer. I did for the trust in God, so again that is an anchor that I hold dearly into my heart...

Becoming Bicultural

Despite the differences between Canadian culture and their African heritage, participants endeavored to embrace the positive aspects of Canadian culture while incorporating healthy cultural practices from their home culture/countries to aid their adaptation to this new environment. While acknowledging the substantial challenge posed by cultural differences in their new environment, participants actively preserved and promoted their own cultural traditions while welcoming aspects of Canadian culture. This dual approach instilled a sense of pride and value and contributed positively to their mental well-being. As stated by Rosemary,

Is improved because you know at the end of the day, if you have good understanding with people that you have around you, you will take on task uh in the way that allows everyone to have a comfortable life. So being open minded and you know to take risk to try something new, embrace your new environment. Get what is valuable to your life and it's not everything will be useful to you, right? Umm, so that part of recreation is new to us culturally and that's the thing that we need to learn. I just learned that just being able to

go for walks or watch a movie at the theater or watching the TV in the house. So those little things, I think that one can do to improve every day and add a space of excitement to what we do like as African woman, yeah....

Furthermore, Bola said,

....There is no way I can leave my home culture behind because I believe that every culture has its gift. Have I imbibed some Canadian culture? Yes, that I believe it's beneficial to me, to my family and to human race, right? But leave my culture behind? No, and that is why for me, my house, my son left Nigeria the age of three. And so, he barely knows nothing, but we made it a point of duty that we cook our African food at home, we get African clothes for him when we go for occasions Umm, yeah, we tell him about the African culture, the respect and all that. So, but the Canadian culture, the good about the Canadian culture as well, you know that will speak, speak up, speak for yourself, you know, know your rights and things like that, that also is imbibed...

Finally, Kate indicated,

I, personally, I want my kids to balance it up. I want them to learn both cultures because they are living here. If they don't learn Canadian culture, it will be hard for them to survive. But at the same time, I want them to know their origin. The culture of their origin too, so I want them to learn both and balance it....

Participants strategically leveraged the strengths of their own culture as a coping mechanism to counter the discrimination they encountered due to their ethnicity, particularly in their workplace environment. They actively showcased the richness and beauty of their African culture, aiming to demonstrate not only the cultural wealth the African culture has but also to successfully integrate into the Canadian culture without compromising their own. This approach serves as a bridge, allowing them to embrace certain aspects of Canadian culture while proudly retaining their African culture. As Sara said,

So I always try to show to the world, to the Canadian, my culture and who I am. Uh, I showed also my kids and even in the workplace, we, there are also some African ladies working there. We push a little bit more to show them who we are to show them our heritage. Uh, so yeah, you can learn some things from here. I am not saying there's nothing good here. We learn lots of things from Canadian culture, but I'm not a kind of person hiding my culture or who I am, I always express who I am...

Furthermore, Bola expressed,

But I think you know, for me like I am going for an occasion now. It's a dinner by my organization. Where it's going to be 95% or 99% White, but for the past four years, I've always been wearing my African clothes to such dinner, in a dinner-like Africa fabric, African sown and all that. And this is on Saturday. I'm going to do the same on Friday. I mean, during Black History Month and all that I tried to promote it and I think, if we, the Africans in our Community, you know, make this a cause to champion whereby African foods, African clothing, whatever, cause we have a lot of beautiful things to offer and the Caucasians appreciate it. And what I do as well, you know, is to promote my African culture. My boss, if I'm giving anybody gifts, I give them African fabrics, either is a Bubu, as a top and all that so that they sew, can wear and be proud of, you know what we have to offer...

Proactive Problem Solving

Participants navigated their challenges in Canada through proactive problem-solving approaches. This involved seeking assistance from formal and informal sources, openly communicating their challenges with friends, effectively managing their time, and employing stress management techniques. They actively sought solutions independently or through seeking support from their social circles. Their proactive stance allowed them to anticipate challenges and take pre-emptive measures, thereby aiding them in managing them effectively. As Sara stated “*...I believe that I was protective for my kids, I always went to the school and try to solve the problem right away...*”

Participants articulated diverse approaches they adopted to confront and resolve their challenges. For example, Rosemary said,

....I talked to myself. About what I'm doing, what's going on? I just self talk where I talk about what is bothering me right now and I am not somebody who, uh, who entertains pity party naturally when there's a problem. I'm not looking behind. I'm identifying the problem and I'm trying to explore two to three options to solve it right away. I'm not trying to stay there. I don't have to stay there. So even though I feel those emotions are quite rightly so. Umm I am looking at solutions right away. I'm not a waiter. I don't wait for people, even if I'm asking you for help. I'm not waiting for your help. I'm asking somebody else already. It's just know that I'm asking out that person, you know and I'm doing something all by myself, you know? And if you come back with some answers for me, Yeah, yeah, good. I am proactive and I'm also very actively involved in resolving a challenge, looking for any other way of solving ...

Whereas Bola stated,

It just makes me look for options right? So, if you don't have support in terms of childcare, what do you do? What options do you have? I like my son now and then when I'm taking him to school, so I know that we have to wake up very early at that. I get to you school earlier than because I have classes, so I sit with him in the in the school until 7:30 because I'm not allowed to drop him there because school is not the daycare. But when I see that other parents are coming in and all that, I drop in and I run to school. So is just looking for ways of managing the challenges and you know facing it head and knowing fully well that it's not going to last forever, right...

Participants developed strategies to manage their time and productivity. While they worked effectively, they tried to create time for other activities after work. Simultaneously, they prioritized self-care by ensuring adequate rest during periods of overwhelming stress. In this regard, Rosemary stated,

So before I picked them up from daycare, I do the best I can with grocery, housework, cooking, whatever I can, cause once the kids come like this, my day is over. Period. So, what I did was after I struggled to read with them at the same time. As I said it won't work, so but when I picked them, I just devote time for them, then send them to bed when I and act like turn the lights off, get to bed with them and then when they fall asleep, I pray that I don't because I have schoolwork to do, I don't want to sleep off. I have to wake up and do my work, so most times I will just get off and I'll sneak off to the room and get some work done...

Whereas Naana said,

....it has become a normal thing of life. So, I don't take it anymore as stress. I just go through it one day at a time. When I'm tired, I just rest, when I need to work, I need to go and work. So, I'm used to the daily routine. I don't see myself stressed anymore, I just take it one day at a time and do what I have to do...

In their pursuit of resolving challenges, participants sought assistance from professionals who provided valuable help and guidance on managing their issues. They sought support from healthcare practitioners, psychologists, and counselors, engaging in sessions where they received expert guidance on coping strategies tailored to their situations. In this regard, Sara said, In this regard Sara said,

I have to see a doctor because I was so depressed, I cried every day, I had a bad headache. Oh, my doctor told me to quit the job. I'm getting crazy from like, crying and screaming. It was so bad and my doctor gave me 10 days of sick leave...

Whereas Comfort expressed,

I also had to visit, Should I say? A psychologist, Something like that. Yeah, there was this person who guided me all through the Stages and the police too. They give you like a someone to guide you through some process, like for instance that situation, they gave me someone to take me through the process, but the most important thing is I heard of this psychologist too gave me guidance on how to do things. Talked to him about what I'm going through, and he was giving me a solution or guidance on how to get through that. Having family around was how it made me feel better or distracted from everything that was going on, but majorly speaking to this Canadian psychologist from particular, wherever psychology group that I was directed by Lethbridge police ...

Finally, Sophie indicated,

...and I've have been to group counseling and personal counseling on campus since the school already offer counseling services. So I decided to utilize it and it's helped so far, and through group counseling I was able to learn so much about self-care, taking time off when you need to, when you feel a certain way is it's your body and your mind telling you need to take a break and there's nothing wrong about asking for a break from work from school because people go through a lot and it's not easy. And once my appointment for counseling is also due, I also talk to my counselor about it. And yeah, like she sometimes gives me tips that, oh, what do you think this will do? Or I think you should try this; you know all that stuff...

Participants also found solace in conversing with friends and members of the African community. These informal resources served as a source of comfort, offering a platform where they could openly share their challenges and receive encouragement and support, providing comfort during trying times. In this regard, Kate said, *"I talked to my community, people like my religious leaders and my community. We have some community groups that we are from the same African place, so I talk to them. I tell them my experiences..."* Whereas Rosemary expressed,

Because you can discuss it with your friends with, with people in our community. But it's not really like you cannot find a solution. Yeah, they are not professionals or you just discuss it as and discussion just to comfort each other. Otherwise, there is no professional help from our community. It's not really a strong enough in that way, but we have get together. We have prayers together, those kind of things. It helps too, you know, like to talk to people is very important...

Finally, Comfort voiced,

I normally volunteer at the church to do some stuff, so I had this White woman who helped me, who we used to do it together. She's a very good woman, but she now transferred to the other branch of our church in Okotoks. So yeah, that's the person I talked to and we pray together. And after talking to her and pray, we feel like it's getting better...

Summary

This chapter provided a comprehensive overview of the findings from the thematic analysis of participants' transcripts. It delved into the central theme, three subthemes, and the components within each subtheme. The discussion, supported by excerpts from the transcripts, eloquently portrayed the participants' experiences.

The central theme, "The Necessity of Finding Ways to Survive in the Face of Intersecting Challenges," underscored participants' unwavering determination and resilience in their efforts to thrive in Canada despite encountering numerous post-migration hurdles. The first subtheme, "Struggles in Canada," sheds light on the multifaceted obstacles participants face, encompassing issues such as racial discrimination, economic hardships, and the additional burdens experienced by women in Canada. The second subtheme addressed the profound impact of these challenges on participants' psychological and social well-being. It elucidated how these adversities took a toll on their mental health and social integration. Lastly, the third subtheme highlighted the diverse strategies and coping mechanisms employed by participants to navigate through the distressing and overwhelming conditions they encountered, portraying their resilience in responding to these challenges.

CHAPTER 5: DISCUSSION OF FINDINGS

In this chapter, I discuss and situate the findings from the study in relation to previous literature in this field of study. The study findings uncovered that African immigrant women face intersectional challenges that profoundly affect their mental health. This section delved into these challenges and explored the strategies participants employed to navigate them in relation to previous literature. The analysis of the findings was framed within the context of Intersectionality theory (Crenshaw, 1989, 1991). Intersectionality theory posits that the convergence of social identities, such as gender, race/ethnicity, and class, significantly influences an individual's access to power, resources, and opportunities, leading to social disadvantages for marginalized or vulnerable populations (Crenshaw, 1989). The study findings revealed that African immigrant women experience intersectional challenges that impact their mental health.

Overview of the Inquiry

This thesis sought to explore the experiences of African immigrant women after arrival to Southern Alberta, ascertain the challenges they faced, determine the impact of these challenges on their mental health, and identify the mitigation strategies they employed. In this study, eleven (11) African immigrant women who had migrated from five African countries shared their post-migration experiences and how they navigated their challenges in Southern Alberta. Interviews were audio recorded and transcribed verbatim by the researcher. Data were coded, and themes were generated using Braun and Clarke's (2021) approach to thematic analysis. These generated themes and subthemes as presented in Table 1.

The central theme of the data was "The Necessity of Finding Ways to Survive in the Face of Intersecting Challenges." This central theme captured the determination and resilience of these African immigrant women as they navigated their new environment in pursuit of their pre-

migration goals. Three main sub-themes were identified: (a) Struggles in Canada, (b) Consequences, and (c) Surviving the Storm. The subsequent sections discuss these themes in relation to existing literature to contextualize and provide insight and a deeper understanding of the study findings. I also discuss these findings through the intersectionality framework, looking at how intersecting factors create oppression for African immigrant women that ultimately impacts their mental health.

The Necessity of Finding Ways to Survive in the Face of Intersecting Challenges

In 2021, Canada's Black population reached 1.5 million, accounting for 4.3% of the total population and 16.1% of the racialized population (Statistics Canada, 2023). The Black population continues to grow with each census, with the most significant increase (+349,000) from 2016 to 2021(Statistics Canada, 2023). Among the Black population in Canada that was born outside of the country, 55.3% were born in Africa. Nigeria (12%), Ethiopia (4.7%), and DR Congo (4.1%) were the leading places of birth (Statistics Canada, 2023). Many factors, including socioeconomic status, financial and employment constraints, resettlement and acculturation challenges, multiple responsibilities (e.g., childcare/household responsibilities and career/job responsibilities), discriminatory treatment, and difficulty obtaining services on time due to language differences, have been noted to cause a decline in the mental health of immigrants (Davis et al., 2006; Ng et al., 2011; Hyman, 2007; Edge et al., 2014). The central theme captured the intersecting challenges faced by African immigrant women post-migration, and their resilience and determination, even in the face of such challenges. Participants possessed the determination and motivation to succeed. This observation aligns with prior research indicating that newcomers are motivated to succeed and demonstrate the capability to navigate the

resources and community assets available in their destination country (Oh et al., 2015; Wu et al., 2010).

Findings from this study indicated that participants were propelled by the aspiration to secure better opportunities for themselves and their children, escape insecurities in their home countries, and help their families left behind. Consequently, they actively sought ways to thrive despite the challenges encountered post-migration. As a result, they bolster their resilience and fortitude, enabling them to confront any challenges that arise while pursuing their migration goals.

Struggles in Canada

The theme "Struggles in Canada" captures the myriad of intersecting challenges African immigrant women encounter upon their arrival in Canada. These challenges encompassed structural barriers to economic success, the intricate navigation of multiple layers of discrimination, and the burden of gender double duty.

Structural Barriers to Economic Success

In their pursuit of a better life for themselves and their families, participants migrated to Canada with aspirations for improved opportunities. However, the experiences reported in this study depicted a broad spectrum of economic challenges these individuals face. Notably, issues such as unemployment, underemployment, the poor recognition of international credentials, financial constraints, and unmet career expectations emerged as key factors contributing to these economic challenges. Participants encountered considerable difficulty securing employment, often attributed to employers disregarding their academic qualifications and experience due to the non-recognition of international credentials. Previous studies corroborate these findings, highlighting the persistent barriers African immigrant women face when seeking employment in

their host countries (Elabor-Idemudia, 1999; Ogunsiji et al., 2012; Okeke-Ihejirika et al., 2016; Wong, 2014). Furthermore, research indicates that despite possessing higher educational qualifications compared to non-immigrants, immigrants are more likely to be underemployed (Galarneau & Morissette, 2008; Mawani et al., 2005; Mawani, 2014; Simich et al., 2004; Stewart et al., 2008). Similar to the findings of previous studies, participants experienced many employment barriers, including non-acceptance of foreign credentials by employers, language barriers, and absence of Canadian experience (Esses, 2007; George & Chaze, 2012; Galarneau & Morissette, 2014; Liu, 2014; Schellenberg & Maheux, 2015; Slade, 2014; Xue, 2014). Despite possessing education and skills, immigrant women faced challenges in securing employment that matched their previous experience and skills (Topen, 2006). Even after having their international degrees and certificates assessed by independent organizations that verify international certificates, their lack of Canadian credentials led to non-recognition (Okeke-Iherijika & Salami, 2018). This lack of recognition has been attributed to systemic racism against Africans, where they are unfairly perceived as inferior (Kunz, 2003; Okeke-Ihejirika & Salami, 2018).

This study identified instances of oppression reported by participants, specifically in the form of marginalization. These experiences hindered their full social participation, particularly in the job market. Systemic inequalities placed these immigrant women at a disadvantage, with their credentials and experiences not being recognized post-migration. The non-recognition of credentials often compelled participants to resort to unskilled labor for survival. This aligns with previous research highlighting the impact of poor recognition of international education and experience on unemployment eligibility, which constitutes an unjust form of employment discrimination with repercussions on mental health (Mawani, 2014; Mawani et al., 2005; Simich et al., 2004; Stewart et al., 2008). Other studies also suggest that limited employment

opportunities arise from racial discrimination, where White candidates are preferred to racialized ones, often leading African immigrants to take low-wage jobs and ultimately restricting their economic prospects (Okeke-Iherijika & Salami, 2018; Olawo, 2019; Salami et al., 2021). Other studies support these findings, illustrating that racialization in the labor market disproportionately relegates certain groups, especially people of color and women, to the least remunerative and least stable employment (Wong, 2000). The intersection of gender, race, and class ensures that women of color are highly concentrated in lower-paid and insecure jobs (Topen, 2006; Salami et al., 2021). The resultant low-income status has elevated the risk of poverty and material deprivation for African immigrants (Salami et al., 2021). All these factors cause stress for African immigrant women after arrival to Canada and impact their mental health.

Navigating Multiple Layers of Discrimination

Upon immigrating to Canada, African women participants frequently encountered various forms of structural and systemic racial discrimination, which intersects with other identifiers such as racialization, gender, and social class, creating compounded barriers that hindered their access to equal opportunities. The systemic discrimination experienced by women in the workforce is attributed to various factors such as race, nationality, and gender (Wong, 2014). These cumulative discriminations often place African immigrant women at a disadvantage compared to native-born individuals or other immigrant groups (Creese & Wiebe, 2012; Okeke-Ihejirika et al., 2018; Salami et al., 2021).

Participants in this study conveyed their encounters with various forms of racial discrimination during their day-to-day activities following migration. These experiences ranged from incidents directed at them to indirect instances that affected them. This is consistent with

earlier research where African immigrants directly experienced racism that impacted their educational pursuits and employment opportunities, especially concerning the non-recognition of their credentials (Baiden et al., 2019; Olawo et al., 2019; Salami et al., 2021).

Participants in this study reported experiencing various implicit and explicit racism from colleagues, superiors, and even clients, which included simple statements and humorous statements that contained implicit messages of racism. Participants also reported that beyond these implicit incidents of discrimination, systemic policies further marginalized them.

Participants who were parents also mentioned how their children continued to experience racism and discrimination from the school system. This included cases of perceived racism where the school system reacted more severely to minor offenses from their children, such as bullying, in comparison to how non-racialized children engaged in similar behaviors were dealt with. Previous studies have also discussed the experiences of African immigrant children and their experiences with racism at school, whereby children of African mothers are often quickly labeled for misconduct (Baak, 2019; Wun, 2016). In this study, indirect and direct experiences of discrimination by participants posed significant challenges for these women post-migration.

Findings from this study pointed to experiences of oppression among participants on both individual and institutional levels, consistent with Davey (2015) and Young (1990). They faced marginalization both at the hands of individuals expressing racism and within systemic structures that perpetuated inequalities. Additionally, the participants noted experiences of cultural imperialism, where the characteristics of Canadian culture, including the emphasis on "Canadian experience," were given more value than the cultural backgrounds and experiences that immigrants brought to their new environment. The findings of this study suggest that the

intersection of racialization and low social class status works together synergistically in creating conditions that may reinforce poor mental health outcomes for African immigrant women.

Burden of Gender Double Duty

The dynamics of gender relations play a pivotal role in shaping the ability of immigrant men and women, along with their families and communities, to effectively reconstruct their lives and integrate as fully participating members within their host countries (Okeke-Iherijika et al., 2021). African women participants reported the additional burden after migration, and most participants experienced these additional responsibilities and roles being placed on them. In African societies, women are seen as homemakers and care providers, while the men are breadwinners of the home. However, in Canada, additional roles were placed on women, as described by the participants. Study participants shared their experiences of balancing family responsibilities, including caring for their children while maintaining full-time paid employment. Previous studies have also reported immigrant women's increased participation in the labor market and the importance of this participation in managing family economic burden (Guruge et al., 2010; Hoffman, 2014).

Participants highlighted the absence of support and the dearth of social networks as significant challenges faced in Canada. Precisely, women needed more support in managing childcare responsibilities and household duties. Earlier research corroborates the presence of these prominent stressors among immigrants to Western countries such as Canada, emphasizing that immigrant women often experience isolation from mainstream populations, lack social networks, and have insufficient access to social services (Okeke-iherijika et al., 2016). The challenge African immigrants face in securing meaningful employment despite possessing

academic qualifications in their new environment further limits their access to social networks and support systems (McMichael & Manderson, 2004).

Participants noted the challenges of managing full-time employment while simultaneously shouldering childcare and family obligations without adequate support, leading to heightened stress levels. Earlier research has highlighted a similar dilemma where the struggle to balance paid work and domestic responsibilities, particularly childcare, without the accustomed support systems from their home countries, hampers the ability of African immigrant women to rebuild their lives in Western host countries (Osirim 2008; Okeke-Ihejirika, 2004). As highlighted by participants, the absence of a robust support system stands as a significant challenge encountered by African immigrant women. This absence threatens women's ability to effectively navigate the complexities of integration into Western society (Okeke-Ihejirika et al., 2019). In their home countries, the African women who are likely to migrate have the financial capacity to hire domestic workers who assist with domestic activities and provide childcare. This support helps them balance home responsibilities and paid employment, allowing them to achieve work and family goals simultaneously (Salaff & Greve, 2004). However, upon migration to Western countries, women often need help to afford such services (Topen, 2006).

Other studies have also noted that a prevalent issue among African immigrants is social isolation and a lack of familial connections and networks following immigration (Hyman et al., 2008; Ogunsiji et al., 2011). In their home countries, many women were accustomed to seeking psychological and emotional support from relatives and friends. However, post-migration, the absence of these support systems presents new challenges in coping with obstacles and prolongs the settlement process (Okeke-Ihejirika et al., 2016).

In this study, the double duty burden also intersects with the stress of being a new mother. Participants mentioned how the absence of support during pre- and post-natal periods resulted in additional stress for them. The lack of support that African immigrant women often experience after delivery in Canada has the potential to increase the risk of postpartum depression in these women (Falal Hassani et al., 2015). Previous studies have noted a higher prevalence of postpartum depression in immigrants (Falal Hassani et al., 2015; Wei et al., 2007).

A multitude of factors, including structural barriers, discrimination, and the burden of gender double duty, collectively contribute to the stress experienced by African immigrant women upon their arrival in Canada. These narratives also illustrate the multiple oppressions experienced by these women in Canada, illustrating the challenges they confront in their new society. These stressors often significantly impact their mental health, highlighting the complex intersectionality of challenges faced by these women in their new environment.

Consequences

Existing literature indicates that immigrants are exposed to specific risk factors that impact their mental health at different phases of the migration process (Kimaryer et al., 2011; Bhugra, 2004; Siriwardhana et al., 2013). The stress of acculturation, diminished social networks, social isolation, language barriers, cultural disparities, unemployment or underemployment, low socioeconomic status, and inadequate access to services have been identified as factors that adversely impact the mental health of immigrants (Guruge et al., 2008; Reitmanova & Gustafson, 2008; MacDonnell et al., 2012). In this study, challenges are noted to impact participants psychologically and socially.

Psychological Impact

Psychological impact represents the mental and emotional state of the participants. Psychological and emotional distress appeared to be the immediate impact of migration stressors. In this study, the commonly reported psychological impacts included sadness, fear, anxiety, regrets, loneliness, and depressive moments. Participants reported that they strived to process their emotions independently; however, they reported some of these psychological impacts. This is consistent with previous findings, which have associated the experiences of immigrants with significantly higher levels of mental health conditions such as major depression, anxiety, and sadness (Lee et al., 2017; Bornilla-Silva, 2006). In this study, participants conveyed that the challenges encountered as women post-migration were not just burdensome but also constituted a significant source of psychological distress for them. Other studies also show that racism, discrimination, and social isolation are themes that African immigrants frequently mention as sources of stress and causes of reduced mental and physical health (Akinsulure-Smith, 2017; Showers, 2015).

Participants used terms like "feeling low," "feeling down," "sad," "hopeless," and having a "mix of all kinds of emotions" to report how the challenges they faced impacted them. These phrases used by participants held significant meaning as they articulated the psychological impacts of these challenges on them. While a few participants explicitly mentioned experiencing depression, only one participant received a clinical diagnosis of postpartum depression. Previous studies have reported elevated levels of postpartum depression symptoms in immigrants (Dawn et al., 2011; Falah Hassani et al., 2015; Mechakra-Tahiri et al., 2007). Other research has indicated that individuals facing economic disadvantages often reported lower levels of self-esteem, strained family relationships, and decreased life satisfaction (Taylor & Osborne, 2010; Sadavoy et al., 2004; Kim & Noh, 2014).

Social Impact

Social determinants of health, encompassing factors like social exclusion, racial discrimination, employment challenges, and poverty, have been strongly associated with the mental well-being of immigrant women (Guruge & Collins, 2008; MacDonnell et al., 2012). Madibbo (2016) highlighted that socially constructed racial categories imply that specific individuals are deemed more valuable than others based on their skin color, influencing the power dynamics and privileges accorded within society. This construction of racial categories leads to differential treatment and allocation of privileges and authority among people based on their skin color. Previous studies have reported that many immigrants experience a prolonged period of low income and social exclusion (Simich et al., 2005; Dean & Wilson, 2009; Lai, 2005; O'Mahony et al., 2013). Challenges such as discrimination, which is a significant challenge faced by all minority groups, including African immigrants, are proposed to be a risk factor for social exclusion. Exposure to discrimination impedes the full participation of marginalized groups in mainstream activities, which can lead to social disadvantage and deprivation (Jehoel-Gijsbers & Vrooman, 2007). These challenges intersect and manifest as oppression for these women. Studies carried out in the United States corroborate these findings, where discrimination is a significant predictor of multiple dimensions of social exclusion among African immigrants to the United States (Saasa, 2018).

Participants in this study revealed a sense of social isolation and a loss of social relationships following migration. They expressed that the overwhelming nature of their challenges led them to withdraw from people, handling their difficulties in solitude. Cultural norms of not readily sharing personal struggles may contribute to this withdrawal. Perhaps they are reluctant to acknowledge the difficulty of their family back home, who view them as

fortunate and would like to be in their place, or perhaps they are reluctant to admit difficulty because they want to make their family proud and conquer their new home. Additionally, the increased responsibilities in Canada and a lack of support further restricted these women's ability to maintain active social lives. The findings from this study align with previous research, which has emphasized a recurrent theme of social isolation among African immigrants. Many studies have highlighted social isolation as a significant stressor, contributing to decreased mental and physical well-being in immigrant populations (Akinsulure-Smith, 2017; Showers, 2015; Lim et al., 2022). Other studies have also shown that social isolation is associated with stress, depression, and postpartum depression (Hynie et al., 2011; Stewart et al., 2017; Hudon, 2016; Ogunsiyi et al., 2012; O'Mahony & Donnelly, 2010).

Surviving the Storm

African immigrant women reported that it was unavoidable to navigate the challenges faced in Canada and contend with their impact to survive in their new environment. To mitigate these challenges, participants adopted various coping strategies. Analysis revealed that they focused on building social networks and connections in their new surroundings, emphasized resilience, drew upon spirituality, and actively employed proactive problem-solving strategies. Similar to the findings of previous studies, participants used several coping strategies to manage the adverse impacts of migration challenges, including active problem-solving, spirituality and seeking social support (Akinsulure-Smith, 2017; Saasa, 2019). Like the findings of previous studies, African immigrants manage the adverse impacts of migration challenges by employing diverse coping mechanisms, which encompass active problem-solving, spirituality, and seeking social support (Akinsulure-Smith, 2017; Saasa, 2019). Furthermore, various immigrant cohorts might adopt distinct coping strategies influenced by their acculturation journeys, cultural

heritage, and the resources accessible to them (Kuo, 2014; Noh & Kaspar, 2003; Yoshihama, 2002).

The coping mechanisms employed by African immigrants have been explored in various studies, including works by Akinsulure-Smith (2017), Showers (2015), and Ting (2010), where African immigrants used support from family and community members and beliefs in spirituality as coping strategies. Below are the coping strategies employed by participants to navigate the challenges faced in Canada.

Finding New Extended Family and Support in a New Home

Social support was an essential component of women's survival and coping. The networks of friends, family, and faith communities served as vital connections, aiding them in accessing resources and navigating the various barriers they confronted (Olukotun et al, 2019). The loneliness participants experienced was partly attributed to the absence of robust social networks and the prevalent communal lifestyle in Africa. This loss of familiar social structures contributed significantly to the feelings of isolation. Moreover, the inadequate support systems in the post-migration context hindered women's ability to cope effectively with the challenges they encountered. As highlighted by Okeke-Iherijika et al. (2019), this lack of sufficient support prolongs the adjustment period for these women, making it more challenging to navigate their new environment. Most African immigrants keep in touch with their families in their home country (Taylor et al., 2017). However, over time in Canada, participants began forging fresh connections with fellow Africans within the African community, colleagues at work, and through various other channels, thus establishing a robust and supportive network. Earlier research has shown that engaging in conversations and forming bonds with new friends and family members can be therapeutic. This process aids in unburdening emotional stress and contributes to finding

inner peace, as highlighted in previous studies such as Donnelly et al. (2011). This is consistent with findings from previous studies where individuals resorted to seeking assistance from community support networks to facilitate their adaptation process, and many of these support groups have been established based on shared interests, encompassing activities such as sports, dancing, cultural traditions, and religious practices. The studies conducted by Chikanda & Crush (2018), Hurly (2019), Johnson & Stoll (2008), King et al. (2017), and Stewart et al. (2012) have all shed light on this phenomenon. The social connections strengthened relationships that persisted amid inequalities and challenges during the settlement process (Okeke-Ihejirika et al., 2020). Establishing social connections provided participants with a newfound sense of family in their unfamiliar environment, offering vital support as they navigated the challenges.

Strength Through Adversity

Immigration can build resilience or undermine mental health (Hansson et al., 2010). In this study, participants employed resilient strategies, including self-resilience, nurturing hope, self-motivation, and determination, alongside drawing upon their faith in God, to effectively manage the challenges they faced after migration.

Analysis from previous studies showed that resilience manifests as a gender-specific process, with women showing a greater inclination to effectively cope with and positively adapt to the challenges linked with migration (Hyman et al., 2004; Okeke-Ihejirika & Salami, 2018; Okeke-Ihejirika et al., 2018). In this study, women pursued education and several certifications to cope with the job market requirements for employment. They sought skill acquisition and more education, balancing several jobs to meet societal and family demands post-migration. Consistent with findings from previous studies, it was noted that the enhanced empowerment and societal advancements experienced by migrant women had the potential to elucidate their

enhanced capability to rebound or flourish in a new country (Mensah et al., 2013; Okeke-Ihejirika & Salami, 2018; Okeke-Ihejirika et al., 2018).

Participants reported that what kept them going through their challenges was that they made up their minds, nurtured hopes, and believed in their capabilities. Previous studies corroborate these findings by indicating that immigrant women used cognitive strategies and personal resilience to overcome migration adversities (Rashid & Gregory, 2014).

Survival Through Spiritual Support

Religion was central to the participating women's resilient experiences in facing their challenges and complex realities. Religion gave these women hope and enabled them to believe their situation would change. Through their religion and faith, women found the strength to persevere (Olukotun et al., 2019; Andrew & Bushra, 2020). An essential way that participants of this study displayed resilience was through their faith and spirituality. They mentioned their faith in God, and the scriptures helped them see the challenges as only a phase that would pass. They resorted to praying, reading the bible, going to church, and listening to Godly messages to draw hope and strengthen them. In alignment with other studies by Banerjee & Myles, 2004, and Beagan et al., 2012, women relied on their direct connection to God through prayers and scriptures as a coping mechanism for their challenges. This practice aided in restoring their confidence, self-esteem, and sense of self-worth, as observed in research by Heath, 2006. Within black communities, spirituality is believed to possess socio-political roots intertwined with ideas of liberation and survival (Banerjee & Pyles, 2004; Heath, 2006). Prior literature also contends that religion or spirituality, along with the church and the bible, have historically served as spaces of transgression and transformation for black women (Mattis, 2002). African communities perceive spirituality as crucial for survival and integral to health and overall well-

being (Este & Bernard, 2006). Furthermore, according to Mattis, 2002, spirituality played a pivotal role in empowering African American women, fostering courage, and instilling the belief that they could transcend limitations.

In this study, certain participants highlighted that their faith was further nurtured by engaging in spiritual groups, where individuals congregated to pray about their challenges collectively. Additionally, participants opened up about their challenges within their faith communities, including their churches, seeking prayers and advice. This communal sharing fostered spiritual resilience and provided a supportive environment for addressing their difficulties.

Becoming Bicultural

African immigrants often face challenges when attempting to adapt to a new culture while maintaining their own. For African immigrants in Canada, navigating between their cultural heritage and the pressure of acculturation poses unique challenges that demand a flexible approach to maintaining their cultural identity while assimilating into Canadian society. Research has shown that immigrants must navigate complex and stressful situations as they acculturate to the dominant culture (Amayo, 2009).

Participants in this study embraced the positive aspects of Canadian culture while incorporating healthy cultural practices to aid their adaptation to this new environment. While acknowledging the substantial challenge posed by cultural differences in their new environment, participants actively preserved and promoted their own cultural traditions while welcoming aspects of Canadian culture. Previous studies have noted that in adjusting to a new culture, immigrants may experience some difficulties that may cause distress, commonly called acculturative stress (Ette, 2011; Amayo, 2009). In coping with the challenges faced in Canada,

participants tried to build on the strength of their existing African culture, which helped them integrate better into their new environment. Participants highly esteem their culture, which fosters a sense of worth and pride, positively affecting their mental health and well-being. This positive influence of their culture enables them to embrace the Canadian culture and achieve greater integration into their new environment. Although the literature has reported that minority groups use integration, marginalization, separation, and assimilation to handle acculturative stress (Dow, 2011), it has been reported that marginalized immigrants have the highest level of risk for mental health problems. In contrast, bicultural persons are considered the healthiest psychologically (Chi-Ying Chung et al., 2008). Immigrants with integration strategies show better psychological and sociocultural adaptation (Nguyen & Benet-Martinez, 2013; Berry & Hou, 2016; Fung & Guzder, 2018).

Participants of this study leveraged the strength of their own culture as a means of coping; therefore, this showcased the richness and strength of their culture even while facing discrimination and other challenges. Ultimately, becoming bicultural helped them to navigate their new environment successfully.

Proactive Problem Solving

The subtheme of proactive problem-solving captured participants' approach toward finding solutions to their challenges post-migration. Some measures employed by participants included seeking help from formal and informal sources for challenges they faced. The participants also mentioned that they often drew upon informal support systems, such as family, friends, and their ethnic community (Donnelly et al., 2011). Even though participants can seek solutions from friends and family and members of the African ethnic community, they also often seek help from formal sources like counselors and police. This is consistent with findings from

previous studies where formal services were the most notable coping mechanism employed post-migration compared to premigration (West, 2015). Unlike in Africa, where women go nowhere for help in the face of domestic violence (Ting, 2010), research in the United States showed that African women usually turn to the police and domestic violence services (Ogunsiji et al., 2012).

In this study, participants identified challenges and proactively developed strategies to manage various situations. Similar findings were reported in a study by Joseph & Kuo (2009) on Black Canadians, where participants employed problem-solving coping mechanisms to address racial discrimination. In the current study, participants discussed protective measures, such as engaging with the relevant channels, to address racism affecting their children. They also employed time management and stress management strategies to tackle the many stressors faced in Canada.

Limitations of Study

This study is one of the few studies that has sought to explain the experiences of African immigrant women in Southern Alberta. The study provides insights into the differing challenges experienced by African immigrant women post-migration and their impact on their mental health. However, this study also has several limitations.

Firstly, the study was limited to Southern Alberta. Participants were drawn from Lethbridge and Calgary, which limits the study's transferability to other settings. Also, although attempts were made to include participants from different countries and cultures, the sample size and availability of participants limited the inclusion of the wide variety of countries of origin and cultures represented within the African diaspora in Southern Alberta.

Secondly, although not intended, the study was dominated by participants who were already Canadian citizens. The study findings cannot be said to collectively represent opinions,

views, and perceptions of other immigrant groups, most especially refugee women, whose additional social identities and experiences may further marginalize them and consequently worsen their mental health.

Lastly, my experiences, biases, beliefs, and philosophical assumptions about the topic may have influenced data collection, analysis, and interpretation; however, I minimized this by maintaining reflexivity throughout the study. Given my insider view and experience as an African immigrant woman in Southern Alberta, along with my knowledge of the topic, I ensured that my biases and perspectives did not overshadow the participants. I ensured that the participants' voices were put ahead of my biases and prior experience.

Recommendations for Future Research

Despite the limitations of the current study, its findings offer significant insights into the experiences of African immigrant women, enriching the ongoing conversation regarding the challenges they face and the impact this may exert on their mental health after migration. Future research could enhance its scope by expanding the sample size and incorporating participants from a more diverse range of geographical locations to address these noted limitations. This would contribute to a more comprehensive understanding of the multifaceted experiences of African immigrant women in post-migration contexts. Future research endeavors could also benefit from including male participants and individuals from non-African immigrant backgrounds. This expanded scope would provide a more comprehensive understanding of the diverse experiences faced by various populations, contributing to the development of more effective solutions for addressing challenges and facilitating successful integration into Canada.

Significance of the Study and Implication for Practice

This study endeavored to bridge the knowledge gap concerning African immigrant women's mental health and overall well-being in Southern Alberta. The outcomes derived from this research hold significant potential for various stakeholders, including healthcare practitioners, mental health professionals, service providers, and African immigrant organizations. These findings will serve as a valuable resource, offering insights into the unique challenges faced by immigrant women post-migration. This understanding will enable the development of culturally safe programs by immigrant service providers, facilitating a smoother transition and integration process for these women into their new environment.

The findings also showed how the cultural perspectives of mental health influence mental health symptoms and the use of mental health services. Findings from my study point to a need to transform upstream systems, including policies and institutional practices, that shape mental health outcomes. Mental health interventions must deeply consider the cultural context in which the lives of African immigrants are embedded. This consideration must include pre-migration experiences and post-migration factors. Situating mental health education and services within the cultural context and the life trajectory of African immigrant families can contribute positively to the health and social outcomes of this population.

The insights gained from this study can also greatly benefit healthcare professionals by enhancing their comprehension of the cultural dimensions of mental health, particularly as they relate to African immigrants. This understanding will enable healthcare providers to deliver services that are more attuned to the nuances of African culture, facilitating more culturally safe mental health support that aligns with their needs after migration.

Knowledge Mobilization

The thesis will be accessible via the University of Lethbridge institutional repository and the Opus thesis database, ensuring widespread availability. Sharing the findings with the organizations involved in participant recruitment and presenting them to African organizations, as well as those dedicated to assisting immigrants in settling into Southern Alberta, will enhance the impact of the study. Disseminating this information to critical stakeholders ensures that the insights gained can inform policies, programs, and support services to improve the well-being and integration of African immigrant women in the region. I see four audiences who could benefit from the dispersion of this research: 1) African immigrants; 2) service providers; 3) mental health policymakers; and 4) researchers in mental health and immigration.

African Immigrants

I will offer a free information session to the African immigrant community during one of their meetings. This session will include topics on identifying potential challenges after arrival to Canada. They will be informed on some of the measures identified by participants to reduce the impacts of these challenges on their mental health. The information session will also include topics on coping strategies, as some of the causes of emotional problems cannot be avoided in the process of immigration. This information will also benefit African immigrant women who are merely arriving in Canada before they begin to experience it for themselves.

Service Providers

Health and community service providers (e.g., Lethbridge Family Services) help immigrants settle into their new environment. They provide several services to immigrant groups based on their specific needs at the time. With the results from my study, I will contact these service providers and join them in their next review meeting. There, I will inform them of the

challenges experienced by African immigrant women. This will help them understand better the challenges faced by these women and the need to strategize on programs or services targeted at the mental health of immigrant women in Canada.

Policymakers

The findings of my study will be shared with policymakers. This may help enact policies that examine issues specific to the African immigrant community. Policies that will help African immigrants settle into Canada with less stress and effect on their mental health and well-being. Policies that will specifically address issues of racism, discrimination, and unemployment in this group of immigrants.

Researchers in Mental Health Immigration

I will ensure that my findings are presented at a conference so that other researchers in mental health immigration can benefit from them. The study will be presented at a conference. Additionally, to bridge the gap in understanding African immigrant women's mental health in Southern Alberta, the findings will be published in a scholarly journal, contributing to public knowledge and awareness.

Reflection

As a novice researcher in the realm of qualitative studies, this project has been instrumental in honing my qualitative research skills. It also allowed me to refine my techniques in interviewing participants, significantly enhancing my communication abilities and interpersonal relations. Transcribing interviews promptly offered valuable insights, revealing potential areas for deeper exploration in subsequent interviews. I acquired proficiency in utilizing NVivo software to create codes and organize them into categories and themes.

I diligently adhered to principles of transparency and reflexivity throughout the entire research process, encompassing data collection, analysis, interpretation, and the presentation of findings, as advocated by Polit and Beck (2014). Recognizing my bias prompted a more nuanced and critical interpretation of the data. Collaboration with my supervisor and supervisory committee members was integral; their invaluable feedback enhanced the clarity and depth of the study's findings.

Conclusion

This study aimed to investigate the post-migration experiences of African immigrant women. The findings highlighted the intricate interplay of various contextual elements, including gender, socioeconomic status, religion, racial discrimination, social isolation, and gender roles, all of which significantly influenced the mental health of African immigrant women upon their arrival in Canada. Moreover, factors such as gender, racialization, and immigration status subjected these women to systemic inequalities, particularly in their endeavors to secure employment. The participants' gender intersected with various other factors, compounding their challenges and responsibilities. These challenges significantly affected the participants both psychologically and socially, leading to reported feelings of sadness, depression, anxiety, and hopelessness. Socially, they experienced a sense of exclusion yet managed to forge meaningful relationships despite these adversities. Despite the obstacles encountered, participants employed coping mechanisms. They sought extended familial connections in their new environment, emphasizing the importance of building significant social networks. Moreover, they exhibited resilience by displaying strength amid adversity, utilizing aspects such as religion/spirituality. Additionally, they engaged in flexible enculturation and proactive problem-solving strategies to navigate their circumstances.

This study has illuminated the challenges African immigrant women encounter in Southern Alberta. The participants highlighted the absence of cultural support systems, particularly concerning pre-and post-natal care for African women and childcare in the new environment. Therefore, the study recommends collaborative efforts among policymakers, healthcare providers, and immigrant organizations to design culturally safe policies and programs. These initiatives could assist African women in transitioning and integrating more seamlessly into their new environment.

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APPENDICES

University of
Lethbridge



Participation Invitation Letter

To the Executives,

Subject: Invitation to participate in a study to explore the challenges faced by African Immigrant Women after arrival to Southern Alberta, Canada.

Dear Association President and Executive Members:

My name is Hannah Odekina, a Master of Science in Nursing 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 women after arrival to Southern Alberta and its impacts on 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, or social media platforms, or during cultural and religious events facilitated by your association would be greatly appreciated.

My hope is that the experiences of African immigrant women in Southern Alberta will help inform culturally sensitive programs for African immigrant women that will help in transition and settling into Canada and to help inform policy and advocacy efforts to support African immigrant women. Participation in this research is voluntary, and participants can withdraw from the study at any point in time.

Participants who may be interested in the study can contact me via any of the contacts provided below. All participants will receive a \$10.00 gift card in appreciation of their time and participation. The collaborating Immigrant Associations will be given copy of the findings.

I kindly ask that the leaders of this organization give me the opportunity to address both the leaders and group members of this organization (which could be during one of your meetings), about the nature of the study, the expectations of participants, and the risks and benefits so that members will not perceive that there is any coercion by the leaders to participate.

If you have any questions pertaining to this study, feel free to contact me (phone: 5875850290 or email: hannah.sule@uleth.ca) or my thesis supervisor Dr Wendi Lokanc-Diluzio at the Faculty of Health Sciences, University of Lethbridge (email: wendi.lokancdiluzio@uleth.ca) or the University of Alberta Research Ethics Office (Phone: 780-492-2615 or Email: reoffice@ualberta.ca).

Thank you.

Yours faithfully,

Hannah Odekina

Appendix B: Informed Consent Form

University of
Lethbridge



PARTICIPANT CONSENT FORM

Title of Study: Mental health and wellbeing of African immigrant women in Southern Alberta

Contact information

Principal Investigator: Hannah Odekina

Address: Faculty of Health Sciences, University of Lethbridge

Email: hannah.sule@uleth.ca

Supervisor: Dr Wendi Lokanc-Diluizo

Address: Faculty of Health Sciences, University of Lethbridge

Email: wendi.lokancdiluizio@uleth.ca

You are being invited to take part in a research study. Before you take part, the researcher is available to explain the study and you are free to ask any questions about anything you do not understand. You will be given a copy of this form for your records.

Why am I being asked to take part in this research study?

You are being invited to take part in this research study because you are an African immigrant woman living in Southern Alberta and can contribute to this study. The purpose of this study is to find out the challenges that African immigrant women face in Southern Alberta and how the challenges affect their mental health.

What is the reason for doing the study?

African immigrant women face several challenges after immigrating to Southern Alberta. This research wants to better understand the different challenges faced by African immigrant women. Findings from this study will help to inform programs that are culturally sensitive to African women and these programs will help African women settle

well in their new environment. It will also help to speak on behalf of these women to appropriate authorities, hereby enacting laws that help support African immigrant women.

What will I be asked to do?

You are being invited to take part in an interview. Researcher would like to interview you by having a discussion on your experiences after arrival to Southern Alberta. This will be a one- on-one conversation where you will answer questions about challenges faced after arrival to Canada and how these challenges affect your mental health. The conversation will be recorded and transcribed word-for-word by the researcher. The written transcript will be returned to you via email, and you will have two weeks to make any changes or revisions as you see fit. After that, the researcher will confirm with you that the transcript is accurate, and it becomes part of data set for the study. This discussion will last for approximately 60minutes. This discussion will take place virtually, over Microsoft Teams or Zoom or in person (face to face). If we meet virtually, you can choose to turn off your camera at any time. If we meet in person, you can choose where we meet to ensure your privacy.

What are the risks and discomforts?

You are unlikely to experience risks or discomforts by taking part in this research, however it is likely that sharing your experiences and answering some of the questions may lead to emotional distress. If this happens, you may choose not to answer the question or end the interview at any time if you wish to. A list of counseling services will be provided to you for further assistance. It is not possible to know all the risks that may happen in a study, but safeguards have been taken to minimize any known risks to you.

What are the benefits to me?

There may not be any direct benefit to you for participating in this research. However, some participants find it helpful to talk about their experiences. You will have the opportunity to be heard, to share your story. In addition, the knowledge from sharing your experiences will shed more light on the challenges faced by African immigrant women and will help future programs to support well-being of African immigrant women.

Do I have to take part in the study?

Being in this study is your choice. If you decide to take part, you can change your mind and stop being in the study at any point until November 30, 2023. After that point the researcher cannot remove you from the study because data will have been analyzed in full. To withdraw from the study please contact Hannah Odekina (hannah.sule@uleth.ca) or her supervisor Dr Wendi Lokanc - Diluzio(wendi.lokancdiluizio@uleth.ca). Individual interview transcripts will be sent to you via email, and you will have two weeks to review the contents and remove or change anything that you like.

Will I be paid to be in the research?

There will be no payment for interviews. As an expression of my gratitude for participation in the discussion, you will receive a \$10 gift card. If you begin the interview but do not finish, you will be allowed to keep your gift card.

Will my information be kept private?

During this study, everything will be done to make sure that all information you provide is kept private. For the interview, your name will not be used, an alternate name will be used. You can choose a name yourself at the end of this form or a name can be chosen for you by the researcher. During analysis, electronic data will be stored on a secure Google drive at the University of Lethbridge. When not in use, paper copies of data will be kept in locked cabinets at supervisor's office in the Faculty of Health Sciences, University of Lethbridge. The information from this study will be seen only by the researcher and supervisor on the occasion where the data needs to be checked for accuracy and data collected and stored will be encrypted.

What will happen to the information or data that I provide?

The information you provide will form part of Hannah Odekina's master's thesis in Nursing. The information will also be used as part of public or academic presentations, in conferences or academic publications. Identifiers will be removed at the end of data collection. After the study is done, data will be stored for a minimum of 5 years. Any physical papers and transcripts will be stored in locked cabinets in the supervisor's office at the University of Lethbridge. These papers will be securely shredded after Hannah Odekina's thesis is complete. Electronic data will be stored on a secure University of Lethbridge Google drive.

What if I have questions?

If you have any questions about the research now or later, please contact Hannah Odekina(hannah.sule@uleth.ca) or her supervisor Dr Wendi Lokanc-Diluizo (wendi.lokancdiluzio@uleth.ca).

If you have any questions regarding your rights as a research participant, you may contact the University of Alberta Research Ethics Office at reoffice@ualberta.ca or 780-492-2615 and quote Ethics ID# Pro000132845. This office is independent of the study investigator.

How do I indicate my agreement to be in this study?

By signing below, you understand:

- That you have read the above information and have had anything that you do not understand explained to you to your satisfaction.

- That you will be taking part in a research study.
- That you may freely leave the research study at any time without consequence.
- That you do not waive your legal rights by being in the study.
- That the legal and professional obligations of the investigator and institution are not changed by your taking part in this study.
- That you agree to the data being stored as part of a data repository

SIGNATURE OF STUDY PARTICIPANT

Name of Participant (Pseudonym)

Signature of Participant

Date

SIGNATURE OF PERSON OBTAINING CONSENT

Name of Person Obtaining Consent Contact

Email

A copy of this information and consent form will be given to you to keep for your records and reference.

Appendix C: Semi structured Qualitative Interview Guide/Demographic Information Form

Mental health and wellbeing of African immigrant women in Southern Alberta, Canada.

Interview Guide

The guide will include open-ended, broad, and more focused questions to get a deeper understanding of the phenomenon.

Part 1: Challenges

- a) Could you please tell me what country in Africa you come from?
- b) When did you come to Canada and how long have you been in Canada?
- c) What inspired you to move to Canada? (Family, friends, Work, hope of a better life, dreams.... etc.)
- d) How would you explain your general experiences after migrating to Southern Alberta?
 - I. How has it been like since you got here?
- e) What are some of the challenges you face as a woman and an African woman after migrating to Southern Alberta? Could you elaborate more on the challenges you faced, if any?
 - i. Are you working in area related to your previous education before migrating to Southern Alberta?
 - ii. A number of people mention racism in their workplace, have you heard anything about this? Do you experience this?
- f) Do you feel that your status has improved or worsened since migrating to Canada?
 - I. How has your status in Canada been compared to your status in Nigeria?

Part 2: Impact on mental health

- a. How do the challenges you experienced make you feel? Feeling low, depressed, anxious, worthless, or made a mistake in migrating?
- b. How do the challenges impact your life? Your daily activities, family, and social relationships etc.
- c. How do you behave in these times? Do you ever feel easily irritated, aggressive or violent because of your frustrations, anxiety, or sadness?
 - I. Sometimes, people tend to dress, look, and act like Canadians and leave their home culture behind. Have you experienced this?
 - II. How do you feel about it?
- d. How do you cope with these periods of sadness, moodiness, sleeplessness, or anxiety when they occur because of these challenges?
- e. Where and from whom do you seek help with these challenges when they occur? Religious leaders, healthcare providers?

Demographic Information Form

Participant ID#: _____

I would like to begin by asking you some basic information about yourself.

1) Please select the category that includes your age.

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 65 or above

2) What best describes your marital status?

- Single, Never Married
- Married
- Common-Law
- Separated
- Divorced
- Widowed

3) What best describes your level of education?

- Elementary School
- High School
- Some college education
- College diploma
- Some University education
- University degree
- Other (Specify)

4) What best describes your employment status?

- Employed full-time
- Employed part-time
- Not employed

5) What best describes your Immigration Status?

- Temporary resident
- Permanent resident
- Canadian citizen
- Student
- Refugee

6) What best describes your religious affiliation?

Christian

Muslim

Other.....

Appendix D: Recruitment Poster



RESEARCH PARTICIPANTS NEEDED

Are you willing to participate in a research study called:

Mental Health and Wellbeing of African Immigrant Women in Southern Alberta, Canada

Who is eligible?

- African women who migrated from Africa
- African women 18 years of age and older
- African women able to communicate in English
- African women who have lived in Southern Alberta for at least six months

What do I have to do?

You will participate in an interview which will take about 60 minutes. It will be conducted on Zoom/Microsoft Teams or in person. Each participant will receive a \$10 gift card as a thank you for participating.

For further information contact **Hannah Odekina@ hannah.sule@uleth.ca**

Faculty of Health Sciences

This research is in part for the fulfillment of the Master of science in Nursing degree.

This study has received ethical approval from the University of Alberta Human Participant Research Committee – Protocol # Pro00132845