

**EXPLORING THE INTERSECTIONAL FACTORS THAT INFLUENCE THE
DEVELOPMENT OF MENTAL HEALTH CHALLENGES AMONGST WEST
AFRICAN WOMEN IMMIGRANT STUDENTS IN LETHBRIDGE, SOUTHERN
ALBERTA, CANADA:
AN EXPLORATORY-DESCRIPTIVE QUALITATIVE STUDY**

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Date of Defence: August 26, 2024

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DEDICATION

To my Guardian Angels..... “Daddy” and “Fifi”

To my father, Chief (Hon) Sir Fidelis Pat Imoudu Omoerah (JP) KSJI, who died on September 25th, 2023. You always inquired about my completion date and looked forward to witnessing my graduation. I sincerely wish you had lived longer to see me graduate. I believe you are in a better place watching over me from heaven.

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To all the West African women immigrant students who participated in my study. You bravely shared your unique post-migration experiences with me in the hope that the African woman’s voice is heard. Hopefully, a culturally sensitive intervention strategy would be employed to mitigate these challenges in your new home, “Canada”.

ABSTRACT

The purpose of this study was to investigate the experiences of West African women immigrant students in Southern Alberta and the subsequent influence on mental health. Employing an exploratory-descriptive qualitative (EDQ) research design, an in-depth semi-structured interviews were conducted with twelve (12) West African women immigrant students. Thematic analysis found that these women faced overlapping obstacles in Canada, caused by intersecting factors such as race, gender, social class, and immigration status, significantly impacting their mental health. Nonetheless, the participants used a variety of coping strategies to mitigate these barriers, with culture having an important role in influencing views and coping mechanisms. The study emphasizes the need of stakeholders, policymakers, universities, and mental health practitioners to establish culturally sensitive initiatives to help West African women immigrant students, transition and integrate successfully into their new environment.

Key terms: Mental health, depression, depressive symptoms, depressive disorders, immigrants, international students, University students, intersectional factors that influences the development of mental health, Africa; and each sub-West African country.

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CHAPTER 1: INTRODUCTION

According to the United Nations (UN) International Organization for Migration (IOM, 2018), migration involves the movement of people, either across an international border or within a state. Individuals who move across these international borders, or within a State are referred to as “immigrants”, “migrants” or “foreign-born” residents, as they came from somewhere else to live in a country (Castelli, 2018). This population movement involves any aspect of the movement of people, irrespective of its length, composition, and cause (Sharma et al., 2015). Globally, there has been an unprecedented increase in the number of international migrants in recent decades (Castelli, 2018; IOM, 2018; Tilly, 2011). According to the Statistics Canada (2017) report, the recent global estimate of international migrants, stands at 281 million in 2020, which comprises about 3.6% of the world population (Statistics Canada, 2017; McAuliffe & Triandafyllidou, 2021). In addition, Canada is becoming more and more reliant on immigration as a result of an aging population with a lower birth rate just like many other Organization and Economic Cooperation and Development (OECD) nations. Furthermore, the net international migration (immigrants minus emigrants) and natural increase (births minus deaths) determine the growth. The combined efforts of higher education institutions, federal and provincial governments, and other stakeholders may have resulted in the significant increase in the number of international students studying in Canada to benefit from the increased international competition (Tamtik et al., 2020). The contribution of international students to Canada's economy is acknowledged. According to a report on international education strategy, international students in Canada "provided over 170,000 jobs for Canada's middle class and contributed an estimated \$21.6 billion to Canada's

GDP" in 2018 (Tamtik et al., 2020). In addition, to make it easier for international students to stay in school, the International Student Program underwent modifications in 2013 by Immigration, Refugees and Citizenship Canada (IRCC) to support international students' employment in Canada after graduation. Furthermore, the number of international students obtaining work permits has steadily increased, representing a step toward permanent residency.

Africans are not left out in this migration journey. Statistics indicate that people from the African continent have recently experienced a significant surge in migration (Flahaux & De Haas, 2016). For instance, in Australia, Africans comprise about 11% of international migrants (Australian Bureau of Statistics, 2011). Similarly, approximately 2.1 million African immigrants settled in the USA in 2019, which accounts for about 5% of the additional 44.9 million international immigrant population (Capps et al., 2012). Also, approximately 30% of immigrants to France, from 2004 to 2013 were of African descent (Barou, 2014). According to Statistics Canada (2022), the 2016 census recorded 210,305 migrants of African descent which comprised about 13.4% of recent immigrants to Canada. Although the total number of international migrants in Canada increased to 8.05 million in 2020 (Canada, 2017).

Individuals migrate for several reasons such as economic insecurity, natural disaster, wars, conflicts, persecution, land displacements, poverty, civil unrest, and effects of climate change (Castelli, 2018; Canada, 2017). While unfavorable conditions displace people internally or externally, others particularly from developing countries, often migrate to the developed Western world in search of greener pastures like advanced education, job opportunities, family integration, economic growth, a higher standard of living, retirement, and more attainable resources (Hoffmann et al., 2021; Ornek et al.,

2022). Most people migrate to Western developed countries like Canada, Australia, the United States of America (USA), Germany, and France, and they may prefer to reside in the urbanized regions of their host countries (Okeke-Ihejirika et al., 2019). For instance, recent migrants to Canada may prefer to reside in major cities such as Toronto, Vancouver, Montreal, Ottawa, Calgary, and Edmonton, where already established immigrant communities are established (El-Assal, 2020; Okeke-Ihejirika et al., 2019). Immigrants, irrespective of the numerous reasons for their movement may be vulnerable to abuse, exploitation, stigmatization, and marginalization in their host country (Delara, 2016) and are often besieged with a plethora of post-migration challenges that predisposes them to mental health challenges such as depression (Chadwick & Collins, 2015; Beiser, & Hou, 2001; Srirangson et al., 2013).

Migration in Canada

Canada is becoming home to a growing population of migrants from developing continents like Africa and Asia (Statistics Canada, 2022). In other words, Canada's population growth is largely a result of international immigrants. According to Statistics Canada (2022), Canada welcomed approximately half a million of migrants in 2022. Furthermore, immigration constitutes almost 100% of Canada's labour force growth with about 75% of Canada's population growth from economic immigration. It is estimated that by 2036, immigrants will constitute about 30% of Canada's population compared to 20.7% in 2011 (MacIsaac, 2017). In addition, between 2016 and 2021, over 1.3 million new immigrants settled permanently in Canada, the highest ever recorded in a Canadian census. In 2021, immigrants accounted for 23.0% of the population, the largest proportion in over 150 years (Statistics Canada, 2022). Notably, close to a quarter (23.0%) of the Canadian population - more than 8.3 million people - were landed immigrants or held

permanent residency status which is the largest proportion on record in the confederation history and the highest proportion of immigrants within the G7 countries (Statistics Canada, 2022). The proportion of immigrants is projected to reach 29.1% to 34.0% of the population of Canada by 2041 (Karki & Moasun, 2023). In the 2016 Census, Statistics Canada (2022) reported that more than a fifth of the population living in Canada were immigrants from over 250 different countries of origin. Furthermore, Asia, including the Middle East, remained the top continent of birth for most recent immigrants, accounting for 62.0% of the population. In addition, for the first time in Canada's history, Africa was ranked as the second largest immigration region after Asia, surpassing Europe. Most of the African immigrants in 2016 originated from countries with a significant Black immigrant population, such as Nigeria, Ethiopia, South Africa, Somalia, Sudan, Kenya, Rwanda, and Ghana (Maheux & Do, 2019; Wilkinson, 2018). Africans are one of the most represented groups of migrants as international students to Canada, with a rapid increase in their population (Statistics Canada, 2022). This increase includes a sharp rise in the number of sub-Saharan African students studying in Canada, with 8,300 students from the region studying in Canada in 2020 (Magbondé, 2021). Thus, immigration continues to play an integral role in building Canada and contributes to its population growth as well as the evolving construct of Canadian identity (Moffitt et al., 2020).

Presence of International Students in Canada

The number of international student (IS) migrants in Canada is increasing and significantly contributing to the country's multicultural identity (Ng & Metz, 2015). The increase in the number of international students studying in Canada may be attributed to the changes and implementation of policies in the following areas: (a) economic, which aims to generate revenue for the government through taxes on students' employment,

housing, money transfers or remittances, and money transfer from students' families and friends, student visa application fees, and international student tuition fees (International Consultants for Education and Fairs [ICEF] Monitor, 2014; Sá, & Sabzalieva, 2018); (b) immigration, which intends to attract more skilled migrants to Canada (ICEF Monitor, 2014); and (c) geopolitical, which seeks to strengthen Canada's global influence and partnership with other foreign countries (Zhang et al., 2021).

Undoubtedly, international students represent a highly motivated and high achieving group that contributes greatly to the economy of the host country through their decision to study abroad, which is influenced by several factors such as academic pursuits, personal development, career progression (Yasmin et al, 2022; Mao et al.,2022).

In recent years, the federal government's changes to immigration laws and policies have made it easy to attract a desirable pool of potential migrants (Tamburri, 2013).

International students may be at a competitive edge for obtaining permanent residency based on the duration of their integration into the Canadian society and their most recent acquisition of Canadian educational credentials (Sharma, 2020; Tamtik et al., 2020). In particular, the introduction of policies such as the Post-Graduation Work Permit Program, the Express Entry system, and the Study Direct Stream in Canada may be the reason for the significant increase of international students (Geddie, 2013).

Canada, along with the United States, the United Kingdom, China, and Australia, is currently considered one of the top destinations for international education (Canadian Bureau for International Education [CBIE] International Student Survey 2021; ICEF, 2019; International Education Association of Australia, 2020; Stein, 2018). According to the Canadian Student Statistics (2023), the total number of international students across all education levels of study at the end of 2021 in Canada was about 807,750 (Canadian

Students Statistics, 2023; CBIE International Student Survey 2021). In addition, Canada experienced a 31% increase of international students from 2021 to 2022. Furthermore, at the end of 2022, this growth of international students increased to about 43% in the last 5 years and nearly 170% in the past 10 years. Although, this changed in 2024 when the Canadian government placed a two-year temporarily limit on the number of study visas awarded to international students. This cap is expected to result in a 35 percent reduction from 2023, or around 360,000 authorised study permits. This represents a significant decline in the number of international students who had suffered the most unsustainable rise. (IRCC, 2024)

Canadian education standards have proven to be of high quality with the added benefits of affordable tuition fees and living expenses (CBIE International Student Survey 2021; Esses et al., 2018; Stein, 2018). Furthermore, Canada has an international reputation of being a safe and peaceful country that enhances tolerance and takes pride in cultural diversity. Although only 373,599 of the international student population were enrolled in tertiary education in Canada (195,357 male students, 175,449 female students, and 2,793 of unknown gender). All international students enrolled in any educational program with a duration of over six months, must obtain a study permit. This study permit may be awarded with or without a work permit to support the integration of international students into the labor market and allowing them to work on- and off-campus (Liao et al., 2023). According to research by the CBIE International Student Survey, (2021) about 72.5% of international students studying in Canada plan on applying for a three-year valid Post-Graduate Work Permit (PGWP), with about 60% applying for a Permanent Residency (PR) after graduation. This represents the path to successful immigration and becoming a Canadian citizen for international students.

Conversely, some other researchers have suggested that a student's preference for the choice of university and host country may be influenced by the ease of obtaining a permanent residency status (Arthur & Flynn, 2013).

Alberta hosts the fourth-highest number of international students among all Canadian provinces, with about 43,485 international students holding a study permit in Alberta as of 2022 (Canadian Students Statistics, 2023). The University of Lethbridge (UofL) is a university in Lethbridge, Southern Alberta that was founded in 1967 with a current student body of 7,989 students, including 738 international students reported in Fall 2022 (University of Lethbridge, 2023). A report from the International Student Services at the UofL indicated a drastic influx of African international students from 92 students in 2013 to 177 students in 2022. While there has been an increase in the number of international students in Canada, less attention has been paid to the challenges they encounter following migration (Khanal & Gaulee, 2019).

Challenges Experienced by International Students.

Researchers have identified a number of stressors faced by international students when they arrive in Canada such as academic stress, separation from family, limited support system, language barriers, culture shock, housing settlement issues, balancing the conflicting demands of studying with personal and family life, racial discrimination, immigration status challenges and financial concerns (Noreiga & Justin, 2020; Khanal & Gaulee, 2019; Beiser & Hou, 2001; Dean et al., 2009). Additional experiences may include the exposure to unfavourable social, economic, geopolitical, and environmental circumstances – including poverty, violence, inequality, and environmental deprivation following immigration (WHO 2017). The feelings of separation or alienation may occur as a result of their new environment (Burdett & Crossman, 2012; Gardner, 2013). Studies

has shown that most international students from Africa, Asia, Latin America, and the Middle East experience some discrimination based on their cultural background (Lee, 2015). Conversely, students from Canada, Europe, or Australia may not experience any discrimination (Lee, 2015).

Challenges Experienced by African Women Immigrant Students

Immigrants may experience stressors differently due to their migration histories and cultural backgrounds (Zeledon, et al., 2023). For instance, African immigrants may experience post-migration challenges such as academic stress, employment discrimination, social isolation, lack of support, abuse, language challenges, social marginalization, underemployment, or unemployment, which may intersect to influence negative health outcomes such as depression (Creese, 2012; Creese, 2014; Creese & Wiebe, 2012; Foo et al., 2018; Hudson et al., 2012; Levecque, et al., 2009; Opong, 2019). Studies have indicated that African immigrant women could potentially have similar post-migration experiences that overlap with their racial and gender identities, potentially increasing their vulnerability to mental health issues. (Robert and Gilkinson, 2012). In addition, African immigrant women's experiences of gender role reversal, following migration may cause tensions, conflicts, stress, and frustration within their intimate relationships (Okeke-Ihejirika et al., 2019; Okeke-Ihejirika & Salami, 2018; Opong & Kellett, 2021; Desbordes, 2021; Manuh, 2003).

According to Vang et al. (2017), it has been reported that immigrants often have a better health status than their Canadian-born peers; however, their physical and mental health often deteriorates rapidly after they arrive in Canada due to their exposure to numerous post-migration challenges (Khanal & Gaulee, 2019; Fuller-Thomson et al., 2011; Kennedy et al., 2015). One of the most common mental health conditions faced by

immigrants is depression, coupled with different levels of reported difficulty, distress, and clinical outcomes (Centre for Disease Control and Prevention, 2022).

These immigrants use a variety of tactics to overcome these obstacles, navigate Canada, and assimilate into the community, all with the goal of reconstructing their life based on their unique experiences (Okeke-Ihejirika et al., 2019; Calliste, 1993). In Canada, few research studies have focused on the challenges of African immigrant women following migration (Okeke-Ihejirika & Salami, 2018). This may be partially due to limited statistical data on African migrant women as they are often garnered together with other Canadian Black populations or the “black pool” of other ethnicities (Statistic Canada, 2020; Okeke-Ihejirika, 2000). Although women make up a significant portion of international migrants, scholarly literature focusing on their role in international migration only began to emerge in the last 25 years of the 20th century (Donato & Gabaccia, 2015; Leal et al., 2019). Despite the many challenges African immigrant women encounter that affect their mental health, many of them may not access and utilize healthcare services due to multiple intersectional factors such as stigma, discrimination, cultural and religious beliefs, and gender (Oliffe et al., 2016)

West African Women Immigrant Students (WAWIS).

African students comprise a heterogeneous group of individuals representing African international students (Sparks, 2022). The University of Lethbridge’s (UofL) annual indicators for 2022 estimated that 738 International students were included in the total student enrollment of 7,989 students. The ethnic backgrounds of these students include Asian (10%), non-Canadian Indigenous North Americans (4%), Latin, Central or South American (3%), and African (3%) (Masuda, 2018). The estimated number of West African women immigrant students (WAWIS) studying at the University of Lethbridge

(UofL), a diverse urban research institution in Lethbridge, Alberta, Canada is not explicitly known. Demographic statistics frequently combine west-African immigrants with other Black students who identify as Afro-Latino, Black mixed-race, and Afro-Caribbean; therefore, numbers for sub-groups are often not available or reported (Sparks, 2022). The current study will focus on racialized immigrant women from West Africa. According to Awokoya (2012), the first line of action in disrupting bias, racial profiling, discrimination, and stereotyping is by understanding the heterogeneity among racialized groups and in this case among the West African women immigrant students (WAWIS) population.

Why Study Mental Health Challenges among West African Women Immigrant Students?

According to the National Collaborating Centre for Mental Health, (2011), common mental health disorders identified are mental depressive disorders (MDD), generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), panic disorder, phobias, and social anxiety disorder. Depression is considered one of the most common mental health disorders people struggle with (WHO, 2008). It has been identified as one of the largest contributors to suicidal death and global disability when compared to other mental health conditions (Ferrari et al., 2013; WHO, 2017). For instance, on average, men in Canada die 4 years earlier than women (Statistics Canada, 2017), because men are more likely than women and girls to engage in behaviours and beliefs that undermine their health and well-being (Courtenay, 1998a, 2000b, 2003c).

Recent studies suggest that women experience mental health conditions, like depression, differently from men (Campbell et al., 2021; Rosenfield and Mouzon, 2013)

and may be more likely to receive a depression diagnosis when compared to men (Waraich et al., 2004; McManus et al., 2009).

Depression affects people of all ages and genders; its occurrence among women is twice that of men, especially among those in the age bracket of 14-25 years (Johnson, et al., 2012; Albert, 2015; Freeman et al., 2017; Parker & Brotchie, 2010; Seidler et al., 2016; World Health Organization [WHO], 2017). Salk et al. (2017) attribute this disparity to factors such as victimization and financial hardships, which are more pronounced among women than men. Although mental depressive disorders (MDD) account for more than 40% of disability in women, these vulnerable groups are more likely to seek help for depression from a general practitioner rather than a mental healthcare professional at the early stage due to stigma (Henderson et al., 2013). According to Addis (2008), women are more likely to seek timely medical help or comply with medical advice for a variety of mental and physical health problems. However, many African immigrants may seek other traditional alternative forms of treatment for their depressive symptoms due to cultural and religious beliefs. For instance, many African immigrants may rather seek help from their spiritual fathers rather than from mental health professionals by using different coping strategies to mask their experiences (Addis, 2008). Conversely, Addis and Mahalik (2003) states that men might be socially built to think they are immune to illness and that getting medical attention could be a sign of weakness. Migrants who turn to spirituality may adopt religious coping strategies such as prayers, meditation, or reading religious or inspirational books to gather strength from God or their chosen deity, redefine their lives, or find a purpose for existing (Breland-Noble et al., 2015; Robinson et al., 2016; Bryant-Bedell & Waite, 2010; Taylor et al., 2017). Others may choose strategies that are not helpful to the point where their coping mechanisms become ineffective or

overwhelming (Bryant-Bedell & Waite, 2010). Depression at this level results in frustration, and individuals may express it in different ways by showing anger, violence, aggressiveness, and developing addictions since they are unable to express their emotional problems (Addis, 2008; Brownhill, et al., 2005; Addis, 2008; Oliffe et al., 2016; Bryant-Bedell and Waite, 2010; Stewart, 2015). As a result, these vulnerable groups may embark on unhealthy coping strategies that may be detrimental to their health and impair their quality of life and functionality in their roles (McFadden et al., 2021).

Based on the previous conversations, these immigrant students face a wide range of post-migration difficulties, including financial concern, cultural shock, and stress related to their studies. (Khanal & Gaulee, 2019). When these post-migration stressors intersect with pre-existing factors from their pre-migration or during migration phases, it can hinder their smooth assimilation into the Canadian community (Akinsulure-Smith, 2014; Weishaar, 2010). Addressing these stressors is crucial; overlooking them can have severe repercussions on the mental well-being of these immigrant students (Juzwiak et al., 2014; Fisher, 2013). By understanding the experiences of these WAWIS, we can pave the way for more robust support systems, ensuring that they have access to essential resources and networks that can facilitate their successful transition and integration into Canadian society.

Study Purpose

Transitioning into Canadian society following migration may be challenging for WAWIS in southern Alberta. These groups may experience challenges that influence their mental health while transitioning and integrating into Canadian society (Akinsulure-Smith, 2014; Weishaar, 2010). There is a paucity of literature surrounding post-migration challenges, the intersectional factors that cause depression among WAWIS, as well as the

strategies aimed at improving immigrants transitioning and integrating into their host country. These findings underscore the importance of prioritizing further research. Such research should delve into the varied experiences of this specific group, ensuring a comprehensive understanding of the key factors that influence their transition and integration. Since minimal studies have been conducted on gender-related stressors that plague more current African immigrants, a descriptive qualitative analysis of the challenges experienced by the participants in this study may be an invaluable contribution to the literature and yield vital insights for improving immigrant policy and service provision.

The purpose of this research is: (a) to explore the intersecting factors that influence the development of mental health challenges among West African women immigrant students (WAWIS) at the University of Lethbridge, Southern Alberta, Canada; and (b) to explore the coping strategies used to sustain and improve their transition and integration into Canadian society.

Research Questions

The study will be guided by the following three primary research questions:

- 1) What post-migration challenges influence the development of mental health conditions among WAWIS at the University of Lethbridge, Southern Alberta, Canada?
- 2) What strategies do WAWIS implement to manage the mental health challenges that arise when they transition into their new home?
- 3) What recommendations do WAWIS have to improve the support of other women struggling with mental health challenges?

Significance of the Study

The study will elucidate the factors that may influence the development of mental

health conditions among WAWIS in Lethbridge, Southern Alberta, Canada. The study findings will be based on participants' perceptions and views of the phenomenon under study. This will help broaden the existing knowledge of mental health among African women. Further research into how the learning, social living, cultural, and physical environment of the host country differ and influence the development of distress in this vulnerable group would be addressed. The outcomes of this research will not only provide valuable insights but will also guide future intervention strategies and policies, irrespective of their diverse identities and social statuses. These insights will be instrumental in shaping the support systems for a successful migration, transition, and integration of WAWIS in Lethbridge.

CHAPTER 2: LITERATURE REVIEW

This chapter provides an overview of the literature related to the current descriptive qualitative study that examines the intersectional factors influencing the emergence of mental health problems in West African women immigrant students (WAWIS). It summarizes mental health, the prevalence of international students' mental health, and the perception of mental health in the African context. It also articulates the intersectional factors influencing international student's mental health. Finally, it explores the theoretical framework of intersectionality theory, that informs the study.

Mental Health

Mental health disorders are the leading non-fatal causes of global disease burden (Whiteford et al., 2013; Vos et al., 2012). One of the most prevalent problems in mental health is depression, which is a serious health problem among the student population (Ibrahim et al., 2013). It is regarded as a wide range of mental health conditions such as depressive disorder, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors that affect mood, thinking, and behavior (Quittkat et al., 2020). According to World Health Organization (WHO, 2022) 11th revision of the International Classification of Diseases and Related Health Problems (ICD-11), depression is a clinically recognizable set of reported experiences and observed behaviors that is associated with distress and interferes with personal functions. It is the most common mental illness, with an estimated 280 million people suffering from depression worldwide (WHO, 2022). Depression, also known as major depressive disorder, is one of the most common mental health conditions worldwide (Sarokhani et al., 2013). Depressive disorder is a mental health condition that can cause feelings of sadness, hopelessness, and a lack of interest in activities that were once enjoyable (Alshawwa et al., 2019). Depressive disorders include

major depressive disorder (MDD), persistent depressive disorder, premenstrual dysphoric disorder, and disruptive mood dysregulation disorder (American Psychiatric Association, 2015). It is different from the unhappiness people occasionally encounter while navigating the inevitable challenges associated with the ups and downs of life (Blanchflower, 2020; Herrman et al., 2022). Depression has been identified to cut across all age groups (Adewuya et al., 2018). Anyone can experience depression, and as a result, they may experience unplanned hardship, distress, reduced social functioning, and economic productivity that affect individuals, families, and the community (Herrman et al., 2022).

Numerous studies have indicated a high prevalence of mental health problems among students, including depression, compared to the rest of the population (Yusoff et al., 2013). Recent studies in this area indicate that the psychological and mental problems of students continue to increase (Field et al., 2012). For instance, a national survey in Canada in 2021 reported that 95% of post-secondary students reported being overwhelmed and exhausted, 83.7% reported anxiety, 86% were depressed, and 81% experienced loneliness (Moghimi et al., 2023). Major depressive disorder (MDD) was reported to be twice as prevalent in 2020 as seen in the period between 2015 and 2019 (Statistics Canada, 2020). Moreover, the prevalence of depression is predicted to be 5% among adults worldwide, affecting 3.8% of the population (WHO, 2021; Institute for Health Metrics and Evaluation, 2019; Whiteford et al., 2013). Women are more prone to depression than men (Albert, 2015). Research examining the relationship between depression and masculinity indicates that this disparity might be caused by inadequate gendered diagnostic standards and men's hesitation to seek help for psychological challenges due to their desire to present an acceptable image of masculinity that is in line

with strength (Sierra Hernandez et al., 2014). Men may underreport or misdiagnose depression in themselves because they are under social pressure to present an acceptable version of strength and stoicism as a sign of masculinity. This may also be the outcome of men's reluctance to get medical help (Delara, 2016; Addis, 2008; Brownhill et al., 2005; Oliffe & Phillips, 2008). Conversely, some academics suggest that there are a number of reasons why women are reluctant to seek medical attention, such as: (a) the stigma associated with mental health issues, which can make women feel embarrassed or ashamed to do so; (b) a lack of knowledge about the symptoms of depression or a failure to recognise that it is a treatable medical condition; (c) poor experiences with healthcare professionals in the past, which may cause women to be reluctant to seek treatment for depression; (d) a fear of being judged negatively and perceived as weak (Achterbergh et al., 2020); and (e) barriers to accessing mental health care, such as lack of insurance coverage or difficulty in finding a mental health professional (Unützer & Park, 2012). However, 80–90% of those receiving treatment from mental health professionals report some improvement in their capacity to control their depressive symptoms (American Psychiatric Association, 2015). Depression is one of the primary causes of disability, which has a detrimental impact on a person's capacity to learn, work productively, and live a fulfilling life (WHO, 2021; Kessler, 2012). While there isn't just one thing that causes depression in people, there are several things that can contribute to its occurrence.

Causes of Depression

In 2015, the American Psychiatric Association published a study that found that depression is caused by an imbalance of certain chemicals in the brain. These chemicals can be disrupted by stressful life events, certain medications, alcohol, drugs, and medical conditions such as thyroid disease. Subsequent investigations have revealed the following

as clinical factors contributing to depression: particular personality traits (poor self-esteem linked to inherited characteristics or early life experiences), postnatal depression (associated with the biological, social, and psychological challenges that accompany the post-natal period), genetic susceptibility (family history of depression), stressful life events (such as relationship breakdown, bereavement, etc.), feelings of isolation (such as being cut off from family), particular illnesses (such as life-threatening illnesses, chronic illnesses, severe head trauma), excessive alcohol and/or drug use, and an imbalance of particular brain chemicals (Yim et al., 2015). Other researchers have found that there are biological, psychological, and social determinants of depression that can increase an individual's chance of having depressive disorder. These factors include genetics, past and current mental health conditions, optimism, mastery, self-esteem, and a poor self-image (Remes & Templeton, 2021). The social determinants of depression are the aspects of an individual's birth, living, learning, working, play, and ageing circumstances that have an impact on their mental health (Marmot, 2022). Depression has been related to a number of factors, including age, socioeconomic status, social support, financial hardship and deprivation, food insecurity, education, work status, living situation, marital status, race, past conflicts and bullying, exposure to violent crime, abuse, discrimination, (self)-stigma, ethnicity, as well as immigrant status, working conditions, unfavourable or noteworthy life events, illiteracy or health literacy, environmental events, job strain, and the built environment (Mutiyambizi et al., 2019; Williams et al., 2018). Depression can manifest in a multitude of ways in individuals, with symptoms varying in severity and duration, regardless of its underlying cause.

Symptoms of Depression

According to the World Health Organization (WHO, 2022), depression is distinct from ordinary emotional changes that people encounter. A few of the primary symptoms of depression are mood swings or anhedonia, which is a loss of interest or pleasure. Other secondary symptoms include changes in weight or appetite, sleep disorders (hypersomnia or insomnia), psychomotor agitation or retardation, exhaustion or loss of energy, impaired cognitive function, feelings of excessive guilt or worthlessness, and recurrent suicidal thoughts (Tolentino and Schmidt, 2018). People who are depressed may experience psychological, physiological, or both types of symptoms (Määttä et al., 2019). Physical symptoms of depression include altered sleep patterns, sleeplessness, hypersomnia, tiredness, discomfort, and decreased appetite. According to Ngcobo and Pillay (2008), these symptoms may also be indicative of illnesses or conditions of the body. Moreover, research suggests that these modifications often stem from changed hormone and neurotransmitter levels, which vary between those with depression and those who do not have the condition. Conversely, the psychological manifestations of depression are associated with mental processes and can be employed to describe mental illnesses. For instance, going through depressive episodes, being disoriented or having trouble focusing, having excessive anxiety or fears, going through intense feelings of guilt, anhedonia, or worthlessness, going through abrupt mood swings, withdrawing from friends, family, and activities, or going through periods of extreme fatigue, low energy, or trouble sleeping. In extreme cases, these symptoms could lead to suicide, especially if they are coupled with neurological conditions such as stroke, multiple sclerosis, Alzheimer's disease, dementia and Parkinson disease, or recurrent suicidal thoughts (Baquero & Martin, 2015; Alejos et al., 2023).

A study conducted in 2000 by Wechsler, Lee and Kuo, it was discovered that students with depression symptoms typically do worse academically and participate less in class than their classmates without the symptoms. The findings show that depression is a serious problem for which the majority of students require psychological treatment. In addition, symptoms of depression according to Shaffer et al. (2004), must be severe enough to: (1) interfere with social, academic, or professional functioning; (2) not be caused by any other medical condition or substance; (3) not be associated with bereavement unless the bereavement has lasted for more than two months; and (4) not be associated with mania. Diagnosing depression can be challenging because of its vast range of symptoms and syndromes that might mimic other disorders, as well as the fact that depression can coexist with other conditions that can make a diagnosis more challenging. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) states that in order to be diagnosed with Major Depressive Disorder (MDD), five or more symptoms must reoccur in one or more episodes for at least two weeks (American Psychiatric Association, 2015; Tolentino & Schmidt, 2018). The DSM-5 depression criteria, despite its limitations—such as its failure to capture features like sobbing, anger, social isolation, and overall pain—places depression between spiritual difficulties and sickness and requires professional examination for individualized management (Mayston et al., 2020). A clinical assessment of each person's experiences is required to enable the provision of specific care because each person's experiences, circumstances, and path to recovery from depression are unique (Herrman et al., 2022). While laboratory tests are occasionally available for depression screening, clinical interview-based tools account for the bulk of depression diagnoses (Smith et al., 2013). However, compared to Europe, mental health specialists are less numerous in West

Africa, and many medical personnel lack the knowledge essential to effectively use diagnostic equipment. Even among qualified mental health providers, there are frequently insufficient time and/or resources to do diagnostic testing for every individual who might be susceptible to mood disorders (Ali et al., 2016). Because of this and the stigma that the illness carries in society and culture, it is impossible to recognise people who are depressed (Adewuya et al., 2018). With the great diversity of languages and cultures in West Africa, diagnosing depression is a difficult task. Even within the same country, a diagnostic instrument that is effective in one cultural setting might not be appropriate for another or for populations who are different from one another. Treating depression and improving mental health requires taking cultural differences into consideration and customising care.

Treatment of Depression

While depression poses a substantial risk for suicide, it is important to remember that depression is treatable (Hammen & Watkins, 2018). Depression treatments include pharmacotherapy, psychotherapy, or a combination of the two (American Psychiatric Association, 2015). Furthermore, some medications such as antidepressants, help to regulate the brain's chemicals associated with mood and reduces the symptoms of depression. On the other hand, there are possible disadvantages to taking these antidepressants, such as side effects, issues with recurrence, having to take medications for few weeks before they become effective, and possibly restricted efficacy in mild cases. Conversely, talk therapy or psychotherapy assists patients in understanding their illness, learning to live with their symptoms, and altering their thought and behavior patterns. Additionally, it entails an in-person assessment by a mental health professional. Adjusting one's lifestyle to include regular exercise, a balanced diet, enough sleep, and

less stress can also be very important in treating depression (Sarris et al., 2014). Henderson et al. (2013) states that even in the face of effective therapy, many depressed people are unable to receive the help they need due to societal stigma and restricted access to mental health care. Women who suffer from depression should seek treatment because it is a medical illness that can be managed. According to the American Psychological Association (2015), women who are reluctant to seek depression treatment might wish to consider talking to a family member, friend, or mental health professional for guidance and support. To address this global health issue, it is imperative to decrease stigma, increase access to mental health care, and increase knowledge of depression. These actions can motivate depressed people to stick with their treatment and put their newfound coping mechanisms into practise.

Coping Strategy

Coping strategies are thoughts and behaviours employed to address both internal and external stressful circumstances (Folkman & Moskowitz, 2004). Furthermore, the various ways that people deal with stress are called "coping styles" or "coping strategies," which are a group of relatively stable traits that determine an individual's actions when under stress. Proactive coping seeks to avoid stressors in the future, whereas reactive coping responds to stressors that have already happened (Algorani & Gupta, 2023). Psychoeducation, stress management, talent development, and problem-solving strategies are further proactive coping strategies that can increase someone's self-worth and confidence (Conley et al., 2015).

Some coping tactics for depression include exercise, stress management through meditation, eating a nutritious diet, talking to others about mental health issues through online support groups and forums, and speaking out to seek professional mental health

assistance to prevent further degeneration (Christensen & Griffiths, 2002; Cairney et al., 2014). Numerous coping strategies may be necessary in specific situations. While some studies suggest that a problem-focused approach is the most beneficial, other research repeatedly demonstrates that some coping mechanisms are associated with less favourable outcomes (Stoeber & Damian, 2016; Folkman & Moskowitz, 2004). Maladaptive coping strategies are associated with poorer mental health outcomes and a higher frequency of psychopathology symptoms such as emotional suppression, avoidance and disengagement (Algorani and Gupta, 2023).

Prevalence of International Students' Mental Health

Mental health is a key concern for international students (IS) studying in North America since they are more likely than the overall population to experience psychological suffering (Cleary et al., 2011; Hamamura & Laird, 2014; Hamamura & Mearns, 2019). Due to their higher likelihood of mental health issues compared to domestic students, international students are especially vulnerable (Forbes-Mewett & Sawyer, 2016; Prieto-Welch, 2016). Upon commencing their post-secondary education overseas students may encounter several developmental challenges that may compound to make them vulnerable to mental health conditions (Arnett, 2005). Currently, research indicates that among international students, mental health disorders are highly prevalent (Bully, 2024; Hunt & Eisenberg, 2010). According to Maston et al. (2000), the prevalence of depression in Sub-Saharan African countries is between 10 and 20 percent of the population when compared to wealthy countries, with the majority of individuals living without access to medical care. According to Robinson et al. (2016), 400 undergraduate students at a Western Canadian university identified depression (36.1%) and anxiety (31.9%) as their primary mental health issues.

Certain factors could make it challenging for a foreign student to get mental health care. A desire for self-sufficiency or personal views and beliefs regarding mental health are examples of these characteristics referred to as mental health literacy (MHL) which is necessary for the emergence of help-seeking behaviour (Rafal et al., 2018). Other barriers to obtaining mental health services include the cultural stigma associated with pursuing and committing to mental health treatment, as well as a lack of knowledge about the available health care service options (Onabule & Boes, 2013; Robinson et al., 2016; Eisenberg et al., 2009). These obstacles could lead to limited benefits and unequal access to mental health service.

Perception of Mental Health in the African Context

People's worldviews shape how they perceive and experience the world (Qiong, 2017). The ideas, attitudes, views, and behaviours of persons of African origin define the Afrocentric worldview (Neblett et al., 2010). Furthermore, it influences how immigrants make meaning of their experiences and adjust to Canadian life. Mishra and Kuh (2012) estimate that two out of every three women will experience mental health conditions like depression at some point in their life.

Understanding depression in the African context necessitates knowledge of the culture, worldview, and religion (Black et al., 2011; Neblett et al., 2010). It is often misdiagnosed among African women, possibly due to its various interpretations in different African cultures. The term 'depression' may not exist in many African languages or may have different meanings in diverse cultural contexts, which is significantly distinct from the English definition (Mosotho et al., 2008; Sweetland et al., 2014). Researchers have connected the meaning of depression to African expressions such as "not feeling well", "burdened hearts", "tired heads", "sickness of the soul", or "thinking too much"

(Sweetland et al., 2014; Kidia et al., 2015; Johnson et al., 2017). In African perspective, "thinking too much" or depression can be a challenge, as it can hinder the ability to take care of one's mental health (Backe et al., 2021). It may also cause absent-mindedness (Johnson et al., 2017) and lack of energy, which can make it difficult to complete daily routines and take charge of one's health. They may also retreat from others if they believe they are being laughed at (Okello & Ekblad, 2006).

According to Brown (2011), African women regard depression as a social component with few major effects and symptoms. Depression, according to some experts, is a mental illness that indicates personal weakness or a lack of faith (Ward et al., 2013). According to Ngcobo and Pillay (2008), mental illness is caused by a supernatural or spiritual relationship with the ancestors. Depression has also been linked to the possession of spirits and witchcraft in African cultures, particularly when mental health disorders deteriorate further (Okello & Neema, 2007; Nakimuli-Mpungu et al., 2014). It is important to recognize that many African women hold certain beliefs about mental health that may not align with Western perspectives. For instance, there may be a stereotype of the "strong African woman" who is expected to manage any challenge without showing vulnerability or weakness (Okeke et al., 2022). Additionally, there may be a history of distrust of medical institutions, as well as socio-cultural norms that dictate gender roles and expectations. All of these factors can impact the way that African women view, approach and seek care for mental health difficulties, contributing to misdiagnosis and inadequate mental health treatment (Okeke et al., 2022).

Depression is not typically seen as a key health problem in many African societies, and its symptoms are often 'neglected' (Gbadamosi et al., 2022). Furthermore, an African woman who complains of bodily pains such as headaches and backaches may

be presenting with symptoms of depression. In addition, a typical African assumes that depressive symptoms will "just go away." African women with depression symptoms are more likely to report physical symptoms (e.g., weariness, decreased libido, sleeplessness) and self-critical symptoms (e.g., self-hatred, self-blame) than traditional depression symptoms such as depressed mood or feelings of hopelessness (Holden et al., 2013). In addition, they also report anhedonia (the inability to enjoy pleasure) and irritation.

Seeking treatment for mental health issues in developing countries can be challenging due to various factors such as limited mental health providers, lack of insurance coverage, transportation issues, traditional diagnostic tools, and distrust of the healthcare system (Mongelli et al., 2020). As a result, hospitals and healthcare systems tend to prioritize physical ailments, particularly those that are life-threatening, over psychological issues. This can lead to individuals with mental health conditions being dismissed, which ultimately prevents them from receiving the care and treatment they need. Many African immigrant women may have little background or experience obtaining mental health care from the health system and are likely to seek help from their social network or family (Issack, 2015). Other study showed that depressed African women would rather seek help from a traditional herbalist first to perform the necessary traditional rites to heal their depressed state before they would visit a mental health consultant (Moodley et al., 2008). According to Henderson et al. (2013), many African women may choose to meet with a medical practitioner when they exhibit physical signs of depression rather than seek therapy from a mental health expert owing to fear of stigmatization, which can lead to a misdiagnosed disease. Misdiagnosis and medical racism are common issues for women of colour in the mental health and overall healthcare systems. Misdiagnoses of African women seeking mental health care are

sometimes caused by implicit prejudice and racist preconceptions of the "angry African woman." For example, amongst African women depression might be misinterpreted as extreme irritability, a notion that can dangerously bias a medical practitioner's diagnosis (Knighton et al., 2022). According to Petersen et al. (2013), some people find therapeutic relief from depression by vocalizing their feelings and seeking support from family and friends. It is critical to engage with mental health specialists who understand depression from an African viewpoint, as well as assistance from the immediate social context. For instance, the study by Ventevogel et al. (2013) found that confiding in a trusted older woman who had experienced and survived depression in the community was helpful and provided some relief to young women in a South Sudan community suffering from depression due to marital issues. African immigrants may believe that their religious practices and faith, as expressed through prayers and the reading of inspirational books and the Bible, might bring relief from depression (Petersen et al., 2013; Murray, 2013). Some researchers discovered that some immigrants would rather isolate themselves or remain at home than seek aid from traditional herbalists, priests, or healthcare professionals (Henderson et al., 2017; Nakimuli-Mpungu et al., 2014). Religious views and social networks, according to Nakimuli-Mpungu et al. (2014), determined the help-seeking pathway. Furthermore, consulting a priest or traditional herbalist was preferred above confiding in a trustworthy person. Priests were regarded to provide beneficial assistance and spiritual healing, especially in family difficulties (Henderson et al., 2017). However, the effectiveness of the priest's advice was dependent on the depressed individual's participation in activities such as Bible reading or church attendance (Nakimuli-Mpungu et al., 2014).

Certain symptoms of depression may not be correctly identified in clinical practise using traditional diagnostic approaches. Understanding how and to what extent the intersecting elements affect the mental health of overseas students should be a top priority for Canadian educational institutions. In addition to offering culturally competent mental health services, they should also address the contributing elements that support students' mental health and wellbeing.

Intersecting Factors Influencing International Student's Mental Health

International students may experience disruption to their academic lives due to psychological distress in social, cognitive, and emotional domains (Kitzro, 2009). These students often face a multitude of challenges that can lead to overwhelming levels of stress in their lives. Academic pressure, cultural adaptation, accommodation challenges, employment challenges, deskilling, social isolation, a shift in gender roles as well as an imbalanced lifestyle between study and work, and the possibility of engaging in risky behaviours are some of these challenges (Kritsotakis, 2016). These challenges put these students at higher risk of mental and physical health problems, including depression, anxiety, sadness, exhaustion, eating disorders, strained interpersonal relationships, loneliness, trouble focusing, and other psychiatric illnesses. (Zhou et al, 2021; Mesidor & Sly, 2016; Prieto-Welch, 2016; Minutillo et al., 2020; Alharbi & Smith, 2018; Smith & Khawaja, 2011). These elements may have an impact on individuals' mental health, as suggested by Lehman et al., Gruber (2017).

Academic Pressure

Academic pressure is a crucial aspect of the challenges faced by international students in Canada. In the context of this study, campus adaptation refers to the ability of students to adjust to various aspects of the educational environment, such as the transition

to new educational systems (e.g., grading scale, teaching methods, and examination type), academic workload (e.g., number of assignments, deadlines, presentations and class discussions), student-supervisor relationships, the use of campus research facilities (e.g., library systems, research tools/software), and education policies (Makeeva & Lopukhova, 2017). In addition, it refers to a student's ability to control their study, participate in school activities, and emotionally adjust to the institution's environment.

International students also encounter challenges in navigating through a relatively different and unfamiliar educational system in Canada. This can include adapting to new teaching styles, academic expectations, and educational practices, which may differ from their home countries (Ndemanu & Jordan, 2018). Education systems across different countries vary significantly, which can be stressful for international students who are transitioning to a new educational system. Most international students often carry the expectations of their parents to achieve excellent grades, complete their studies, and secure a professional future career, which can lead to additional stress (Wu et al., 2015). Furthermore, they may be overwhelmed with an educational environment that is more characterized by independent learning and less instructor supervision and guidance. According to previous research conducted in African sub-continent, Middle Eastern, and Asian schools and universities, students were taught to sit quietly in class and take notes, whereas in North America, students were taught to actively participate in class activities, presentations, and discussions, as well as manage the demands of frequent "pop quizzes" (Houshmand et al., 2014). African international students in Canada face various challenges when adjusting to different teaching methods such as adapting to unfamiliar learning styles, academic requirements, and expectations of the host country, which may have different teaching and learning approaches (Eviwie, 2009). These foreign students

are often not conversant with the academic expectations in Canadian institutions and may struggle to adapt to the different teaching methods, communication with professors and classmates, which may lead to social isolation (Wu et al., 2015).

International students may also find it challenging to adapt to the heavy academic workload in Canada, which often involves essays, assignments with submission deadlines, tests, projects and presentations (Hurley et al., 2021). Additionally, balancing the workload and effectively managing time becomes a challenge.

Unfamiliarity with the educational system of the host country may lead to the feeling of anxiety, distress, academic stress, and even depression, which may impact the mental health of international students (Mofatteh, 2021). Depression has a considerable impact on students' academic performance, academic satisfaction, and academic achievement (Arslan, 2016). Therefore, it is important for universities to provide support and resources to help these students navigate and succeed academically, which will ultimately promote their overall well-being in their new culture.

Cultural Challenges

Cultural adaptation refers to the process of individuals or groups adjusting and adapting to the cultural norms and practices of a new environment (Kim, 2017) In addition, it involves changes in behavior, beliefs, values, and communication styles to effectively interact with members of the new culture. Furthermore, the process ensures that one can successfully integrate into the new environment and avoid misunderstandings or conflicts due to the diversity in cultural practices. Newcomers may face challenges related to maintaining familiar practices, adjusting to cultural norms, and feeling a sense of belonging in their new environment (Cena et al., 2021).

Unfamiliar Climate and Food

According to Berry and Hou (2017), acculturation is broadly defined as the set of cultural and psychological changes that follow the contact between two cultural groups and their members. International students who migrate to Canada engage in a process of acculturation - a period of dynamic cultural and psychological change resulting from contact between members of two or more cultural groups (Berry & Hou, 2017). The acculturation process may lead to acculturative stress, which has been associated with poor mental health, internalizing symptomology, and increased risk behaviour (Crockett et al., 2007; Huang & Mussap, 2018). This is common especially among undergraduates, women, mature students, students residing with family, and students who have resided in their host country for two years or more (Kim et al., 2019). A study by Kania (2014) revealed that female students showed higher levels of stress and poorer cultural adaptation than their male peers, which may be due to several biological, social or cultural factors. These gender disparities are probably the result of a complicated interaction between coping mechanisms, socialization, and other variables (Gbadamosi et al., 2022). The results also indicated that men were more likely to experience different types of acculturative stress compared to their female peers. In a study conducted by Ying (2005) acculturative stress was examined among Taiwanese international students in the US and the findings revealed that unfamiliar climate was one of the five main stressors which appeared intense early on and decreased sharply from the first year to the second year of study. International students who migrate from hot sunny climates to a cold and dry climate in North America may not initially adjust well to the weather.

The various types of food in the new country, also makes it difficult for some international students to find the food items that they are familiar with in their home

country. Brown (2011) reported that among international students, the more distinct the home country food from the food available in the host country, the more reluctance to buy or eat the local food. Brown (2011) also conducted several semi-structured interviews in England to explore the meaning attached to the host country food to international students. It was discovered that eating at familiar home country food was positively related with relief and comfort among international students while the unfamiliar food generated anxiety and discomfort. Therefore, international students may struggle with preparing food in the new environment which may result in nutritional deficiencies and impact their mental health (Weaver & Hadley, 2009)

Culture Shock and Homesickness

Culture shock is a term used to describe the negative feelings of disorientation and discomfort that arise when a person moves from a familiar environment to an unfamiliar one (Furnham, 2019). For instance, foreign students studying abroad for a semester in another nation may find it difficult to transition culturally since they are not accustomed to the local way of life, cuisine, language, customs, or values (Shiri, 2015). In addition, anybody can experience culture shock regardless of age, gender, or background, and is often associated with international travel or relocation. It is crucial to keep in mind that cultural adjustment typically wears off as one gets familiar with the new location, its people, customs, cuisine, and language (Shiri, 2015). Culture shock can produce a range of symptoms, which can vary greatly in scope and intensity from person to person (Furnham, 2019). For instance, homesickness, worry, irritation, and uncertainty are some of the symptoms of culture shock.

Conversely, homesickness is a common feeling that often occurs after being away from home for an extended period (Thurber & Walton, 2012). According to Stroebe et al.

(2002), it is estimated that 50% to 75% of the general population have felt homesick at least once in their lives time. The transition from living at home to living away from home represents a significant transition for first-year college or university students. For many students, the experience is a stimulating adventure, both socially and intellectually. For other students, the experience is overwhelming and distressing. Although some new students have previous experience with travel, summer camp, or other trips away from home without parents, all students must all face the challenges of independently managing their lives; establishing new friends; adjusting to new schedules; and succeeding in various academic pursuits (Johnson & Sandhu, 2007). These and other challenges often instill self-doubt and force an uncomfortable recalibration of international student's academic and social self-concepts (Pittman & Richmond, 2008). The changes to new students' routines, diets, social milieu, geographical setting, and perceived demands can induce intense homesickness (Thurber & Walton, 2012). Moreover, first-year students may be introduced to unhealthy behaviours, some of which may be maladaptively adopted as coping mechanisms (e.g. binge drinking, drug use) (Oosthuizen, 2022). The university environment also stirs nearly every student's innate desire to belong, to feel socially accepted (Hendrickson & Aune, 2011). When that need is not easily or immediately met, intense homesickness can result.

According to research by Thurber & Walton, (2012), university students living away from home suggest that homesickness is most commonly associated with anxiety, depression, and loneliness. Intense homesickness is particularly problematic when it exacerbates pre-existing mood and anxiety disorders (Tartakovsky, 2007; Tochkov et al., 2010) or precipitates new mental health or physical health problems, such as insomnia, change in appetite, gastrointestinal upset, and even immune deficiencies and diabetes

(Johnson et al., 2007). At its most intense, homesickness can lead to withdrawal from school (Johnson et al., 2007). Indeed, homesick students are 3 times more likely to drop out of school than those who are not homesick. Other clinical sequelae include difficulty concentrating, memory lapses, neurotic behaviour, and social isolation (Watt & Badger, 2009; Thurber & Walton, 2012).

Although homesickness has an impact on student's physical and mental health, the latest version of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) published by the American Psychiatric Association (2015) does not recognize this phenomenon (Ferrara, 2020). The idea that having homesickness after moving can be a normal first reaction to a new place and not a mental health issue is the basis for the exclusion (Fisher, 2013). However, the symptoms of homesickness can be quite devastating to those who experience it when their need for home becomes intense. (Fisher, 2013).

The experience of cultural shock and homesickness can be particularly challenging for African immigrants in Canada. Individuals may struggle to adapt to the new cultural norms, customs, and expectations, which can create a sense of isolation and loneliness (Thurber & Walton 2012). Moreover, they may face discrimination or prejudice due to their race, ethnicity, or religion, which can further exacerbate their feelings of alienation. However, with time, patience, and support from their communities, African immigrants can overcome cultural shock and successfully integrate into the Canadian society.

Cultural Background

African immigrant students often face difficulties in adapting to the Canadian cultural landscape. This includes navigating different cultural norms, values, and social

expectations, which can lead to feelings of disorientation and isolation (Woodgate & Busolo, 2021). Some international students from European and South American countries adapt more easily to North American campuses compared to African and Asian international students due to the higher degree of cultural and social similarities between their origin and destination countries (Alharbi & Smith, 2018; Zhang & Goodson, 2011). According to Sümer et al. (2008), the more cultural and social similarity exists between the country of origin and the host country, the better and easier cultural adaptation would occur. Nonetheless, some foreign students try to learn everything they can about the host country to increase their knowledge related to the new culture. Moores & Popadiuk (2011) conducted a qualitative study to explore the positive aspects of cross-cultural transition among seven international students. They found that some international students tried to get involved in the local community by attending various cultural or community events or doing volunteer work within or outside the university. Furthermore, international students in the study stated that they obtained multiple benefits from participating in various activities or events and communication with the domestic students, which helped in meeting new people or in increasing their English language proficiency.

Communication Skills and Language Barrier

The mental health of international students in Canada can be significantly affected by communication skills and language barriers. Communication skills is essential to creating a sense of belonging and attachment. Having poor communication skills to integrate into the new academic and social environment at the host university may result in experiencing depression and anxiety for some international students (Smith & Khawaja, 2011). Research indicates that language barriers are a leading cause of stress

among international students studying abroad in Canada (Ali et al., 2020). Furthermore, English language proficiency has a positive impact on the social and academic adaptation process among international students in English-speaking institutions. More proficiency in English language skills is related to better academic and educational performance; those with higher English proficiency may find it easier to communicate with other people and experience less isolation and anxiety (Alharbi & Smith, 2018; Zhang & Goodson, 2011; Sumer et al., 2008; Chavajay & Skowronek, 2008). According to Kim (2019), factors that predict academic success and acculturative stress among international students, suggest that English proficiency was one of the most powerful predictors of acculturative stress among international students.

Overcoming language barrier is the process of breaking down language barriers that exist between individuals or groups who are unable to communicate effectively due to differences in language and accents (Barrett et al., 2022). In addition, it involves the use of various tools and techniques to facilitate communication and understanding between individuals who speak different languages. Language barriers may impede participation in class lectures, assignment quality, and the creation of positive social connections with domestic students (de Moissac et al., 2020).

Due to the diversity of accents, pronunciations, the speed of speech and idiomatic expressions, some international students feel worried regarding their responses or reactions toward their domestic counterparts in social and educational interactions (Wilczewski & Alon 2023). Such worries may lead to the feeling of social isolation and loneliness (Wu et al., 2015). Other students find themselves isolated and racialized from their peers due to the gaps in cultural beliefs, social values, and expected social norms (Misra et al., 2003).

The impact of communication skills and language barriers have a substantial negative influence on the mental health of international students in Canada, affecting their academic, social, and professional experiences. Promoting the wellbeing and effective transition of international students in Canada requires addressing these issues with focused support and inclusive initiatives.

Racialization and Discrimination

People's understanding and definition of their identities have changed as a result of the growing impact of globalisation and the emergence of a heterogeneous society (Berry & Hou, 2017). Although there isn't a single, widely recognised definition of race or ethnicity, Morning (2011) contends that race is a social construct that tries to classify people into discrete biological groups according to their physical and cultural characteristics. Ethnicity, however, is a complex social construct that consists of elements like enduring cultural customs passed down through the years, a feeling of group identity and belonging, and common religious or linguistic customs (Teame, 2020). In the context of this research, the WAWIS will be racially identified by their skin color, specifically "black". However, their ethnicity will be determined by the specific tribes of the West African immigrant students.

Discrimination which can arise from societal stigma, is the act of treating an individual or group of individuals unfairly due to their citizenship, ethnic origin, ethnicity, health condition, skin colour, place of origin, gender identity, or handicap, such as mental diseases (American Psychiatric Association, 2015). Discrimination could result in low self-esteem and self-confidence while international students are in the challenging process of cultural or academic adjustment (Khawaja & Dempsey, 2007). It is important to note that perceived social discrimination can make it more difficult for international

students to interaction with domestic peers thus contributing to social isolation and depression (Lee & Rice, 2007).

Stigma refers to the negative attitudes which separate a group of people from others in their society (Brown, 2011). According to Cox et al. (2012), stigma involves three components: cognitive component (stereotypes), emotional components (prejudices), and behavioural components (discrimination). Stigma is one of the most cited barriers to seeking professional treatment regarding mental health problems (Clement et al., 2015). Also, the social stigma regarding mental health issues, resulted in double stigma for international students who have been diagnosed or treated for any mental health disorders to seek help or express their mental health problems in public (Han et al., 2013; Lee et al., 2014; Williams et al., 2018).

Mental health stigma can be experienced at two levels: social level (public stigma) and personal level (self-stigma) (Corrigan, 2004). Public stigma refers to negative stereotypes and discrimination regarding mental illness that exist among the general public (for example, “people with mental illness are dangerous”) while self-stigma happens when individuals identify themselves as stigmatized and exert related stereotypes toward themselves (Eisenberg et al., 2009).

Stigma and discrimination related to mental illness can have harmful effects, including feelings of shame, hopelessness, and isolation, reluctance to seek help, and difficulties with social relationships (American Psychiatric Association, 2015). The experiences of racism, discrimination, and prejudice in different settings, like in educational institutions or the broader community, may have a huge impact on mental health. Immigrant women usually encounter challenges such as systemic discrimination in the labor market due to their race, nationality, gender, and language barriers (Wong,

2014). Brettell (2011) highlights that the challenges immigrant women encounter in host countries may be considered insignificant compared to their experiences in their country of origin. African immigrants in Canada speak either English or French as their second language as a result of their colonial heritage (Mensah, 2010). Furthermore, these first-generation African immigrants are discriminated against in the Canadian labour market due to their African accents. Notably, Canadian employers often find themselves in a challenging position to comprehend the challenges faced by these vulnerable immigrants, leading to discrimination in the labor market, especially when engaging in business with these immigrants. This places them in a socioeconomically disadvantaged position when compared to the Canadian-born natives as both may have various points to begin in the labour market due to racism and discrimination of the immigrant's foreign qualification (Brynin & Guveli, 2012). African immigrants may experience discrimination stressors more often than their white counterparts (Szaflarski & Bauldry, 2019). In addition, these racial differences are rarely differentiated by gender. Professional help may also be inaccessible to racially marginalized immigrants as a result of institutional racism and barriers to treatment making symptoms of depression worse (Hemmings & Evans, 2018).

To cope with some of these challenges, immigrants may prefer to settle in established immigrant communities. This way, they can live closer to other immigrants of similar ethnocultural backgrounds to develop a sense of belonging, reduce the feelings of alienation, and sustain certain cultural practices such as the extended family system, and patriarchal norms (Mensah, 2010). Given that immigrant women students tend to have a similar experience as other immigrants, they are likely to embrace similar approaches by forming closer interpersonal relationships with other immigrant students in their community.

Accommodation Challenges

International students' experiences in Canada may be impacted by the housing issues they encounter. Due to a dearth of available housing, international students frequently struggle to find adequate housing. The scarcity of accommodation has been made worse by the growing influx of foreign students into Canada, which has increased competition for available apartments. (Scott et al., 2015). African international immigrant students face various housing challenges, including, affordability issues, difficulties in accessing suitable accommodations and discrimination in the housing market (Danso & Grant, 2000).

For international students, the cost of housing in Canada can be a major obstacle, particularly when paired with other living expenses. Housing represents a huge percentage of a student's living expenses, so affordability impacts on the cost of living generally and the balance between income and expenditures (Calder et al, 2016). Problems with affordability might cause financial strain and jeopardise international students' general wellbeing.

On arrival in Canada, international students often start in temporary housing such as a hotel, Airbnb or hostels, so they need to find housing quickly to reduce cost on accommodation. They may choose to live on campus or off campus. On-campus accommodation for new students differs by college (Calder et al., 2016), and they require appropriate and acceptable lodging. Some students prefer the quiet of living off campus, yet they may still have difficulty finding an affordable and suitable housing to live because of issues with a landlord's stringent rental requirements, and hidden charges (Greif, 2022; Reosti, 2018). Landlords frequently require immigrants to provide a guarantor, a reference from previous landlords, a reference from employers, on top of the

payment of a damage deposit (Hulchanski, 2000). There have been suggestions that racism or xenophobia may have played a part in housing inequality (Montoya, 2022). For example, Li and Larsen (2012) recounted a student's reluctance to hang a painting out of concern of losing a damage deposit.

Calder et al. (2016) reports that students were taken aback by the lower cost of living off campus, indicating a perceived need for improved information-sharing frameworks, especially given the little time students had to adjust to their new surroundings and make decisions swiftly. In addition, these immigrant students may have to vacate during breaks, which results in continued housing insecurity (Hallett, 2018). For international students, especially African students, leaving home to study abroad might lead to poor experiences and negative feelings when they come across inappropriate accommodations (Khanal & Gaulee, 2019).

Discrimination in the housing market has been identified as a significant barrier faced by African immigrants in some regions, impacting their adaptation to the new society (Esses, 2021). Finding acceptable housing can be extremely difficult for international students, especially those who identify as racially marginalised, who may experience prejudice in the housing market. This vulnerability can contribute to feelings of insecurity and isolation among international students.

The ability of immigrants to adapt to a new environment actually depends on their ability to obtain suitable shelter. A fact that immigrants themselves are aware of. They realise a key factor in their ability to adapt and become part of the new society will be their ability to obtain affordable and appropriate accommodation. Insufficient housing can lead to several problems such as unstable social life, compromised health and education, and lack of security. Addressing these accommodation challenges is crucial to ensuring

the well-being and success of international students in Canada. Universities, policymakers, and housing authorities need to work together to develop solutions that provide affordable, accessible, and inclusive housing options for international students. This may involve increasing the availability of student housing, addressing affordability issues, and implementing measures to prevent discrimination in the housing market.

Employment Challenges

International students encounter difficulties in finding employment due to the requirement for Canadian work experience and potential employer hesitancy to hire international students. Many companies prefer candidates with Canadian experience, which poses a significant challenge for international students seeking part-time work opportunities. (Calder et al., 2016). Research suggests that there is a mismatch between educational qualification and employment status which leads to a high rate of depression and mental illness among immigrants (Bracke et al., 2013). Upon arriving in Canada, immigrants are often confronted with a significant challenge in securing employment, a factor that can profoundly impact their mental health and overall well-being (Kaushik & Drolet, 2018). First-generation immigrants are typically more psychologically impacted by the high unemployment rate than non-immigrants living in the same neighbourhood (Zunzunegui et al., 2006). This heightened impact can be attributed to several reasons. For instance, first-generation immigrants may have left stable careers in their home countries, and the inability to find similar roles can lead to feelings of devaluation and loss of identity. Additionally, they often face cultural and language barriers, making job hunting even more challenging. First-generation immigrants face significant psychological strain due to the combined weight of challenges, making them more

susceptible to mental health issues compared to their non-immigrant counterparts (Grant, 2009).

According to Immigration Refugee Citizenship Canada (IRCC, 2017) report, about half (44%) of those who immigrated to Canada between 2011 and 2014 possess a bachelor's degree, and more than 15% possess a master's, doctorate, or medical degree. This implies that immigrant populations have a higher level of post-secondary educational degree than Canadian born citizens. In 2016, Canada reported an unemployment rate of 7.7%. However, it is unclear whether this rate is consistent for immigrants, as Statistics Canada (2017) might not have provided a disaggregated unemployment rate specifically for this group. Although, the unemployment rate for the racialized immigrant population was 9.2% with those without a high school diploma (Grade 12 diploma) having the highest rate of unemployment (Statistics Canada, 2017). In addition, recent immigrants in Canada between 2011 and 2016, who obtained a doctorate degree, were 3.5 times more likely to be unemployed than non-immigrants with the same level of education.

Despite the high levels of education acquired by these immigrants, their employment income is minimal, when compared to the average income of a Canadian-born citizen (IRCC, 2017). In 2015, researchers stipulated that the remuneration is less for immigrants that work full-time when compared to Canadian-born citizens, who obtained similar educational qualifications (Statistics Canada, 2017). In addition, recent immigrants who do not possess Canadian work experience, but work full-time, earn less than full-time workers of Canadian descent, even though these immigrants obtained the highest level of post-secondary education. Some researchers have stipulated the difficulty for immigrants to be gainfully employed in their acquired professions which are not

commensurate with their educational levels, income, and expertise, due to strict regulatory policies and certain barriers in getting their credentials evaluated (Creese & Wiebe, 2012; Moyce et al., 2016). This makes it very difficult for some professionals like doctors, lawyers, engineers, physicians, and other regulated health professionals to secure jobs in their fields of practice making them overqualified for the survival jobs they embark on (Chen et al., 2010; Frank & Hou, 2016). Over qualification is very rampant among the immigrant population in Canada and may reduce with time as it is not associated with immigrant life satisfaction (Frank & Hou, 2016).

Statistics Canada (2017) stipulated that women earn less than their male counterparts irrespective of if they are immigrants or non-immigrants. Although, some other researchers have stipulated that immigrant women may sacrifice their job opportunities to cater for their younger children at home, by investing their time and energy in taking care of their family thus ensuring a seamless transition and integration into the new environment. Notwithstanding, research has stipulated that men think that when a woman is economically buoyant or empowered, it may lead to a bigger social empowerment which may be detrimental to marital harmony (Neneh, 2017; Ilo, 2016). For instance, some men claim that economically buoyant women become “uncontrollable” which subsequently may lead to marital conflict.

Some immigrants from lower-income economies may get some certifications from the host country that are nationally recognized (Tharmaseelan et al., 2010). Consequently, some scholars believe that immigrants who get certified in the host country may still not be able to navigate through the job market to get the required job opportunity pertinent to their qualifications due to racial discrimination, selection biases, and prejudices by employers (Carr, 2023).

This unemployment status has a significant impact on racialized immigrants and are strong risk factors for mental health conditions (Kennedy et al., 2015; Premji & Shakya, 2017). The psychological impact of unemployment may be different among immigrants based on cultural backgrounds and environmental factors (Shen & Kogan, 2020). For instance, the psychological impacts of unemployment may be greater for an immigrant couple where only one of the spouses is unemployed compared to an immigrant couple where both spouses are employed (Marcus, 2013). This unemployment status may result in the inability of the immigrant to fulfill multiple needs such as personal expenses and other demands necessary for a comfortable life (Shen and Kogan, 2020).

The precarious employment status of racialized immigrant women is more likely to be a burden (Premji & Shakya, 2017). Immigrant women in such predicaments report various emotional and mental health symptoms like insomnia, anxiety, panic attacks, a sense of helplessness, and persistent feeling of stress (Premji & Shakya, 2017). Conversely, an unemployed Canadian-born citizen might not face the same stressors as an unemployed immigrant. This difference could be attributed to the relatively privileged migrant status of the Canadian born citizen, within the socioeconomic hierarchy (Shen & Kogan, 2020). Immigrant women outpace men in socio-economic advancements, particularly in addressing unemployment challenges (Brynin & Güveli, 2012). Some immigrants value work as a means of obtaining a new self-identity post-migration due to pre-migration intentions and expectations (Shen & Kogan, 2020). For instance, many immigrants' perception of work is that it is an avenue to achieve economic buoyancy in the host community (Bartram, 2011). Therefore, unemployment may not only be perceived as a loss of income, but also as an inability to be economically buoyant. This

unemployed state may lead to a feeling of being disconnected from the host society, depression, stress, and frustration (Shen & Kogan, 2020). Other migrants whose immigration status is tied to their employment status, may value work more than the Canadian-born citizens as work is perceived as a motivation for migration as well as a place to liaise with the mainstream community (Shen & Kogan, 2020).

Devaluation of Foreign Credentials

The other aspect of immigrant life that resonated with most migrants is the devaluation of foreign credentials (deskilling). In Canada, the practice of “deskilling immigrants” refers to Canadian employers’ and professional regulatory associations’ lack of recognition for foreign education and credentials which restricts the employment opportunities for immigrants in their professional fields (Creese & Wiebe, 2012). Ku et al. (2019) investigated how visible minority immigrants to Canada who have higher levels of educational achievement than people born in Canada have a sustained employment insecurity; with lower earnings than their less educated Canadian-born counterparts. Immigrants often face challenges in the job market due to the perceived lack of “Canadian experience”; a term that is referred to as a combination of professional knowledge, communication abilities, and certified skills that are specific to the Canadian context (Ku et al., 2019). However, Sakamoto et al. (2013) discovered that “the market did not value the immigrant's skills as equal to or fitting, in what is known as the “Canadian experience”, which led most of the study participants to seek menial domestic work. McCoy and Masuch (2007) refer to this phenomenon as “skill waste”.

In Canada, systemic racism and ethnicism contribute to the problem of deskilling immigrants (Creese & Wiebe, 2012). This issue disproportionately affects women of colour, putting them at a disadvantage. In contrast, women from G7 countries, especially

those of European descent, tend to benefit in this environment (Sakamoto et al., 2013). In a study by McCoy and Masuch (2007), the research addresses what is referred to as “subtle forms” of systemic oppression. The systematic deskilling of immigrants, disproportionality impacts women, causing the development of mental health conditions (International Organization for Migration, 2012). Therefore, these racialized immigrants need support.

Lack of Social Support

Social isolation can lead to negative outcomes such as loneliness, depression, and poor mental health (Rönkä et al., 2020). It occurs when an individual or group feels disconnected from the society due to a variety of reasons, such as living alone, being physically distant, or having few social supports. Social support is a significant resource which individuals can utilize while struggling with difficult or stressful situations such as comfort, caring, or any kind of help from other people or groups. It can be regarded as a psychological and material resources received from various sources, including family, peers, friends, the university, work colleagues, and members of one’s community to assist individuals to cope with stressors (Alharbi & Smith, 2018). Social support has been identified as a social determinant of health linked to depression (Hankin et al., 2018; Didoné et al., 2020).

Perceived social support refers to a person’s perception of the availability of general support or specific supportive behaviours from others. This perception reflects the function of social support or the quality of such support, but sometimes it indicates the level of adequacy of the received support (Demaray & Malecki, 2002). Furthermore, perceived social support among international students reflects their available resources to cope with stress in a foreign country when their original support resources (i.e., from their

family or friends) may become limited due to the geographical distance from their home country. Due to this geographic separation, many international students stated episodes of feeling homesick and having less support while studying abroad (Poyrazli & Lopez, 2007). This separation could contribute to the experience of stress during the social and cultural adaptation process of international students (Byrd & McKinney, 2012).

International students' supporting programs, interpersonal support networks, and family support could be considered forms of social support which positively help international students to develop better adaptation and mental health (Chow & Healey, 2008).

Previous studies found a strong relationship between social support and mental health of international students and revealed that better social support has a positive impact on the adjustment process among this immigrant population (Khawaja & Stallman, 2011; Chavajay, 2013). A study conducted by Zhou et al. (2021) revealed that international students who received social support from university staff, domestic students, and co-nationals had better psychological well-being in a foreign country. Additionally, Chavajay (2013) suggested that the level and value of perceived social support had an important role in assisting international students to culturally adjust to and study in the new environment as well as to effectively deal with mental health conditions. Findings from two studies revealed that limited social support resulted in a significant contribution in predicting depression among international students (Wan et al. 2023). The feeling of being disconnected or having limited social ties can exacerbate feelings of isolation and vulnerability.

The transition of international students to a new cultural and academic environment in Canada, can be daunting. International students, particularly those from diverse cultural backgrounds, often come with a set of expectations and values shaped by

their native cultures (Sherry et al., 2010). For instance, in many educations, the underlying expectation is that, upon achieving academic and professional success, these international students will financially support their parents in their twilight years (Rwafa, 2016). However, such cultural expectations can sometimes clash with the realities of their new environment or with the expectations of their partners. For instance, a spouse might prioritize the couple's immediate financial needs, viewing them as paramount. In contrast, the international student, influenced by their cultural background, might feel a strong obligation to support his or her parents. Such divergent financial priorities can lead to marital discord, especially when resources are limited (Rwafa, 2016). This example underscores the importance of a robust social support network for international students. Such a network can offer guidance, understanding, and a sense of belonging that helps students navigate both academic pressures and the complexities of intercultural relationships. Without this support, the mental health of international students can be at risk, emphasizing the need for institutions and communities to foster environments where these students can build and maintain strong social connections.

African immigrant university students may face various challenges in accessing mental health services, which can impact their well-being. Research suggests that factors such as stereotyped beliefs about mental health, low-income levels, limited mental health knowledge, lack of health insurance, fear of deportation, and language proficiency can hinder their access to mental health services (Tanwani, 2023). In a study of over 43,000 Canadian college students, 14.7% and 18.4% of students were diagnosed or treated for depression and anxiety, respectively (Zhu et al., 2021). Although, 34.9% of the students reported not using mental health services during their post-secondary studies (Moghimi et al., 2023). The cultural and religious beliefs, stigma, discrimination, poor access to

treatment, lack of resources, and lack of awareness about mental health illness and treatment may contribute to their reluctance to seek professional care (Bamgbose et al., 2022). In addition, to address these challenges, it is important to consider the cultural and religious belief systems of African immigrants and develop programs that effectively serve their mental health needs.

Therefore, providing culturally specific mental health interventions and promoting awareness and education about mental health treatment can be beneficial to improving access to mental health care, promoting social support and group therapy, and being culturally competent to reduce healthcare disparities and distrust among African immigrant women.

Shift in Gender Roles

Gender-related factors play an important role with respect to mental health (Petkus et al., 2017; Ho et al., 2020). These factors may be linked to cognitive biases, resilience and vulnerabilities (Bone & Lewis, 2020; Mętel et al., 2019). Historically, the terms sex and gender have distinct meanings but have been used interchangeably when referring to self-identity (Teame, 2020; Lips, 2020). Sex refers to the biological differences between people, such as the genitalia and genetic differences (Lips, 2020). In contrast, gender is the non-physiological aspects of being female or male (Lips, 2020). For instance, gender is more related to the socio-cultural role of each sex that encompasses the roles, relationships, behaviours, values, attitudes, and traits that society assigns to individuals based on their biological sex, emphasizing the influence of societal constructs on shaping these roles and expectations (Vlassoff, 2007). Although “sex” and “gender cannot be separated, cultural expectations for women and men (gender) are not

separable from observations about women's and men's physical bodies (sex) (Lips, 2020). In addition, cultural constructs of gender include sex in some cases.

The definition of gender and sex varies not only across languages but also across different social contexts and cultures (Woodward, 2018; Nanda, 2014; Bucholtz & Hall, 2016). These distinctions often become embedded in language over time. For instance, in my first language, Etsako, there are no words ascribed to acknowledge gender. However, for self-identification, an individual is born as Omoh [male] or Omosi [female]. For the purpose of this research, sex/gender will generally use "gender" as the more inclusive term when considering female-male distinction that may affect the social environment which may influence the mental health of African international students.

Shifts in gender roles after migration can deeply affect intimate relationships (Gray et al., 2022). African immigrant women often come from cultures where men dominate women (Jagire, 2019). This belief may clash with the values of their new country. Differences between their original and new cultures can create tension in relationships (Beckett & Macey, 2001; Guruge, 2010). Traditional gender roles and expectations within the African cultures may influence the mental health of women students. Therefore, balancing cultural expectations with personal aspirations and societal norms may create internal conflicts and emotional distress.

Some research has indicated that immigrant women are more likely to progress in their education or skill training programs than men, to hasten their transition and integration into the Canadian society (Adserà & Ferrer, 2016). Previous studies show the increased number of women employed in the labour market over the past few decades especially in Western countries like Canada (Statistics Canada, 2022). This has resulted in greater financial independence for women, challenging traditional beliefs about gender

roles and the notion of men being the primary earner. This usually poses a threat to their spouses' patriarchal authority and their role as the breadwinner of the family leading to domestic violence, stress and marital conflicts (Adserà & Ferrer, 2016). Financial independence empowers women by shifting traditional power dynamics in relationships. This equity, combined with financial autonomy, can provide independent women with greater leverage to leave unhealthy or abusive relationships (Guruge et al., 2010). These outcomes may be considered positive for independent women in abusive relationships but may be considered negative for men because it may lead to stress, anger, frustration, and depression in men (Guruge et al., 2010). Although some scholars argue that although there has been an increase in the number of women employed outside the home, there has not been a significant change in the balance of power in many intimate partner relationships (Tichenor, 2005). Ampofo and Boateng (2009) and Adinkrah (2012) added that many African men may feel the need to adhere to masculine ideals by providing for all the daily needs of their families; therefore, they may feel emasculated and stigmatized if they are unable to fulfill their role as the breadwinner of the home.

Coates (2015) posits that recognizing gender as a social construct can lead individuals to abandon behaviors that don't align with their well-being. This understanding can be transformative, especially for African immigrant households. For instance, an immigrant father might deviate from his native culture's traditional male role, opting to participate more actively in domestic tasks and childcare. When men actively participate in house chores and childcare, it reflects a more equitable distribution of responsibilities. Although working wives still expect their husbands to help with the household chores like childcare, and many African men perceive these duties or roles to be reserved for women (Ting & Panchanadeswaran, 2016). An African woman who

expects her husband to help with the household labour is often accused of emulating the white woman or the white culture and breach of patriarchal norms (Ting & Panchaneswaran, 2016). However, some scholars indicate that some men are doing more of the house chores than before to support their full-time working wives (Coltrane, 2004). Other scholars have also argued that doing house chores cannot be used as a measure of relational power as some women may prefer to do more house chores not because of power imbalance within the relationship but rather because they perceive men to be incapable of accomplishing certain house chores (Tichenor, 2005). Such shifts in roles may have profound implications for international students, as they may experience a more balanced and supportive home environment, potentially enhancing their academic and social experiences abroad. Conversely, some homes have been subjected to domestic violence due to the male.

Summary

A review of the literature reveals that ethnic minorities, notably West African women immigrant students (WAWIS), may be more susceptible to depression because of the numerous obstacles they face after moving to Canada. Depression is often misdiagnosed among African women, probably due to stigma and how it is perceived and understood in different African cultures. An understanding of depression in the African context necessitates knowledge of the culture, worldview, and religion in different contexts (Black et al., 2011; Neblett et al., 2010). The African concept of depression may have an impact on what symptoms manifest, how they cope culturally, and whether they seek therapy and are willing to seek assistance (Gbadamosi et al., 2022). It is worth bearing in mind that although WAWIS make up a sizable portion of the Canadian population, their experiences with depression may not have received enough attention in

the country. I anticipate that this proposed research will add to this discussion and the current gap in the literature.

Theoretical Framework

Intersectionality Theory

An intersectionality theoretical perspective guided the conceptualization and conduct of this research (Crenshaw, 1995). Intersectionality according to the National Academies of Sciences, Board on Global Health and Committee on Educating Health Professionals, to address the social determinants of health (2016), is an approach that acknowledges that social location, power, and the accessibility of health is influenced by multi-dimensional overlapping factors such as race, education, age, sexual orientation, immigration status, ethnicity, class, income, ability, indigeneity, and geography.

According to Viruell-Fuentes (2012), intersectionality theory is an alternative analytical framework that shifts explanations of health inequities from individual-level factors to structural-level examinations of the role of power, race, class, gender, and immigration status. The term “intersectionality” was originally derived by a legal scholar Kimberlé Crenshaw in 1989 to describe how these different overlapping factors, interact in the lives of minorities, specifically black women (Crenshaw, 2013). This implies that a racial minority group’s experiences of inequalities and marginalization may be determined when these overlapping social factors are considered to be inseparably linked with social systems of domination and power (Atewologun, 2018; Griffith, 2012; Hankivsky et al., 2014; Heard et al., 2019; Palencia et al., 2014).

The initial work of Crenshaw was primarily focused to elucidate the social disadvantages of Black women in the United States but over the years intersectionality theory has developed into a powerful analytical lens for understanding the health

vulnerabilities of marginalized groups. Crenshaw's early work developed the multidimensionality of the experience of African American women in the labour market (Crenshaw, 1995). She further clarified that intersectionality depicted the oppression faced by African American women, not merely based on their gender but also the multifactorial experience rooted in the intersecting relationship of their race, class, and sexual orientation. In addition, she ascertained that those experiences encountered by African American women and migrant women cannot be understood as individual subjects of inquiry of race, gender, and sex orientation. Notably, she explored the numerous ways in which race, and gender intersect in shaping structural, political and representational aspects of violence against "women of color." Crenshaw's research regarding black and migrant women was to explore the benefits of intersectionality for identities that fail to fit neatly into predesignated categories of these identities. Crenshaw also stated that "No one exists outside of the matrix of power" and based on this, intersectionality would be applied as a framework to have a better understanding of how interlocking systems of power influence those who are most marginalized in the society (McCall, 2005). As people migrate from one place to another, both geographic and fixed borders and boundaries are destabilized (Bastia, 2014). Furthermore, identities such as ethnicity, nationality, and citizenship may appear as the key set of identities that are understood in different social circumstances that can contribute to their privileged or oppressive experiences. These multiple identities are interlocked in different perspectives developing each individual's distinctive experience (Parent & Moradi, 2013). Intersectionality considers how multiple identities are established in the context of power relations (Crenshaw, 1995; Warner & Shields, 2013).

Intersectionality as a framework operates on three fundamental assumptions. Firstly, society is structured by multiple layers of social stratification, suggesting that no single social group is entirely uniform. Dill and Zambrana (2020) emphasize this by noting that societal organization is deeply influenced by factors like religion, politics, and power dynamics. This structure recognizes the uniqueness of individuals within a group, ensuring that members can belong to the group while still maintaining their distinct perspectives. Secondly, there's a belief that these social layers and groups are interconnected through a complex web of power and oppression, often referred to as the "matrix of domination" by scholars like Demos and Segal (2009). The third assumption, as highlighted by Collins (1986), is that an individual's worldview and personal experiences are shaped more by their specific position within this matrix rather than by a singular social layer. Bowleg (2012) encapsulates the essence of intersectionality by suggesting that social identities intersect in intricate ways and cannot be hierarchically ranked. This perspective underscores the importance of understanding the multifaceted nature of individual identities and experiences.

In recent years, Crenshaw (2013), has continued to champion the use of intersectionality to advocate for marginalized women. Crenshaw (2016) stated in a TEDx presentation that, “without frames that allow us to see how social problems impact all the members of a targeted group, many will fall through the cracks of our movement, left to suffer in virtual isolation”. The conceptual framework of intersectionality will reveal the complexity of migratory lived experiences and the vulnerability that these “women of colour” may encounter based on their experiences. The overlapping and interdependent systems of dominion and oppression that are globally systemic to migrant women will be explored imbibing the theoretical framework of intersectionality (Crenshaw, 1995; Dill,

2002; McCall 2005; Diamond & Butterworth, 2008). The great majority of immigrants in Alberta are people of colour, and their racial identities—which are akin to those of American black women—have affected their experiences (Turay, 2023). In addition, the minority status of West African immigrant women places them in a socioeconomic disadvantaged position similar to those experienced by the Black women who formed the subjects of Crenshaw’s theorization in the 1980s. Consequently, intersectionality theory offers an analytical perspective for identifying the determinants of the health of West African immigrant women in the Canadian context.

The use of this theory among African Immigrant women based on mutually exclusive and distinct factors will determine the interactions of these multiple intersectional factors and how they interact to influence and contribute to the development of depression. This study will adopt an intersectionality theoretical perspective to reflect the similarities in social position between American Black women and African immigrants in Canada. Incorporating intersectionality into the study may provide the opportunity to examine how African social constructs, identities, and immigration experiences intersect to create stressors that influence the development of depression among African immigrant women (Aguinaldo, 2012; Viruell-Fuentes et al., 2012).

CHAPTER 3: RESEARCH METHODOLOGY

Introduction

In this section I start by discussing my philosophical orientation to this study, followed by details related to the research design, research settings, participant recruitment, data collection methods, thematic data analysis, data management, trustworthiness, ethical considerations, limitations to the study and knowledge translation of this study.

Philosophical Orientation

The ontological and epistemological stance of a researcher is influenced by their worldview and their approach to the phenomenon of study. Consequently, the researcher's philosophical stance had epistemological and ontological implications which have influenced the research design, the research questions and how the research questions were framed, the chosen theoretical framework, and the choice of methodology that served to provide the best insight into the concepts of interest, and ultimately may have influenced the quality of the research findings (Bell & Bryman, 2022). Research epistemology is concerned with the assumptions about the nature of knowledge that inform the work researchers do whereas ontology, on the other hand, deals with the assumptions about the nature of reality in terms of whether it is objective or subjective (Tenny et al., 2022).

This study was informed by the epistemology of social constructivism and the theoretical lens of intersectionality which informed the analysis of these data that were collected. Social constructivism is an interpretive approach to finding answers to research questions, based on the assumption that the natural world is not the same as the social world (Bryman and Bell, 2011). Social constructivism opposes the positivist view that

social entities are pre-existing, and the actors are under its total control. Rather it supports that social actors shape the formal elements within social entities through their actions. If indeed the social world is shaped based on the construction of the social actors, the best way to understand this is by attempting to understand the viewpoints and behaviours of the actors (Hundleby, 2007). The social constructivist perspective enabled me to capture the socially constructed experiences of WAWIS, who participated in the study in Lethbridge. This goal was achieved by analyzing these data collected through semi-structured interviews, and these data were subjected to thematic analysis to provide insights into the research questions. Social constructionist theorists believe that the world is constructed by individuals as they interact and engage with their environment, and make meanings out of it (Creswell, 2013). To maintain the quality of the research findings, conscious efforts were made to self-reflect on any biases or beliefs that I may have had as the researcher, which may have influenced my interpretation of the findings. I acknowledge that while the truths expressed in my participants' narratives were not absolute and universally applicable, they were valid reflections of their realities as there were no expectations of transferability to all contents. For this reason, they were in the best position to share their experiences with me as an all-knowing agent of their own lives.

Research Design

This study applied an exploratory-descriptive qualitative (EDQ) research design that incorporated in-depth semi-structured interviews as the primary data collection technique to achieve the research objectives. Reid-Searl and Happell (2012) have speculated that an exploratory-descriptive qualitative research design is required to unravel the full nature of a phenomenon of study that is less examined and understood.

This research approach was consistent with my social constructivist philosophy, which purposely focused on an induced understanding of the underlying reasons behind human actions instead of an established cause-and-effect relationships among the subjects. As a qualitative researcher, the most useful source of data were the words gathered from participants through interviews. This was aimed at inducing a rich understanding of the intersection of the socially constructed factors that may have influenced the mental health of WAWIS through the thematic analysis of data. This research design adopted a holistic approach to the research, and it identified and described the phenomenon in detail while it also sought to understand its meanings (Creswell, 2013). Therefore, I utilized this research design to enable an in-depth understanding of the intersecting factors that may influence the development of mental health challenges, the strategies implemented to manage these challenges, and the recommendations to improve the support of WAWIS experiencing these challenges in Lethbridge, Southern Alberta, Canada.

Research Setting

The study was conducted in Lethbridge. Lethbridge is the fourth-largest city in the province of Alberta by population next to Calgary, Edmonton, and Red Deer; and the third-largest city by area coverage after Calgary and Edmonton (Pegg et al., 2019). It is a religiously, culturally, and socially diverse city (Kossuth, 2019). According to Statistics Canada (2017), the province of Alberta, has the fastest-growing immigrant population, with 15,695 African immigrants settling in Calgary and 31.1% of the African population living in Edmonton (Maheux & Do, 2019). The West African population in Lethbridge, Canada, is a part of the broader African immigrant community in the city. According to the 2016 Census of Canada, African immigrants accounted for 13.5% of the immigrant population in Lethbridge (Statistics Canada, 2023). The African immigrant population in

Lethbridge is comprised of, but is not limited to, Nigerians, Ghanaians, Kenyans, Ethiopians, Congolese, South Africans, and Cameroonians (Statistics Canada, 2017). Individual participants were interviewed separately in a natural setting at a convenient place and time for the participant, including their homes, or at any chosen place and time outside their homes. The location of the interview is very important in research to ensure the comfort, safety, security, privacy, and confidentiality needed to engage in the research interview of the participants (Herzog, 2012) and to prevent others from overhearing the interview. This ensured that the participants felt comfortable and safe sharing personal information. An alternate approach was to conduct a virtual or an online communication application for the interview using video-conferencing software like Microsoft Teams, based on the participant's preference. Therefore, I ensured that the interview setting was private so that others did not hear the conversation.

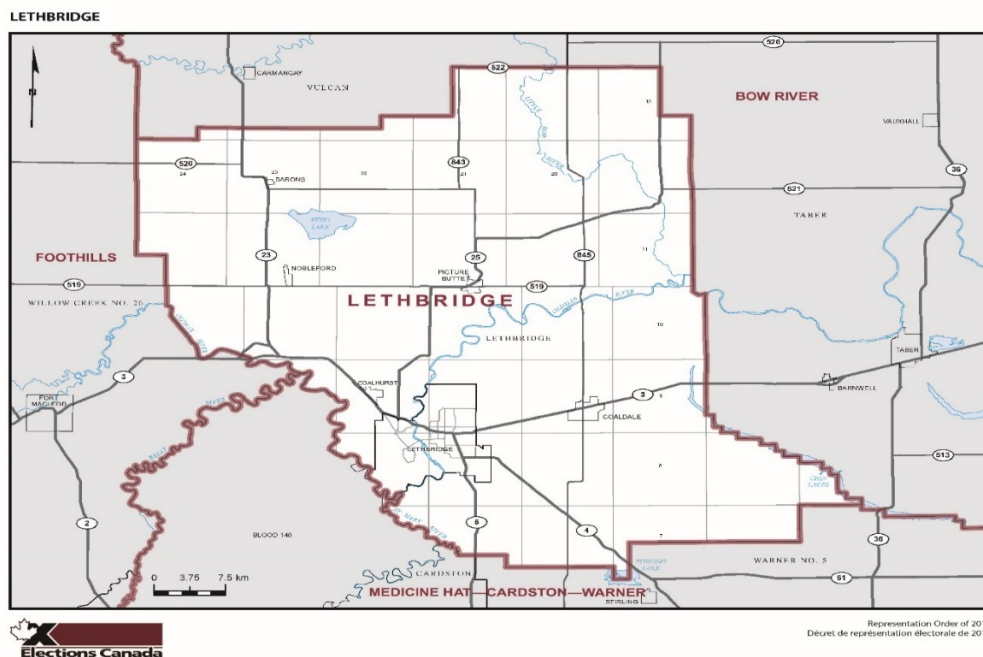


Figure 1. Map of Lethbridge.

Participant Recruitment

Proposed Sample

Purposive sampling was applied with snowball sampling techniques to recruit 12 eligible participants from the population of West African women immigrant students (WAWIS) at the University of Lethbridge (UofL), Southern Alberta, Canada. EDQ allows for flexibility regarding sample size, although data saturation ultimately was achieved with the 12 recruited participants (Guest et al., 2006). The purposive sampling technique was appropriate for identifying individuals, groups of persons or settings based on their unique experience of the phenomenon of study under consideration (Creswell & Clark, 2017). The snowball sampling method assisted in identifying additional eligible participants that were difficult to reach through traditional recruitment methods (Creswell & Poth, 2016). According to Palinkas et al. (2015), the chosen sampling technique seeks to maximize the representativeness of a population within the sample, and they suggest that this may be achieved through purposeful or snowball procedures. Ultimately, the researcher recruited participants who met the eligibility criteria and additional qualified individuals, who were recommended by existing participants and consented to participate in the research study. According to Perkins et al. (2014), the expression of mental health challenges differs across cultures, ethnicities, and traditions. Consequently, the research aimed to select WAWIS from diverse backgrounds to better understand how mental health conditions are manifested among this heterogeneous group of people.

WAWIS are a heterogeneous group of individuals representing various African countries and cultures (Bove & Elia, 2017). To ensure the diversity of African voices in the study, efforts were made to incorporate immigrants who were international students from West Africa, such as Nigeria, Niger, Senegal, Benin, Ghana, Guinea, Ethiopia,

Togo, and Cote d'Ivoire, who resided in Lethbridge. Illustrating and representing the heterogeneity within the African student population was a first step in breaking down bias, stereotyping, racial profiling, and discriminatory policies that may have existed as a result of assuming homogeneity associated with originating from the large and diverse region of West Africa (Awokoya, 2012).

Participant Eligibility Criteria

The eligibility criteria for participants included the following: (a) a first-generation immigrant from West Africa to Canada; (b) identified as a woman (c) possessed international student status at the University of Lethbridge (UofL) (d) ability to communicate in English; and (e) had resided in Southern Alberta for at least six months. Participants meeting these criteria had experienced some challenges post-migration and were willing to share their experiences related to the phenomenon of study.

Data Collection

This study incorporated an in-depth, semi-structured interview as the primary data collection technique. An in-depth semi-structured interview was suitable for this research because of its flexibility, versatility, and reciprocal nature (Kallio et al., 2016; Polit & Beck 2012). The interview guide (see Appendix A), developed by the researcher with input from her supervisory committee, was used to guide the semi-structured interviews. The guide aimed to enhance the objectivity, comprehensiveness, and trustworthiness of these data collected (Kallio et al., 2016). The interviews were conducted to identify and deal with any ambiguity. Difficult or sensitive questions, or questions that might be misinterpreted by the participants, were revised as interviews progressed (Smith & Shinebourne, 2012). I attempted to establish a trusting relationship with the participants before the interview began by engaging in general topics such as family, daily routines,

hobbies, and experiences since moving to Canada to make the participants feel comfortable and willing to open up for honest conversation. I also took brief notes of the participant's responses, body language, gestures, postures, and communication patterns that may have provided clues to the need for additional probing questions. Demographic information (see Appendix B) was also gathered from the participants to help understand how these intersecting factors influenced mental health challenges among WAWIS. The demographic information was collected online using an encrypted email sent to participants. The data were downloaded in an encrypted folder on the primary investigator's password-protected computer. A face-to-face interview was conducted with strict adherence to ensure that all safety measures and public health protocols were adhered to as established by the government. An alternate approach was to conduct a virtual or an online interview using video-conferencing software like Microsoft Teams, based on the participant's preference. The interview, which lasted for about 40–60 minutes, explored the main themes of the research questions, and follow-up questions probed participant's responses to allow the participants to fully express themselves (Stuckey, 2014). I ensured that my probing did not unnecessarily interfere with the flow of the participant's responses. Participants had the opportunity to express themselves without interruption, except for attempts to clarify elements of their responses. At a time, distant from the first interview, I may engage some of the participants in an informal conversation for further clarification on any of the participant's responses

Recruitment Strategy

This study was conducted, following ethics approval from the University of Alberta. Recruitment of participants occurred primarily with the consent and assistance of the leaders (gatekeepers) of the various African associations in Lethbridge. I am an active

member of the Association of Nigerians in Lethbridge (ANL), which collaborates with other African associations like the Southern Alberta Ethnic Association (SAEA) in Lethbridge. In working with the leaders of the African associations, I ensured that care was taken to ensure that potential participants did not experience any undue pressure or coercion to participate in the study from those in leadership or positions of authority. This was achieved by ensuring that all participation was voluntary. A written participant's invitation letter (see Appendix C) was sent in an encrypted e-mail to the leaders of the various African associations, seeking their assistance in the recruitment of their international student members who are willing to participate in the study. A Microsoft (MS) Teams meeting was scheduled with the association executives after the provision of the participant invitation letter (see Appendix C) and the letter of approval from the ethics committee upon approval by the University of Alberta Human Research Ethics Board (Pro00138403). The purpose of the research was explained to them, and they were provided with the opportunity to ask any questions of concern pertaining to the study. With their consent, participant's recruitment posters (see Appendix D) were shared with the African association leaders to advertise the study through their bulletin boards, social media platforms, including WhatsApp and Facebook pages, or during cultural and religious events facilitated by the African associations, to invite eligible individuals to participate in the study. Some posters were also displayed on the noticeboards in the cafeteria and in various departments at the University of Lethbridge with the consent of the authorities 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 the potential use of the collected data, before being

provided with an opportunity to voluntarily consent to the study. All contact information, such as the email addresses of the researcher and the supervisor, was shared via an encrypted email in case participants required more information. Similarly, the contact information of the participants was also collected in case the researcher needed to contact the participants for clarification and member checking. This was to establish a relationship of trust and confidence between the interviewer and the participants.

The informed consent form (see Appendix E) contains the objectives, procedures, and 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. It was sent via an encrypted email to the eligible participants. I ensured that the participants read and understood the different aspects of the research. The signed consent form served as evidence of the participant's understanding of the study. All the eligible participants were contacted via email 1 week prior to the interview for confirmation. This gave the participants ample time to decide if they still want to participate in the study or to retract from it (Doody & Noonan, 2016). A day prior to the interview, a reminder email was placed for each participant to confirm their appointment. During the recruitment process, I ensured that the participant's privacy and confidentiality were protected at all times by ensuring that hardcopies of the data were stored in a safe, secure, and locked cabinet in my thesis committee member's office, while the softcopies were encrypted as electronic files on a password-protected computer. I ensured that participants received a report of the summary of my findings if they desired.

This study was funded through my monthly graduate student stipend (see Appendix H). As a token of appreciation, each participant received a \$10 gift card via an

encrypted email, to thank them for their time and their participation in the study. If, at any time, the participants decided to withdraw from the study, they still got to keep the gift card.

Reflexivity

This section details my positionality as a researcher to address concerns about potential preconceived bias in my study. As a West African immigrant woman studying at the University of Lethbridge, I reflected on my experiences navigating the challenges encountered in Canada, I acknowledge that I have been through a lot of adversities which aligns with the research's focus. I have lived experience of being a Nigerian woman who is an international student, which realistically exerted an influence on how I dealt with people's experiences. I personally struggled with challenges related to family separation, as I initially arrived in Canada alone, without my husband and three children. I also experienced a couple of deaths of close family members, which was overwhelming. The fact that I didn't have my support network with me was challenging. I experienced racial discrimination in the system due to some structural factors. All these experiences made me sad, depressed and frustrated. I was also lonely, lost my self-esteem, and went into isolation. In the later part of my studies, my children joined me, but my spouse was still back home. I then experienced the issues of migrant triple-duty as a mom, juggling between work, study and embarking on the domestic chores and responsibilities of an African mum, resulting in psychological and social distress. I literally played the dual gender role of being both parents at the time. I also experienced the non-recognition of credentials and professional work experience and underemployment. These personal experiences were significant in influencing my research's focus on the lives of West African women immigrant students in, Lethbridge Southern Alberta.

In addressing reflexivity, the use of a reflexive journal helped me to clarify my pre-conceived ideas about the phenomenon of study. I understand that gathering data is inherently co-constructive, and I worked to reduce the possibility of the bias by keeping a healthy distance from the data, by being inquisitive, and by ensuring that all decisions were supported by data and not by my personal opinions or experiences. This was further achieved after coding my data by engaging in member checking, and by reviewing the results with the participants to confirm whether they were a true representation of their experiences. I also explored the possibility of alternate explanations to ascertain if there were other possible findings and reviewed the findings with my committee members to identify gaps that needed to be addressed before I affirmed that the conclusions were reasonable.

Reflexivity in qualitative research interviews can be bi-directional. For instance, the researcher's influence on the participant, and the participant's influence on the researcher (Yin, 2010). As a West African immigrant woman studying at the University of Lethbridge, I possess the following characteristics which may create some challenges in conducting this research. I am born and raised, in Nigerian, a country in West Africa and I have first-hand knowledge and experience of the intersecting factors that influence the development of mental health conditions among West African immigrants, and I have also been in contact with people who have knowledge and experience of the intersecting factors that influence the development of mental health conditions among WAWIS.

All of these reflexive elements may have directly or indirectly affected participant selection, data collection, interpretation, and analysis, as well as the final study findings and conclusions; however, all attempts possible were made to reduce the impact of researcher reflexivity on the final study findings.

Data Analysis

Thematic analysis was used to analyze the collected data based on Braun and Clarke's six phases of thematic analysis to manage and analyze the data (Braun & Clarke, 2006, 2019, 2021). A general inductive approach was used to analyze the interviews. This type of analysis is a foundational method for qualitative analysis because it identifies, analyzes, and reports themes within and across data about participants' experiences, perspectives, behaviours, and practices (Braun & Clarke, 2006, 2019, 2021). Furthermore, it allowed the researcher to inductively explore the recurring themes and experiences of participants. This approach ensured that the study findings and conclusions reflected participants' experiences. The data analysis proceeded using Braun and Clarke's six phases of thematic analysis to manage and analyze the data. The six phases included familiarization with the data and identification of items of interest, generating initial codes, searching for themes, reviewing potential themes, defining and naming themes and producing the final report (Braun & Clarke, 2006, 2019, 2021). The credibility of these findings was validated by reviewing the descriptions and themes with the participants (See Figure 2: The six phases of thematic analysis (Braun & Clarke, 2017, 2021)).

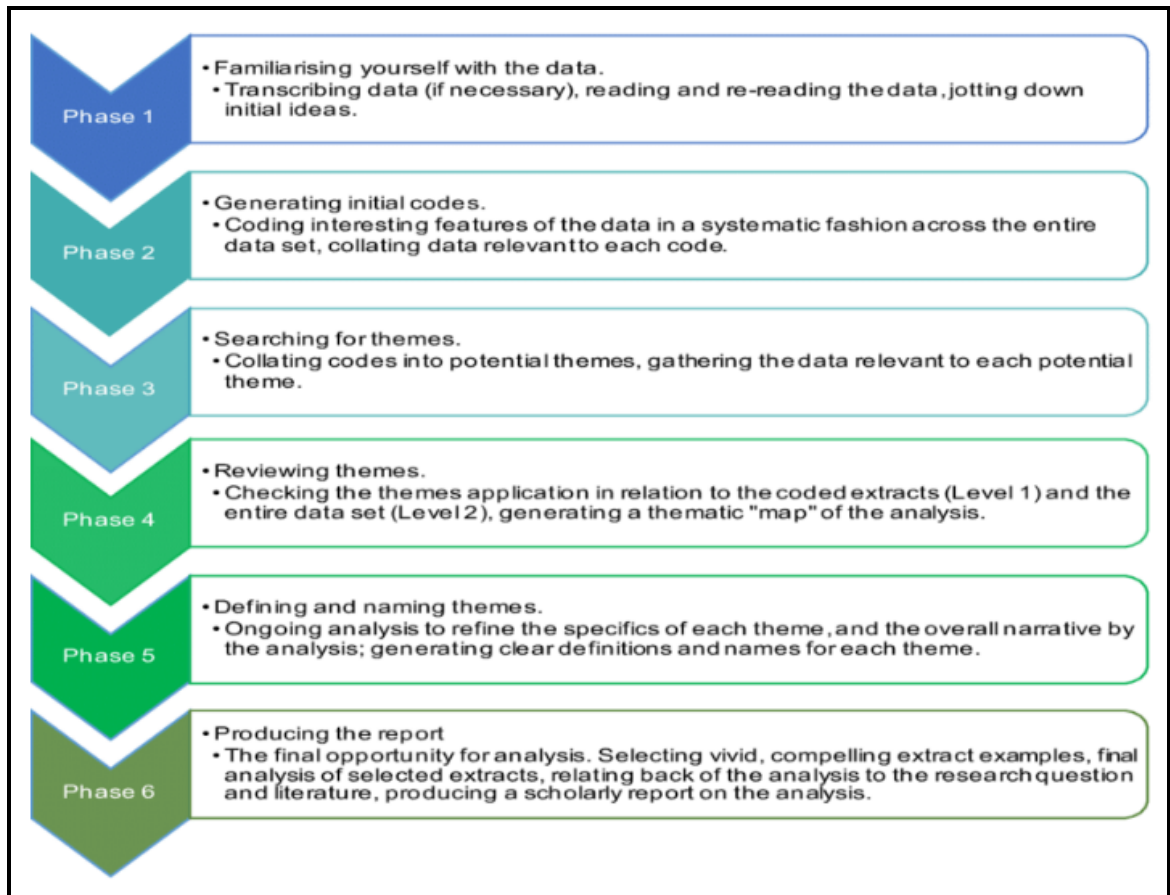


Figure 2. The six phases of thematic analysis (Braun & Clarke, 2017, 2019, 2021).

Data Management

I ensured that participants' privacy and confidentiality were always protected. The data collected were used for research purposes only. It was not shared with any third party except with my supervisor and thesis committee members, for the purpose of analysis and guidance. To protect participants' identities and ensure anonymity throughout the research process, pseudonyms were used to mask participant's identities. I refrained from collecting sensitive demographic information (see Appendix B), such as names, etc. This was to ensure that the participant's identities were not revealed in the public domain, particularly during the analysis and write-up of the findings.

To further ensure participant's privacy and confidentiality, the interview recording was done in a secured place and required a password to join the meeting. The interview was digitally recorded with the consent of the participants. The advantage that digital recording of participants' responses has over note-taking is that it will ensure that the participant's responses are captured verbatim, in their own words without losing any phrase or language (Bryman, 2012). The recorder was tested before the interview to make sure it worked. I ensured that there was no background noise that may have disrupted the conversation. Although all security precautions were taken when using Microsoft Teams, confidentiality was not fully guaranteed since the Internet was being used as a medium of communication.

After each interview, I transferred the digital audio file in the recorder to a password-protected computer and stored it in an encrypted folder. Soft copies of the transcribed data were password protected to prevent third-party interference. All hard copies of data, including handwritten notes, transcribed data, an external hard drive, and other documents, were kept locked, and secured in a filing cabinet in my thesis committee member's office for confidentiality reasons. Informed consent forms and other documents bearing the names of the participants were stored in a separate locked file from other research documents in my thesis committee member's office. These data were also saved on a password-protected computer and encrypted electronic files. All raw data, both hard copies and electronic files, on the digital recorder and on my computer or digital storage related to the participant were not only deleted but digitally shredded and hard copies will be disposed of, in the Faculty of Health Sciences confidential shredding after five years. If a participant decides to withdraw from the research at any time, all data will be deleted within 2 weeks of withdrawal from the research.

Trustworthiness and Scientific Rigor

Ensuring methodological robustness is very important in qualitative research due to its inherently subjective nature. Trustworthiness is cited as a suitable benchmark for evaluating qualitative research (Maher et al., 2018). Although qualitative researchers employ several assessment criteria to establish trustworthiness in research studies (Liamputtong, 2019). Establishing rigor or trustworthiness in qualitative research is very important, and it can be demonstrated through an accurate interpretation of findings that represent participants' realities, integrity, and competence of the research (Liamputtong, 2019; Bryman & Cramer, 2012). According to Cypress (2017), trustworthiness is the means of ensuring that qualitative findings are of quality, genuine, truthful and attests that the research process has been executed correctly. To achieve trustworthiness in this research, I applied Lincoln and Guba (1989) four criteria: credibility, transferability, confirmability, and dependability, for evaluating qualitative research to establish trustworthiness for this study.

Credibility

Credibility refers to the researcher's interpretation of data which reflects the accurate views of the participants (Anney, 2014; Polit & Beck, 2012). In addition, Johnson and Waterfield (2004) indicated that the representation of the participant's reality is considered accurate and adequate if the participants can recognize the description and interpretation made by the researcher. In this study, credibility was established by purposefully selecting the participants, reading all written transcripts several times, through peer and expert probing, and member-checking (see Appendix F) with selected participants while attempting to put aside all my preconceived ideas about the phenomenon of study (Chilisa, 2019). Member checking is a technique that consists of

continually checking the researcher's data, analytic categories, interpretations, and conclusions with the participants (Lincoln & Guba, 1985). To achieve completeness of data, responses were gathered from various perspectives till a comprehensive picture of the phenomenon was depicted (Houghton et al., 2013) and these data were cross-checked to ensure that they represented the participants' views and meaning.

Transferability

Transferability describes the degree to which findings from a qualitative study apply to future settings or studies (Lincoln & Guba 1989; Houghton et al., 2013; Anney, 2014), postulated that this criterion is achieved when non-participants and readers can make meaning of the results from a qualitative study. To achieve transferability, this study relied on purposive sampling to select participants who could contribute or give a thick description of their experiences related to the objectives of the study (Chilisa, 2019). A thick description is very vital in qualitative research because it provides the readers and other researchers, with a deep understanding of the phenomenon under study through a detailed description of the research setting, the participants, and research methods and processes, so that informed decisions about transferability are made (Holloway & Wheeler, 2010). I acknowledge the limits to transferability in qualitative research and the fact that research findings cannot always be transferred; a finding that occurs in one situation may not necessarily occur in a similar situation (Munthe-Kaas et al., 2020). Therefore, it was critical to consider the differences between situations and modify the research process accordingly.

Confirmability

Lincoln and Guba (1989) used confirmability to represent the researcher's neutrality of the interpretations of the findings. Shenton (2004) referred to it as an act of

objectivity. Polit & Beck, (2012) and Shenton (2004) asserted that steps must be taken to ensure that the data represent the respondents' views and not bits of the researcher's perspective or their views. I achieved confirmability through reflexivity, thick description, and created an audit trail with the support of my supervisor and committee members (Chilisa, 2019). Liamputtong (2013) indicates that establishing an audit trail helps the researcher to provide a detailed clarification of their theoretical, methodological, and analytic choices so that the reader and other researchers can understand how the research was conducted and how the researcher came up with their findings. I also ensured confirmability by sharing preliminary findings with some of the participants through member-checking to ensure that the findings represented their experiences and were deemed accurate by participants before any dissemination occurred. I duly articulated my experiences, biases, beliefs, and philosophical assumptions about the topic to ensure that the results were not biased and based on my preferences (Lincoln & Guba, 1985).

Dependability

Dependability is the stability of data over time (Polit & Beck, 2012) and this is accomplished when another researcher agrees with audit trails during each phase of the research (Cope, 2014; Lincoln and Guba, 1985). In this study, dependability was achieved through record of memos at each phase of the research, a thick description of the research methods, theories, rigorous data analysis, constant comparison, member checking, peer review, and coding and re-coding with support from my supervisor to achieve dependability (Chilisa, 2019).

Ethical Considerations

Ethical conduct is an integral and vital part of research because it involves obtaining informed consent, avoidance of deception, privacy and confidentiality, and accuracy (Creswell & Poth, 2016). The University of Lethbridge policy emphasized that before any research is conducted, it is important that the researcher obtains ethical approval from an institutional review board and complies with all ethical research guidelines during the research study. Consequently, ethical approval was acquired from the University of Alberta, prior to the study. The ethics guidelines for the research would be strictly adhered to as outlined in the 2022 Tri-Council Policy Statement, which include but are not limited to respect for persons, concern for welfare and Justice, confidentiality, respect, integrity, honesty, and informed consent. This allowed me to progress with my data collection after I received ethics approval from the University of Alberta Research Ethics Board (REB).

Respect for Persons

I ensured that each participant exercised his or her judgment and participated freely without coercion or influence. I did not embark on pursuing consent or interviews with participants that were impaired or had diminished autonomy. I ensured that the participants understood the nature and purpose of the study. This enabled them to make meaningful and informed choices. I also ensured that the participants' views were accurately represented. I ensured that issues of psychological, physical, economic, or social discomforts were addressed appropriately. There were no identified conflicts of interest since this study was not funded by any organization. I ensured that the dignity and welfare of both the researcher and the participants were maintained by not condoning or using any humiliating, dangerous, offensive, or degrading language. The findings were

reported to some of the study participants and my supervisor. I also sought advice from my supervisor on issues I had little or no knowledge of.

Concern for Welfare

The research did not aim to expose the study participants to unnecessary risks. Hence, before the commencement of the study, I explained in detail the risks and benefits of partaking in the research. Sensitive research questions that infringed on the rights of participants or exposed them to any risk were avoided. Only participants who met the eligibility criteria were allowed to voluntarily participate in the study and they did so by signing an informed consent form (see Appendix E) after reading and understanding the contents. The consent form included the responsibilities of the researcher and the participants, duration of the interview, the potential questions to be asked as well as privacy and confidentiality information. Participants had the right to withdraw from the study at any point during the research process without any penalty or consequence. If a participant became distressed in the interview process, I discontinued the interview to ensure that no harm was caused to the participant. A copy of the consent form was given to these participants for their reference, so they could contact me or my supervisor if they had any further questions or wished to withdraw from the study. The participants had the opportunity to review all the details in the consent form with me (the researcher), prior to signing. This was to ensure that all their questions were addressed.

Justice

I ensured that all participants were treated with equity and fairness (Bryman, 2012). I did not exploit participants by forcing, coercing or inducing them to participate in the study. I ensured that the burdens and benefits of this study were not on one participant. I tried to establish an equal power relationship with the participants and

created a free, fair, and honest environment where participants shared their experiences (Liamputtong, 2013).

Benefits and Harm

According to Doody and Noonan (2016), qualitative in-depth interviews have the potential to instill unanticipated feelings and emotions. To ensure that participants were protected from any potential harm that the study may cause, I was cognizant throughout the study, discussed the risks and benefits with the participants and clarified their concerns prior to each interview (Tri-Council, 2014). I acknowledged the potential psychological consequences that may spring up from memories. A list of professional counselling resources (see Appendix G) was made available for participants who may seek mental health support counselling services. This maintained the trust and psychological safety of the participants.

Summary

In this chapter, I documented the methodology, and the research protocols employed in conducting this research. This included the research design, research setting, full accounts of participants recruitment, data collection process, including instruments for data collection. I also provided account on the analysis of these data and data management and organization with the ethical concerns for the research.

CHAPTER 4: STUDY FINDINGS

The challenges experienced by West African women immigrant students (WAWIS) may be impacted by various intersecting factors that affects the development of mental health conditions after migrating to Southern Alberta. In this chapter, I present the study findings emphasizing the intersectional factors that influence the development of mental health challenges among West Africa women immigrant students (WAWIS) in Lethbridge, Southern Alberta, Canada. This chapter offers a summarized description of the participants' demographic characteristics followed by a discussion of the themes that emerged from the descriptive thematic analysis (Braun & Clark, 2006, 2019, 2021) of the interview transcripts.

These study findings were revealed through the qualitative thematic analysis of data gathered from twelve (12) participant's interviews. Data were collected from participants in two formats: a demographic information questionnaire (Appendix B), and an in-depth semi-structured, interview to capture the participants' unique post-migration challenges and the effects these challenges had on their mental health. These interviews were audio recorded and transcribed using Microsoft Teams (MS Team) and ranged from 60 minutes to 120 minutes in length. These collected data were sufficient to draw the required research findings as data saturation was achieved. Following data collection, the interviews were then transcribed verbatim using NVivo software and subjected to thematic analysis as described by Braun and Clarke (2006, 2019, 2021). Transcripts were reviewed for accuracy and identifying data were removed or altered to maintain the anonymity of the participant and confidentiality of the interview data.

Description of the Demographic Characteristics of the Study Participants

This study was informed by twelve (12) West African women immigrant students (WAWIS) in Southern Alberta. At the time of the interview, all the participants had **lived** in Canada from six (6) months to six (6) years. Participant's age ranged from 18-55 years. Seven (7) participants were married, and five (5) were single. Eight (8) of the participants were undergraduates with the remaining four (4) at the post graduate level. All the participants were international students except for one who had just acquired her permanent residency status. Participants originated from three (3) West African countries to ensure that participants' experiences and responses were diverse and well represented. These participants comprised of six (6) Nigerians, five (5) Ghanaians and one (1) Cameroonian. The participants had various reasons for migrating to Canada including pursuing a higher level of education (eight); seeking better job opportunities (four); leaving economic and political instability in their country of origin (two); achieving family reunification (two); providing a safe and secure environment for their children (2); and searching for greener pastures (one). Interestingly, there were some cultural similarities among these women from West Africa, despite the differences in their migration history and cultural background. Presented in Table 1 is a description of the participants' demographics.

Table 1***Demographic Characteristics of the Study Participants***

Participants	Country of Origin	Age	Level of Education	Marital Status	Employment Status	Number of years in	Immigration Status
Justice	Ghana	26-35	Post-graduate	Single	Employed, part time	6 months	Student
Abasi	Nigeria	36-45	Undergraduate	Married	Employed, full time	1 year	Student
Gratitude	Cameroon	26-35	Undergraduate	Married	Employed, full time	5 years	Permanent resident
Glamorous	Ghana	18-25	Undergraduate	Single	Employed, part time	4 years	Student
Exceptional	Nigeria	46-55	Undergraduate	Married	Employed, part time	2 years	Student
Jovial	Ghana	26-35	Undergraduate	Married	Employed, full time	1 year	Student
Fantastic	Nigeria	36-45	Post-graduate	Married	Employed, part time	7 months	Student
Magnificent	Ghana	46-55	Undergraduate	Married	Employed, part time	1 year	Student
Outstanding	Nigeria	26-35	Undergraduate	Married	Employed, part time	2 years	Student
Joyful	Ghana	18-25	Undergraduate	Single	Employed, full time	4 years	Student
Desiree	Nigeria	18-25	Undergraduate	Single	Unemployed	2 years	Student
Hally	Nigeria	18-25	Post-graduate	Single	Employed, part time	6 months	Student

Themes

The central theme of these data, “Navigating Adversity is the only Option” reflects the West African woman’s tenacity and resilience to survive irrespective of the immense struggles they faced while transitioning and integrating into their new environment after migrating to Canada. Four main sub-themes were identified: (a) The determinants of post-migration well-being; (b) Migration mediated mental health challenges; (c) Weathering the storm and (d) Alleviating the journey

Table 2 presents the central theme of these data, the sub-themes and their elements. Each of these themes is discussed in detail, and excerpts from transcripts are quoted to describe respective themes. It is worth mentioning that excerpts may occasionally be requoted to buttress other themes due to the thematic interconnections between themes.

Table 2

Central theme, sub-themes and sub-theme elements

Central Theme: Navigating adversity is the only option				
Sub-Theme	The determinants of post-migration well-being	Migration mediated mental health challenges	Weathering the storm	Alleviating the journey
Sub-Theme elements	Socioeconomic barriers to success	Psychological impact	Finding new family	Fostering a culturally appropriate social support networks
			Cultural blending	Addressing racial discrimination and bias
	Racialized Roadblocks	Social impact	Finding strength and overcoming adversity	Promoting diversity and inclusion
	The Triple-duty of Migrant Women Students		Spirituality as a survival strategy	

Figure 3 presents a thematic map of themes that illustrates the intersecting factors that influence the participants' post-migration experiences and ways of dealing with their struggles. The central theme of these data, "navigating adversity is the only option" creates the backdrop or the context under which all the other interaction occurred. As the West African women immigrant students arrived in Canada, they encounter numerous intersecting determinants of post-migration well-being including socioeconomic barriers to success, racialized roadblocks and the triple-duty of migrant women students. These intersecting barriers had a huge impact on the psychological and social well-being of the participants. Participants attempted to weather the storm by drawing numerous coping strategies including finding a new family in Canada, attempting to blend their African culture with the Canadian culture, finding strength and overcoming adversity and drawing on their spirituality as a means of survival.

Notwithstanding, participants ultimately suggested ways of alleviating their challenging migration journey, as returning home was not an option. They suggested that there is a need to foster a culturally appropriate social support network, deal with racial discrimination and promote adaption with culturally sensitive hybridity, that resonates across borders to build and promote a respectful, equitable, diverse and inclusive environment for everyone.

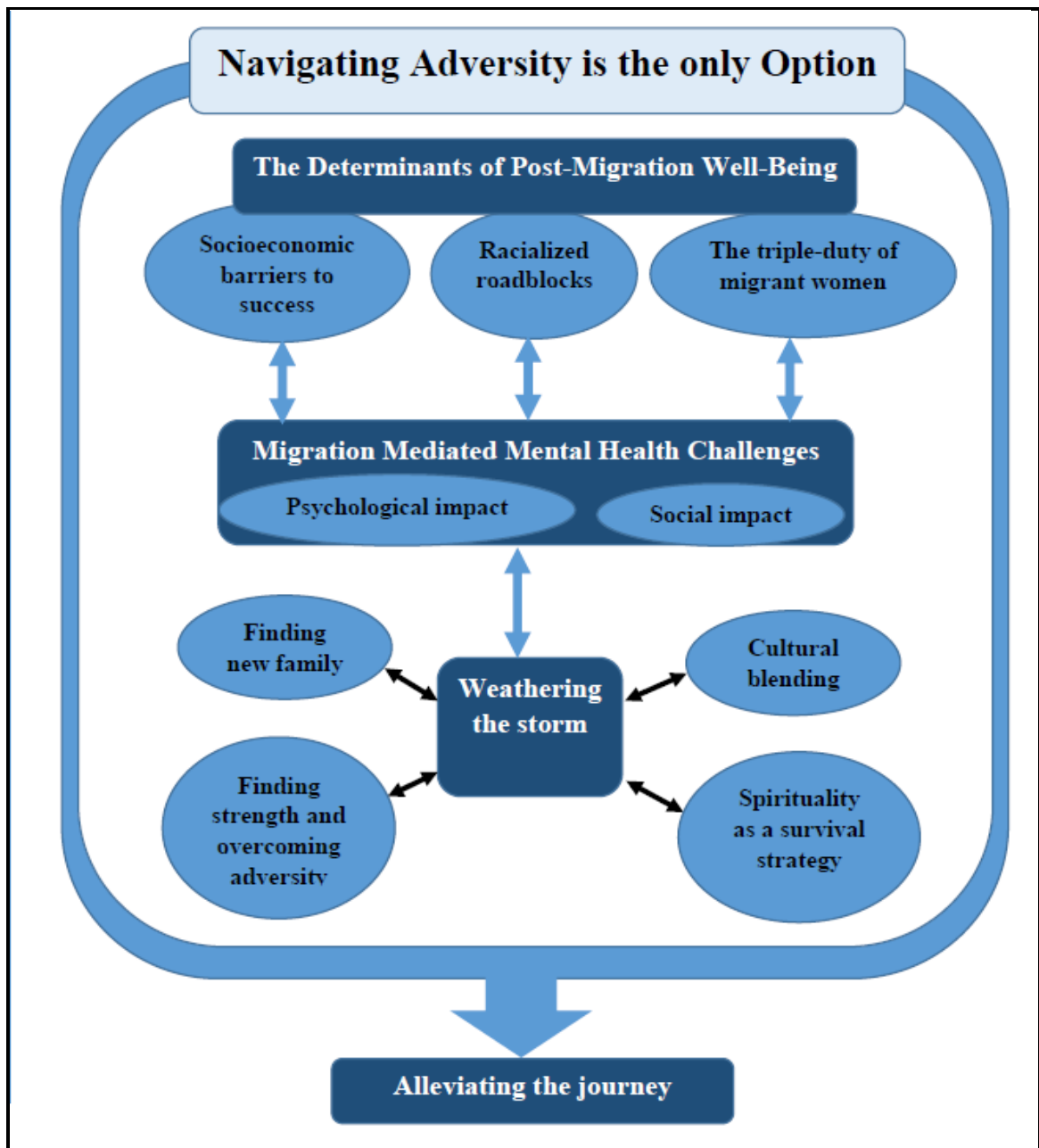


Figure 3: The thematic map of themes illustrating the intersecting factors that influence the participants' post-migration experiences and ways of dealing with their struggles.

Central Theme: Navigating Adversity is the Only Option

Pre-migration to Canada, all the participants had different reasons for relocating to Canada. The most prevalent reasons were for a better standard of education, family reunification, better job opportunities and a secure environment for their children.

Excerpts from Fantastic, Exceptional, Abasi and Magnificent illustrates this theme:

...What motivated me, was the way of life in Canada and their high level of education. When I wanted to study abroad, I tried to search for different countries that could be very accommodating and where their level of education is high. And I found Canada to be one of those countries. That really motivated me to choose Canada for my study... (Fantastic)

...I want to be close to my children especially my first daughter that just got married. I'm also looking forward to being a grandma and being there for my grandchild. Uh, being in the same environment I believe would give her more confidence to move on in a new role as a young married woman...(Exceptional)

...What motivated me was firstly, the economic situation of our country, and the fact that there are no jobs. I graduated in 2007, and it has been difficult getting a stable job. So, I came to get better education and also get a job to take care of my family. I also have my brother that did his PhD here with his family...(Abasi)

...For me, I will do it for the kids because I felt that it is secure and peaceful here. If I compare it to other countries apart from Asia, I'll say I'll prefer to be in Canada with my kids because my kids are involved...(Magnificent)

All the twelve participants had great expectations when they left their respective countries of origin for Canada which included securing jobs seamlessly in their areas of specialty, and easily juggling academic expectations and working. However, their relocation to their new environment presented numerous unanticipated obstacles resulting in some dashed hopes and mental health distress. Participants became overwhelmed, stressed, frustrated and depressed as everything they read and watched in the news or on social media platforms before migrating to Canada, did not align with the reality they experienced post-migration. As Justice stated, ... *“Back in Ghana, you hear people talking about Canada, as if it's heaven on earth. So, my expectation was that coming to*

Canada, things will run smoothly with not so much stress. But I came in and it was a different thing all altogether. The way they described Canada back in Ghana, is not what I saw when I arrived the country. From the weather to the economy, then combining studies with work and paying bills among other expenses, is tiring and stressful”

Excerpts from Jovial and Exceptional reads,

...I have a degree from Ghana, so my expectation prior to coming was that it will be easy to slide into an administrative assistant job and still attend school. But then, I lied to myself. I was in my own dream world, and Canada also lied to us because out there on the internet, there are lots of jobs, until we get here and the reality sets in. It's so frustrating... (Jovial)

...One expectation that was not really met since I arrived in Canada, was in the area of academics. I expected an in-depth teaching with enough resources to help us as students to succeed in our academic pursuit. Although the lecturers try but sometimes the pressure is just too much. Each of the courses are so voluminous. By the time you think of one assignment the other is due as well. You always have one paper to write with assignment deadlines. You first figure out what to write and how you will meet the deadline of an assignment or a paper. Sometimes, it can be so overwhelming because you have a minimum of three classes... (Exceptional)

Notably, most participants were aware that moving to a new country would come with obstacles some participants never envisaged the extent of the struggles they would encounter. However, their resilience and migration goals motivated them to be optimistic, overcome these struggles and pay attention to achieve their dreams. As narrated by

Outstanding,

...I wouldn't say I had very great expectations that once I come in, everything will just be fine. I knew that at first there would be struggles, so I didn't have so much expectations, but I didn't know that it would be as difficult as it was when I just migrated to Canada, but I knew that there are opportunities if I position myself properly and focus on achieving my goals...

Participants had various perception about mental health challenges in the African context. Some likened it to being crazy and losing it. As stated by Jovial, ... “When one is going through mentally challenges, they say, “damfuor” meaning he or she is getting

crazy. She's losing it" ...Some other participant's perception of mental health challenges was not having "peace of mind". Excerpts from Glamourous reads,

...African women preach about 'Peace of Mind' a lot. So, I would aim in that direction. Mental health is not having peace of mind. You feel anxious about anything... (Glamourous)

Most participants believed that mental illness exists, but the tenacity and resilient nature of the African woman made them believe that they could deal with any challenge that may arise. Many resorted to spirituality as a means of finding solace and hope for a better tomorrow as the challenges that they faced was just temporary. Excerpts from Justice, Exceptional and Glamourous reads,

...As Africans, we do believe that there's something like mental health, but it's just that, we think we are able to overcome it. We are able to do whatever that is ahead of us, and we try to fight every struggle that comes our way. I feel that I can deal with any challenges I am going through. And that everything is a matter of time. So, I feel that whatever it is, I can handle it. That is why I have not spoken to anyone ... (Justice)

...But my background, as not only a Nigerian, but a Nigerian woman who got to her middle age before deciding to leave the country, we have that resilient spirit. That whatever it is, we will figure it out. If people are there and they are flourishing and we get there, we too will flourish... (Exceptional)

...I am still able to find that inner joy. I will just call it "the grace of God", that just lets me think "you know what, this is temporary. People have gone through it too. You're not the only one struggling. It's just for a time period and you see. It's going to pay off". So, I'm able to uplift my spirit in a way, so it doesn't affect my behaviour... (Glamourous)

Despite the overwhelming migration process with the accompanying transitional stress, participants persevered and explored ways to navigate their day-to-day life to overcome their psychological stressors. Participants considered perseverance and coping tactics as crucial, because they believed that this was just a momentary phase in their lives as failure was not an option. Indeed, as difficult as things got for some, the thought of returning home was not viable because they had invested so much in migrating for school

and in hopes of permanent Canadian residency, had family members counting on them as part of a migration chain, and in many cases conditions in their country of origin were also not favorable such as the presence of poor economies and few opportunities. Some also felt they had to succeed for their children and their children's future opportunities. Even though some individuals were hesitant about their migration journey and had conflicting views about "should I go or should I stay". As stated by Exceptional..." *Who send me to embark on this journey? What have I gotten myself into?"* ... The African women's resiliency, solution-driven mentality, and spirituality provided them with optimism. They resolved to remain focused in order to attain their various goals or reasons for migrating. Some participants stated that her families were still struggling back home, and she couldn't burden them with her problems, so she opted to endure, nonetheless.

I started taking on some projects that actually paid and it was just nice to know that I don't have to call my parents about every single little thing, because back home, they are also struggling. They are also dealing with whatever they're going through and I wouldn't want to be an addition to that. Even though they my parents and are there to help me, I just have that mindset of, if I can do it, I would do it myself. (Glamorous)

Sub-Theme 1: The Determinants of Post-Migration Well-Being

The subtheme "the determinants of post-migration well-being" illustrates the unique experiences of the participants. Participants acknowledged that they experienced different obstacles following their relocation to Canada. These challenges included socioeconomic barriers to success, racialized roadblocks, and the triple-duty of migrant women.

Socioeconomic Barriers to Success

Participants acknowledged that they encountered numerous obstacles post-migration to Canada. Among these challenges were socioeconomic barriers that impacted the participant's economic success like non-recognition of credentials and work experience, family separation, limited access to quality education, language barriers and cultural difference.

Lack of recognition of foreign credentials and work experience was consistently disclosed by participants, which limited their employment opportunities and often led to unemployment or underemployment after migrating to Canada. Before relocating to Canada, nine participants held jobs in fields like registered nurse, dietician, computer scientist, laboratory scientist, administrative assistant and human resource specialist. After relocating to Canada, unemployment was a common situation. Most participants who were fortunate to get a job, were restricted to 'survival jobs' with low earnings in the health and service sector like healthcare support workers, merchandise associates, convenience store clerk, hotel room attendants and fast-food restaurant staff, that was not commensurate with their years of work experience back home. This created some financial burden as they had expenses like tuition fees and monthly bills to pay. Some participants were faced with the overwhelming frustrations which drained them mentally. Several participants found it disheartening taking out their professional work experience from their resume just to secure a minimal paying job for fear of being overqualified on the role. Some participants who were fortunate to get a job, had to make several resume submissions with several months of job hunting before acquiring a job which affected their mental well-being. Excerpts from Exceptional and Hally reads,

...Another aspect that does not augur well with me is the fact that you use your most basic certificate first to secure a job...(Exceptional)

...We kept on submitting resume. We kept on applying. It was becoming an issue. I started getting worried because after three months, no job. I was getting worried, as I was paying house rent...(Hally)

Two other participants resorted to pursuing training or obtaining certificates in their areas of expertise that kept them at a competitive advantage to secure jobs in their area of specialization. Excerpts from Justice and Hally reads,

...No, my nursing degree is not recognised because I cannot practice nursing in Canada. The process it takes to actually practice nursing is long. The information I got is that it's either you try to school here, or you register with the nursing body. Then take some National Council Licensure Examination (NCLEX) to get you into the system. Yes, I had challenges finding a job in Canada. When I came, my choice was to use my nursing certificate to apply for a job here. But it happened that they did not recognize it. So, I had to take some few health courses like healthcare aide certificate, just to get another certificate that can help me get a job here. That was what I did. I currently work in Alberta healthcare which is related to nursing...(Justice)

... I cannot make use of my previous education, nutrition and dietetics in Canada because it's actually different in terms of the way we learnt it but it's the same concept. Before I can make use of it. I have to take a dietitian exam here for it to be recognized because the one I did from Nigeria is not recognized here. I did the healthcare aide training here. It was a plus for me on my job. I don't know if I should say that I was lucky, but it was a plus for me to get the job together with my previous training and practicum...(Hally)

One participant, who focused on her ultimate goal, registered and wrote her NCLEX to practice in her nursing profession. However, she indicated that having a job reference was still an integral factor in securing a job. Exceptional narrated,

...I am fortunate that I was able to write the NCLEX exams after some years. Because as a professional nurse, there is a pathway you can take to be able to practice as a registered nurse, which I'm fortunate to have acquired. Currently I work in my profession and I'm happy. Although, I just got licensed as a registered nurse (RN), I'm so happy that I am able to secure a job in my profession. So, getting a job here, it's just the same back in Africa. If you don't have an insider that puts in a word for you or references you that "Oh, I know this person and she's experienced and can do the job", then it becomes a bit difficult. Lot of times they say, "oh go on job sites to search for jobs, just apply and then, they will call

you.” I didn’t have that experience. Up until now, all the jobs I have been able to secure in Canada was as a result of an insider I know who was able to be my reference or to give a word to say, “oh I know this person” ...

It is imperative to note that these survival jobs were not an end goal, they did provide temporary employment and financial buoyancy in the interim. Although, these survival jobs are mostly with minimal income, they did not efficiently cater for the participants numerous monthly bills making participants financially crippled which led to frustration and depression.

Some participants found it difficult separating from family following migration. Fantastic recounted, *“I really miss my husband because we have not really been separated. Although he comes and goes but there's nothing like staying together. We also talk on the phone but it’s not the same thing as seeing him in person. I miss my mom and my siblings. I didn't know it was going to be like this.”* Some participants disclosed that although they had some family members in Canada, it was not the same thing as their immediate family. This created a vacuum and sadness that affected their mental well-being. Expects from Abasi and Outstanding reads,

...Separating form my family was not easy. I left four children and my husband back in Nigeria. It was a sacrifice I had to make for the whole family so that we could have a better future. Although, I was leaving with my brother, anytime I played with him and his family, I will be happy. But when I'm alone in the room, I will be unhappy. I would remember that there is a vacuum in my life. This is because I left my family behind. My mind is always there with them. I still miss my children, and I wish that they are beside me. I want to see them grow and be able to participate in their lives. I still feel the stress of not having them here ... (Abasi)

...My uncle was here, but the truth is that it is not like having your family here. Especially when you think of the things that you are facing in a day, you will just start crying. Many times, I come back home and just start crying because you’ve had a rough day and, you don't even have anybody to comfort you and tell you that “don’t worry, everything would be fine”. For someone like me, before I tell you that this is what is going on with me, it would have reached the level that some people cannot even handle. So, most times, I just come back home and just start crying because there's nobody to talk to. Who do you want to tell? You don't

even know who to trust. You don't even know the available resources to reach out to... (Outstanding)

Some participants were disappointed by the limited access to quality education stemming from insufficient resources, and a lack of academic support from some professors. This caused some unanticipated anxiety and sadness for participants as stated by Exceptional,

...One expectation that was not really met since I arrived in Canada, was in the area of academics. I expected an in-depth teaching with enough resources to help us as students to succeed in our academic pursuit ... (Exceptional)

Similarly, Desiree voiced,

I had a biology class, and the lecturer just purposely wanted to make the class difficult for us. I'm not saying you should just make every class easy for the students, but then they pay tuition fees to be taught some certain things. Also, the first time I got into my first year in chemistry laboratory (lab), as soon as we got into the lab we were told to start working and I was wondering what I was meant to do. Then I ask a question, and I don't get an explicit answer. They tell me "You should know what to do". I actually came here to learn. How am I supposed to learn and get good grades if I'm not informed about what to do? Like, you don't have to tell me exactly what to do, but you can guide me to knowing what to do. Some of the lectures don't do that, which is just very poor. I think it's because they just either want you to keep repeating the class or they want you to keep paying more money for tuition... (Desiree)

Participants reported that they felt psychologically fatigued from constantly repeating themselves while speaking the English language and paying close attention to the Canadian accent. They usually got misunderstood due to their inability to speak English with the Canadian accent. However, after several years of living and working in Canada, some participants struggled to preserve their African accent while speaking the Canadian English. Glamourous said, "*...I am eloquent in English because I grew up speaking English as it is my first language. But it was more about the accent and the pronunciations. How certain things are pronounced in Canada. We were taught with the British academic system back home. But coming to North America, it's a whole different*

ball game. It's totally different with the way they pronounce certain things. With that little discrepancy, someone might mistake what you're saying or not understand you. I am literally picking my words and putting all my "t" because here, they don't pronounce their 't'. Although, I tried so hard not to change my accent, I still sound more Canadian because my friends back home would tell me that I sound slightly different. So, I'm trying really hard to force that African accent out of me. No, I can't lose my accent"

Most participants found it difficult acclimatizing in Canada due to the extremes of weather conditions and the Canadian lifestyle. This came as a culture shock for some participants as they underestimated the extreme temperature that accompanied winter. After they arrived in Canada, participants discovered that there was a larger contrast in the weather than they thought. In this regard, Fantastic said... *"Part of the expectations when I was leaving home was the fact that the weather could be harsh but, I never expected that we could get to a temperature range of minus 35 - 37 degrees centigrade, last winter, but I was able to scale through it..."*. Participants also observed that there was a vast disparity in the individualistic lifestyle of a Canadian when compared to the collectivist way of life of an African. For example, Abasi said, ... *"What I observe here (Canada) is that the way we do things in our country is different from the way they do here. The way we relate in our country is different. Back home, when you are bored, you can go outside your house and just pick a sit and sit down with other people in your neighbourhood. When you see other people around, you will be happy. Because you have a lot of scene right in front of your house. You see people talking, shouting, jumping, and even fighting.... Laughs. Here, you have to be inside your house. If you are not going out, you just have to be inside your room. You cannot go to your neighbour and knock or say, "I want to see you, or I want to discuss with you". There's no neighbour-to-neighbour*

relationship. Everybody is on his or her own here...” To fit into this new society, participants had to learn, unlearn and relearn how to adapt to and navigate their new surroundings. The following are relevant excerpts from Outstanding

... When I came to Canada, I had to unlearn, learn, and re-learn everything. That alone made me feel a sense of belonging... (Outstanding).

Assimilation into the cultural norms of the host society might be difficult. Dealing with these changes, as well as the difficulties in adjusting and adapting to their host environment, contributed to participants' psychological distress.

Racialized Roadblocks

Racial discrimination was recounted as a significant challenge expressed by nine of the twelve participants. They expressed instances where discrimination was prevalent based on race and gender. These instances of racism manifested either in subtle or overt forms in their workplace, at the university, and in day-to-day activities. Participants expressed sadness and frustration related to these experiences of discrimination.

Participants reported some hostile behaviours from colleagues and course mates, some which might be attributed to internalized oppression or racism. As Hally expressed,

...The people are the issue. There's a particular lady at my workplace that I don't think we can ever exchange words or have a conversation. On the whole shift, I was just assisting her, for two whole days and I was sad. This is what leads to mental health issues. I was going to work for two days, and I was not just happy throughout my shift because she was really mean. She was a bully. I felt like asking, 'why are you like this?' Because I've worked with other people. I would ask her questions because I was still new, but she won't answer me. She was to give me an orientation on some residents. Then, when I think of doing what I think is right, she says "No, you're not supposed to do it like that". But I asked you, and you decided to keep mute and not talk to me. Then you bully and shout at me. I was really sad because it was a Saturday and Sunday weekend shift. I was really, really sad. I was thinking why she would treat me like that but will be smiling to other people of her race. She went as far as reporting me to the supervisor. She just hates me. That's just what I can see. "You hate me, and you don't want me there?" The funny thing is that this person is not white, but Asian. I had to inform the licensed practical nurse (LPN) supervisor, what was happening.

Participants also stated how they were unfairly treated in the workplace compared to their white counterparts on the same job level. As highlighted by Outstanding...

...I remember the first job I got, when I came to Canada, as a sales rep, I'll say that I was treated unfairly. Because I remember how I worked really hard, but I was still given more jobs to do, whereas my other white colleagues did not work half of what I did. Yet they don't even give them more jobs to do and we are on the same level. I have been treated unfairly and, I know that those in authority cannot totally control the way people are or people's personality. But I would say that I have faced a number of unfair treatments from white folks especially on my job. When I first came to Canada, I didn't know so much about how things where. I observed that the way I was treated was different from how other people or other colleagues on the same level was treated, which is unfair...

Furthermore, as disclosed by Glamourous, she lost her job during the COVID-19 pandemic, based on her ethnicity.

...I don't know if it was a general layoff because some people weren't laid off. I was one of the first, if not the first person to be laid off my work at that time. I don't know if it's because I was part time and not getting so many hours. Because they were already stacked with employees, so I gave it everything. I believe I was a hard worker, but unfortunately when it got to laying off workers, I was one of the people that was laid off really early. I want to say it was because of my hours and being a student. I just don't know what happened with that. I never even bothered to ask because I was just so upset. But I just felt like they prioritized their people. I feel like maybe it would be unfair of me to say this, but that was my opinion at the time. I don't know if it's true because they were a community, and I do recognize that I was not ethnically a part of the community. That's fine, but then I feel like so many calls they made was towards that direction. To some extent, I felt discriminated against. Maybe I could have been wrong. Not to downplay the opportunity they gave me to work and everything I do acknowledge, but these are also some of the things I realized, or at least from my perspective, it seemed. I may be wrong, but I feel like it may have been ethnically stimulated in that sense...

Participants also faced various barriers in the job market from non-recognition of participant's credentials to discounting of international work experience and employers insisting on Canadian work experience (structural racism). As articulated by Magnificent,

...Back then when I was looking for a job, I applied to a lot of jobs. Then I realized that your degree means nothing to them. The employers will not even call you. If coming from a background that you've worked for many years and you realize that with all your masters, nobody even recognizes you, you feel sad. But

because you are a students and you came here on a student permit; you want to ensure you get a Canadian education to move into the workspace...

Jovial and Exceptional also highlighted their similar experiences,

...They are not also being fair to us because your qualification back home actually doesn't account. It's difficult to even get a job in your field. Even if you step foot today here (Canada), the next day, they will be asking you for Canadian experience. Where am I going to get the Canadian experience from, if you don't hire me? It was very difficult to integrate. They want one with Canadian experience, which makes it very challenging and frustrating to integrate. Because if no one sees the value you have, then you end up just going to do care job, restaurant job or anything you can do just to survive...(Jovial)

...What I experienced when I came to Canada is that employers are looking for those with Canadian experience. Hey, I just relocated from my country. I have not worked here before. I am a student. And you posted a job saying that it does not need any experience, or it needs just a high school certificate and the ability to speak English and other things. Then when we start talking during the interview, you then mention that you are now looking for people with Canadian experience. Where do I get it? Will I get that from Nigeria? (Exceptional)

Discrimination related to accents was also presented as a prevalent form of racial bias encountered by participants. Participant experienced the use of racial hate speech, microaggressions, and discriminatory behaviours (interpersonal racism), in their day-to-day lives as expressed by Exceptional, Fantastic and Glamorous,

...Some people try to make you feel bad. For example, in class or in the reading room, you see a vacant sit and ask if you can sit there? The white person sitting there, will just carry her bag and leave. Why is this? But another thing I would say is that they might not even be Canadians because I experienced it is school, so I cannot really say whether they are from Canada or other countries...(Fantastic)

There is also the issue of silent or coded racism (racial bias). It's like when they see you, they expected that you don't or can't speak English or you don't understand English, or they will not understand what you're saying. When you're trying to communicate with them, they have already zeroed their mind that they are not going to understand when you say. I experienced this with somebody. I was going out and following the map but at some point, I got confused. I saw this gentleman coming. I think he was coming from work, and I just approached him, and I greeted politely. I said "please, I'm trying to find my way to some place. He said, "It's like you are on the right track, just go through to the end of the road". He gave me the description and I said thank you very much. And as I was walking away, he said, "You speak good English" and I replied saying "We are educated,

we went to school, and we were taught and trained in English. So, I speak English, I understand English very well” ...laughing...(Exceptional)

...During COVID, I joined the transit bus. The bus driver’s reaction to me was absurd but I was pretty all smiles. Probably he was going through something because the way I was received just made me feel that I was being discriminated against. I tried not to take it personal as I was going to my location anyways. As I was about to get off the bus, there were some Caucasians and the white people who were tapping on the card reader and he said, “Oh no, you're fine. Just go on”. And he's nice about it. So, I got there, and I tried tapping on the reader, but it was not working. I was very confused. I tried to read an instruction there, but it was tilted. I just thought I should ask for clarity because I did not want to do anything wrong. I asked him a question. But he goes “Well, can't you read, it's right there”. I had some people snickering behind me. He didn't do that to those people before and after me. I just found that suspicious and I replied saying “Oh, okay. Sorry my bad” and I just walked away. I was the only black person in line. I was feeling stupid at the moment. That was a time when I felt discriminated against... (Glamorous)

Participants stated that homeowners gave them stringent measures before they could secure an accommodation. This was mentally draining as the landlords required some documentation before they could lease out their rooms to participants. Participants indicated a subtle form of racism experienced from landowners. Here are relevant excerpts from Abasi and Gratitude,

...When my husband was to come to Canada, I started looking for a house. It was a tug of war. I had to be looking for rentals and all the agencies that were giving out accommodation online. One of them asked me to fill a form and they have to contact my former landlord in Nigeria. They called my boss at my workplace to confirm if I’m working there. They did so many investigations but at the end, they said I’m not qualified. I passed through a lot of stress when I was looking for an accommodation because of all the requirements they were asking. They asked if I had an accommodation before, how much I was paying, purpose of leaving the house, the name of my landlord, his phone number and his email address. Even though they know that no landlord will do that in Nigeria. They also asked for three references and those 3 referees must not be members of your family. It is not easy to get accommodation here, you have to go from one place to the other, commute from the South to the West of Lethbridge with the different agencies. It was not easy. At a point, I started putting it in prayers... (Abasi)

...Given the fact that I said there’s no racism, like people wouldn’t say it to your face or behave racist comments in front of you, but you still get all their discrimination because I’m an African. I think what happened is because I used to

search on Facebook marketplace, I think probably when they look at your profile or they look at your name and it doesn't sound Canadian, they wouldn't even want to go any further with you. I had a lot of cases where you contact someone and they say, "Yes, the accommodation is available. Can we set up an appointment and meet?" And just some hours to the appointment or a day before they get back to you saying, "Oh, sorry, I changed my mind" And then they don't respond anymore. But if they're going to go any further with you. I think they always ask for credit check, credit score, and previous renting experiences. How do you get these stuffs? I'm just coming from outside Canada. So, they don't trust you. They want someone that has been in the system. Then for your credit score, they want someone who has a credit history, when you just came newly to Canada. You don't even have a credit card yet, so you're not going to be able to rent a place because you are new. So, you're forced to lie sometimes. That's the truth. People do lie because if you say the truth, you don't get the house... (Gratitude)

Participants highlighted the numerous disparities in the education system and funding which represented a significant challenge encountered in Canadian institutions (institutional racism). Jovial recounted,

...In terms of funding, this University does not have a lot of funding especially for immigrants like me doing an undergraduate second-degree program. For entrance scholarship, with the second degree all I was awarded was \$2000. After my first semester, I finished with 4.0, and all they could give me was \$1000. For my second semester, I finished with 3.8 but all they could give me was \$1000. So, it's like there's no way they're going to give you a substantial amount. In my department you see scholarships worth \$500. If you apply for both and you get approved, then you get \$1000... (Jovial)

It is worth noting that the University recognized the degree certificates of participants, although there is that salient downgrade of a foreign African degree, resulting in a disparity in the assessment of their final grades during admission. One participant felt frustrated and overwhelmed by how the system downgraded her grades as a distinction student back home. This prevented her from being able to embark on a master's program and benefit from the various scholarships for graduate students. As articulated by Jovial,

...I actually wanted to embark on a graduate program. Even though in my home country, I got a first class, it didn't meet their requirements here which I don't understand. I mean, in this world of globalization, why shouldn't our grades cut across and accept our grades as it is. Getting 75% back home is not a joke. So, I can't even go into a graduate program. University of Lethbridge (UofL) couldn't even give me that scholarship for me to get into the master's degree. Back home, the University I attended do not use Grade Point Average (GPA) for grading their students. We use the Cumulative Weighted Average (CWA). The university decided to convert CWA to GPA and when you convert to GPA your grades drop. So why does UofL convert it to meet their GPA in any case? UofL just changed my dreams of going to graduate school. I was then offered a second degree and because I wanted to come to Canada, I just accepted it, which doesn't make sense to me. That's something I feel that they are not being fair to me. Why would you have doubts about someone's qualification? Why are you doubting my capabilities?... (Jovial)

Additionally, according to Jovial,

So, if I'm able to finish and still get all my 'A's, I'm going back to them and tell them that they should have a look at their system because they are being biased at us. The fact that 75% in my home country is an A and yours is 90%, does not mean that the person cannot score the 90%, if that was the yardstick setup for us in Canada. At the end of the day, whatever grades they are looking for, I'm getting it in the class. I'm still able to get the A grade here in Canada. So yeah, that was one of the difficulties I still face.

The Triple-duty of Migrant Women

Triple-duty expresses the diverse roles and responsibilities that immigrant women frequently navigate. It encompasses juggling between earned employments, being a student, tackling unpaid domestic tasks, the responsibilities of parenthood, and involvement with the cultural or community roles. Four participants out of the twelve participants had three to four children. Three of these women had all their children living with them in Canada. Nevertheless, one participant had just one of her children living with her in Canada while the other three children were back in her country of origin. These participants illustrated the challenges they faced as African women catering for their family's needs in their home, maintaining work performance and financial

sustainability, striving to excel in their academic pursuits, while also seeking to preserve their cultural identity. The stress of balancing multiple roles often led to psychological distress, frustration, anxiety, and depression. Two participants identified the lack of social support and the lack of childcare support as the most prevalent challenge that affected their mental health. Childcare facilities, when available, are extremely expensive putting a financial strain on these women. As Gratitude stated ... *“The private day cares could be more expensive than the public ones and they do not allow people that are funded by the government”* ... Other participants revealed their experiences of lack of support. As articulated by Fantastic,

.... In my first semester. After preparing the children for school, before I could get to the bus stop, I missed my bus. I tried to stop people for help, but nobody even stopped for me to even ask me where I was going because I was having my test which was to start in the next 10 minutes. Sometimes, I may want to do something but it's difficult. Then I start crying or I will just be like, “Oh God, I wish my siblings are here. Whenever, I want to do something, I will start thinking about where to keep my children for an hour. So those are the challenges that I am facing. Sometimes, I just sit down at home. I'm having headache because I have to think and think. You are not just yourself. Not being able to do something is challenging. You just keep pushing and pushing because there's nobody to leave it for... (Fantastic)

Participants were devastated that the University did not have any childcare plan for international immigrant students with children. Participants had to resort to checking online after migrating to Canada. Fantastic believed the institution needed to do better in terms of providing the necessary information on how to access childcare facilities during pre-migration orientation meetings especially for international students with children.

Excerpts from Gratitude reads,

...I was not really happy with the way things turned out because I applied to the University daycare and it's getting to two years now, not even a word from them. I had to be going to the international office before I was even told to go on Facebook to check for childcare. So, it was through Facebook that I was able to secure a childcare for my daughter. I felt this should have been part of the

orientation before we came. Because almost every week we were having orientation with the international office. I was wondering why the information about these daycares was not discussed?... (Gratitude)

Additionally, according to Gratitude,

...There was a time I had to write my exams, and the kids were at home because their school had a professional development (PD) day. One of the kids was unwell and you can't leave them. My exam was about 30 minutes or 40 minutes, and you can't get anybody to leave the children with. What would you do? It happened recently, which made me really frustrated. I remember I had a microbiology lab. I didn't have anywhere to put the children. I did not know anybody and by then I had already told the lecture that I may not be able to come, and she said, well, she'll try to help me in a way. When it was time to leave home, a friend called me, and I had to leave the children with somebody I had never met before in my life. I didn't know the person and you know the feeling that you left your kids with somebody that you don't even know, and you are in an exam room somewhere. It's difficult, very, difficult. Those were the times I felt really frustrated...

Three out of the seven married participants did not have their spouses with them in Canada, causing them to take up dual gender roles in Canada which appeared as a major stressor. Excerpts from Magnificent reads,

Back home you had some things that you could do specifically as a woman, and you leave the rest for the men. But now you are taking up the responsibilities of both a man and a woman, doing everything altogether. Taking care of the children and doing all sorts. It's even more because you are alone with the kids. Now if my car doesn't start, I don't have anybody to go to. I didn't even know how to put water in my car. If you are back home, and your car gets spoilt and you are married, even if you are not married, you can call a friend. You can leave the car or even call the mechanic. You don't have to bother yourself because the mechanic will take care of the car and bring it to you at work. Over here, you have to book an appointment. You know, back home we don't book appointment, when it comes to mechanics. I can just call a mechanic to come and immediately I'm attended to, but over here, you need to book an appointment for every little thing that needs to be done on my car. So, the roles have changed. I think it has added more responsibilities for me. It's different now you have to be responsible for everything. Every step you take, you have to be responsible for it... (Magnificent)

Participants also acknowledged the lack of communal support in Canada, unlike the collectivist system of living experienced back home in Africa. In Africa, there is this support network from family and friends, where people provide support to other families,

spend time to teach and preserve their cultural heritage with the children as well as help manage the household while you are achieving your career goals in the workplace or achieving your academic pursuits. In the individualistic culture of Canada this supportive system is absent. Everyone is on their own, as stated by Abasi... *“You cannot go to your neighbour and knock to say I want to see you or say I want to discuss with you. There is no neighbor-to-neighbor relationship. Everybody is on his or her own here” ...*

Abasi further stated that the lifestyle here is different and she would want to maintain her culture.

...The way of life here is different from the way we live our lives. No relationship, no interaction. It is not that easy to adapt to the system here. What we don't see as issues in Nigeria is a big deal here. There is a saying in Yoruba land which states, ... “Bi ase nse ni Ile wa, eewo ibomiran” ... It literally means that “What is acceptable in our own place is different from what is acceptable in some other places”. Back in Nigeria, all children around are for everybody. When you see your neighbour's child misbehaving, you can call them, advise them, and even scold them sometimes and the parents will still come back to appreciate you for taking care and correcting that child. But here, they will say that it is child abuse, or you are damping the child's emotions. So, the system here is so different from our system. If my children come here, I will still train them like we trained them in Nigeria because I believe that we have a better culture and a better way of training our children. Back home, our children are more disciplined. That is what I observed here in Canada...(Abasi).

These women found themselves solely accountable for a variety of tasks, despite their desire for relief from some of these responsibilities. This gender triple-duty position exerts a tremendous impact on the mental health and well-being of participants. It is worth noting that the gender triple duty difficulty overlaps with the stress of being a parent, which is exacerbated by a lack of proper social support following migration. Participants often felt depressed after tacking these different responsibilities as a parent. As stated by Exceptional...

...Sometimes, when you're in class you are thinking of how to resume work, how you should also keep your head up at work and keep up the standard of

performance so that you don't lose the job. I am also creating time to take care of my daughter and my grandchild. All of that put together brings the pressure or stress. At some point you feel so pressured that you begin to ask yourself which of the assignments to start with. It is depressing... (Exceptional)

Sub-Theme 2: Migration Mediated Mental Health Challenges

The second sub-theme, derived from the interviews, was “migration mediated mental health challenges”. Participants expressed that the challenges encountered after relocating to Canada had significant psychological and social impact that affected their overall mental health. A detailed explanation of the migration mediated mental health challenges of participant’s will be discussed under two sub-themes element:

Psychological impact and social impact.

Psychological Impact

The psychological impact of this sub-theme refers to the psychological factors that affects the mental well-being of the participants. It involves the overwhelming psychological and emotional distress encountered by participants in relation to the challenges experienced. It is notable to say that there is a complex and bi-directional interconnection between mental health and psychological factors (Scarborough et al., 2022). The different challenges faced by participants played a crucial role in promoting the development of psychological and emotional distress among the participants. These was evident by the consistent episodes of anxiety, mood swings, overthinking, self-isolation, depression, frustrations, stress, sadness, feelings of loneliness, loss of weight, low self-esteem and episodes of crying reported by participants. For example, Glamourous complained of weight loss from overthinking and never attributed it to mental health challenges at the time, “...*I tend to overthink. I do that a lot to the extent that I even lose weight. When my mom calls me, she tells me that my eyes have sunk, and*

my arms look slim. But I tell her that I've already been slim. So, I didn't realize, or I refused to believe that it was a mental health problem that I was dealing with..."

Magnificent talked about her frustration with her academic work, *"Sometimes, I am frustrated because of my assignment. You don't really understand some of the courses as they are prerequisites to other courses. It's a new course for you, so you put your frustration on the course."*

Similarly, participants reported episodes of tears and emotional breakdown from academic stress and the extreme weather conditions in the course of trying to integrate into the Canadian system

...I was trying to integrate into the system. Learning different things and struggling to use the bus with the time you spend, under the snow, before eventually getting to class affected my mental health. My mental health was not stable, and it affected my academics. I didn't do very well when I came into Canada because my mental health was not stable. I was running helter-skelter doing things without any help. I'll come back home in tears having, breakdowns. I'll be burned out and I am still expected to study in that condition... (Outstanding)

It is worth mentioning that the origin of participants' psychological distress stemmed from the disappointments and frustrations from unmet expectations and the unanticipated reality after moving to Canada. These various barriers after migration fueled regret, which led participants to continuously question themselves if migrating to Canada was worth the stress and if it was worth staying or going back to their respective countries of origin. Some participants even questioned themselves on why they had embarked on this migration mission which had affected their mental health. The question "Should I go, or should I stay?" resonated in their head. Some had no option of even going back as the economic situation of their home country was not favourable. Some of the various reasons for unmet expectations included culture shock, unanticipated

extremes of temperature and not knowing how to navigate the transit bus system.

Exceptional and Outstanding highlighted some of these issues in the following excerpts:

...I felt choked or ask myself questions like “Is this the stage of life I should be? Am I taking the right step? Is this the right thing for me to do at this time? What exactly am I looking for? Should I just stop and go back to Nigeria? Then you know you have a lot of questions to answer and the answers to those questions or lack of answers to those questions raises your cortisol level. And when that is raised consistently, you are stressed. You sleep like you are not sleepy. You sleep yet you are awake causing one to be fatigued and depressed... (Exceptional)

Similarly, Outstanding said,

...There are some things you will see and the way things are done here, you'll be like maybe my country is not even that bad at the end of the day. The thought alone causes mental stress because there are many times I wake up at midnight and I will start thinking. If I will be grateful to God after all these struggles? What will happen? It's like the fear of the future is another thing that stresses one because you know that you are the only one here and you don't have any choice but to succeed. So that fear alone affects the mental health of most international students and the fear that though I'm not really scared, but I feel like will it be worth it at the end? (Outstanding)

Participants also stated that coursework, assignment and project deadlines, also posed additional stressors that affected them psychologically. Exception stated,

...One expectation that was not really met since I arrived in Canada, was in the area of academics. I expected an in-depth teaching with enough resources to help us as students to succeed in our academic pursuit. Although the lecturers try but sometimes the pressure is just too much. Each of the courses are so loaded. By the time you think of one assignment the other is due as well. You always have one paper to write with assignment deadlines and the rest of it. As a student with deadlines, you need to first figure out what to write and how you will meet the deadline, whether it's an assignment or it is a paper that you are writing, but sometimes it can be so overwhelming when you come to class because you have like a minimum of three classes. For instance, each of the class I took last semester, had a project attached to it. Sometimes, when you're in class you are thinking of how to resume work, how you should also keep your head up at work and keep up the standard of performance so that you don't lose your job. All of that put together brings the pressure or stress. At some point you feel so pressured that you begin to ask yourself which of the assignments to start with? Who send me to embark on this journey? What have I gotten myself into?...

One participant discussed how the challenges she faced resulted in low self-

esteem and loss of self-worth, which drastically reduced her social skills in relating with others. This led to an inferiority complex and self-isolation, Outstanding voiced out,

...When I came to Canada, I came in as a student, right? I am expected to do well in my school and at work. But then it dawned on me that things were not going the way they should, even though I knew that I could do things right. I began to feel less of myself, and I felt like, maybe I'm not even up to these people. Maybe I can't do these things. I started seeing myself as inferior. This affected my social skills in relating with people because I just wanted to be alone. I was depressed. But I am a Nigerian child, so I snapped out of it fast (laughing). I experienced it a couple of times mostly before my spouse came in to join me. I was literally depressed. I felt that I could not do anything because I was stressed. I just felt like my brain was not working as it used to. I was feeling a certain way, and I couldn't even come out of that shell at first. It affected my whole being... (Outstanding)

Participants often felt isolated by the psychological challenges. They expressed how for years, they had been hiding the fact that they were mentally distressed as their upbringing and cultural belief made it seem like depression was non-existent, causing additional mental stress. Glamourous articulated,

...What I've been hiding all these years, what I've not been speaking about in terms of my emotions, how I felt because I've always been pushing it away like me being depressed is not valid. Like you are just being soft so get over it, grow up. And I was only 18. Having to navigate that and being so hard on myself, I feel that got to me, that's one difficulty I had. So, my mental health was not the best at that time...

Another participant emphasized that although she was depressed and always having negative thoughts which spanned a couple of years, she did not have any suicidal ideation.

...Because the way I grew up, everyone had to put up a strong front, to show that you can handle anything. You don't want to seem like the weakling, so that's how I took it this whole time. But coming to Canada they told me something else. Oh, depression is real. I got it. I was just in the phase where I didn't want to do anything anymore. I was just wondering and asking myself, "why am I always sad? Why am I always having these negative thoughts?" And yeah, I think it took me 2 years of not realizing that it was okay to miss your family, it was okay to be going through difficulties, it was okay to talk about it" These were finally catching

up with me. My mental health would have been one of the biggest things I was having trouble with at that time... (Glamorous)

One participant revealed that they were clinically diagnosed with post-partum depression. Gratitude expressed her challenges with postpartum depression, saying “...When I gave birth to my child in Canada, I went for checkup at Alberta Health, where I was assessed to ensure that you are not at risk to your own self. When I answered my own questions, I was at a high risk of depression. So, the best way that they could help me was to give me someone to come to my home and just chat with me once or twice a week. To be honest, that really, helped me. It was during COVID, just few months after I arrived in Canada. That was the beginning of my depression as I had nobody here. It was truly hard. It was just me, the kids and my husband. You know, men, have more resistance to certain things. For my husband, you could literally see that mentally, he was going down, because we didn't have the social connection or the family around. Sometimes you think that you have this social support in the church. But the churches I go to, after the church service, everyone is saying goodbye and that's it. They're gone. Once in a blue moon, they organize an event at the church, just for you to have something to eat and to socialize for a few minutes. Then everyone is gone afterwards. These are some of the realities that I experienced...”

Social Impact

The sub-theme “*social impact*” refers to the social factors that significantly impacted the mental well-being of the participants. These factors include loneliness, social isolation, and even loss of social relationships. Some participants that were facing this challenge went into self-isolation with the mind-set that they could handle it themselves. When participants encountered these challenges and withdrew themselves

from others, they lost meaningful previous social relationships. As Outstanding mentioned.... *“I began to feel less of myself, and I felt like, maybe I’m not even up to these people. Maybe I can’t do these things. I started seeing myself as inferior. This affected my social skills in relating with people because I just wanted to be alone. I was depressed ...”*

It is important to note that some participants were of the opinion that sharing their mental health challenges with family, friends and mental health professionals was okay as long as the information derived from it would be beneficial to others. Just as Justice stated, *“If others discovered that I am experiencing some challenges that is fine. My concern is more about what people will use the information for. If they show their support, I think I’ll be comfortable with it.”* Similarly, Gratitude expressed, *“...I won't feel bad in any way because all the things I'm going through, these are very normal things that other people go through. You find this a lot amongst immigrants or even people who are born here. Well, I think to an extent Africans, we have the capacity to withstand these challenges. Some people can't and they end up committing suicide now and then...”*

However, some participants were reluctant to disclose their mental health challenges to family and friends for fear of stigmatization. They disclosed that they would rather speak to a non-judgemental mental health professional who barely knew them. Just as Outstanding mentioned...

... Pouring out my hearts to the counseling services helped. The fact that I could pour out my heart, without the fear of it backfiring or without the fear that one day this person may use it against me helped... (Outstanding)

In addition, participants struggled to associate with their social network because of their busy schedule related to school, work and home. They did not have any social

relationship because all they did is work for long hours to be able to pay their tuition fees, their rent, and other monthly expenses. Excerpts from Jovial reads,

...Life in Canada is all about going to school then home and back to school. If you have work, then it is school, work, and then home. It is really depressing. You always have to be on the phone to get to talk to someone. Back in Ghana, people are so friendly. They don't mind meeting you just today and socialize with you, but here everyone is minding his or her own business. You can even live in a vicinity and not even know who your neighbours are for years. It was frustrating because I didn't have anyone to talk to. The only people I communicate with are my family back home... (Jovial)

Sub-theme 3: Weathering the Storm

The theme of “weathering the storm” encapsulates the coping strategies that participants utilized to manage the post-migration challenges that affected their mental health. These strategies were greatly impacted by participant’s way of life pertaining to culture, beliefs and religious practices, which shaped how mental health was perceived and addressed within their new environment. These coping strategies helped to mitigate the struggles encountered by the participants following their migration to Canada. Their survival strategies included, finding new family, cultural blending, finding strength and overcoming adversity, and leaning on spirituality.

Finding New Family

The participants reported that, in spite of the difficulties they had following their relocation, building a strong social support network with family and friends proved to be a valuable source of support. This familial connection, which motivated them to succeed in their new home, positively impacted their mental health and wellbeing. The participants acknowledged that their families, friends and the international student advising unit provided them with the essential support, which significantly guided and encouraged

them as they adjusted to their new home. Although the difficulties they faced persisted, words of encouragement and consolation from their loved ones and the University served as a supportive buffer. For instance, *Exceptional* said,

...For me as an individual, I'm able to express myself to my husband when he calls. I tell him all my challenges. Lots of times he encourages me, and his suggestions keeps me going. Sometimes he even calls me to remind me if I have done my assignments. That really helps me. My children, their friends, people who have passed through the nursing unit before, were able to give me few tips, which also helped me on my job. I will add that the regular emails sent from the international student advising at the University helped me and really reduced the effect of all the pressure that I was experiencing on the job, work and in school at the same time...(Exceptional)

Participants eventually began forming new social connections with Africans from their country of origin, other Africans, Canadians, religious groups, members of the African associations, and members of the community they encountered at their workplace, in school and in their new society. *Jovial* said,

...After I arrived in Canada, it took a while before I met a friend from the same ethnic group who helped a lot. My landlord was also very supportive. He is the nicest landlord you can ever get. He took me almost everywhere I had to go to get all the documentations I had to get started with school....

Making new friends and building relationships gave participants a sense of belonging. Through these relationships, participants found solace in disclosing their struggles to their new or old friends, forming a network of support to get the help and encouragement they so desired. In this regard, *Gratitude* voiced,

...I have pastor friends and when I have some situations that are disturbing me mentally, I'll talk with them. They encourage me by using the word of God or they pray with me. They also let me understand that I am not alone and that they are also going through some tough times too. This keeps me going, as they make me to see that I'm not the only one facing these struggles. That other people have similar

challenges... (Gratitude)

Cultural Blending

Participants acknowledged a diverse cultural difference between the Canadian culture and the African culture. As acknowledged by Abasi,
“What I observe here is that the way we do things in our country is different from the way they do here in Canada. The way we relate in our country is different. Back home, when you are bored in your room, you can go outside your house, just pick a sit and sit down with other people in your neighborhood. When you see other people around, you will be happy. You have a lot of scenes in front of your house. You see people talking, shouting, jumping, even fighting.... Laughs. Here, you have to be inside your house. If you are not going out, you just have to be inside your room. You cannot go to your neighbour’s house uninvited. There is no neighbor-to-neighbor relationship. Everybody is on his or her own here” ...

Some participants were open-minded and accepted the positive aspects of Canadian culture while sustaining their African cultural heritage. In spite of the cultural disparities between the participant’s culture and many Canadian values, they tried to integrate healthy cultural traditions from their home countries and embrace the positive features of the Canadian culture in order to help them adjust to their new environment. Joyful expressed, ... *“So, like being here, you have to first adjust to the weather and then adjust to the food. Adjust to the lifestyle of being a Canadian student before you can even concentrate on school” ...*

It is worth mentioning that participants often aggressively maintained

and promoted their own cultural traditions while appreciating elements of Canadian culture. For example, Joyful said,

.... When I go to work, I have to cook for clients. I love to eat my African food, but this is not the kind of food I have to cook for my client. I had to ensure that we integrated both cultures. I had to also learn how to make chicken Alfredo, pasta with meatballs and muffins for my clients. In terms of ethnicity, we were different because we eat different food, we come from different backgrounds, different languages and cultures. And food is a very significant part of our culture....

In order to combat the prejudice that participants experienced because of their ethnicity in numerous settings, participants deliberately tapped into the benefits of their own culture as a coping strategy. They actively promoted the beauty of their African heritage, hoping to showcase how diverse African culture is, but also how it can effectively blend into the Canadian culture without sacrificing its uniqueness. This strategy acted as a bridge, enabling people to proudly preserve and identify with their African culture while embracing some elements of the Canadian society. As Joyful expressed,

... I can make some Canadian food because I have to learn how to make it for my clients at work. During Christmas, I made mashed potatoes and turkey for everyone even though it's not my Christmas food, but I have to do it as we come from different backgrounds. I also learnt how to prepare hamburger helper and meatloaf. They also asked me to prepare fried rice, rice balls, and peanut butter soup in the African way for them and they enjoyed it. We have to know how to make our own food to please ourselves, but we also have to learn how to make the Canadian food to please people we work for....(Joyful)

Finding Strength and Overcoming Adversity

Participants highlighted different ways of overcoming their challenges using different coping mechanisms. These strategies included seeking support, having a solution-driven mindset, resilience, engaging in self-care, embracing change, cultivating a

growth mindset, and seeking solace from their faith in God. Participants believed their problems were only transitory and will go away eventually.

Participants explored their challenges in Canada utilizing a solution driven approach by seeking help from formal and informal sources. This involved discussing their challenges with family, friends, and/or mental health professional, members of a religious group and employing stress management techniques. Participants illustrated some relief and comfort in speaking with family, friends, pastors and members of the African community about their mental health challenges. These informal means of communication created a comfort zone and a platform for participants to openly communicate their concerns and get a form of encouragement and support during difficult moments. In this regard, Desiree stated, "*I tell my pastor in church these days before I actually even tell my family. Sometimes I tell my family. Few times I tell my friends, depending on what it is ...*" Whereas Glamorous expressed,

I met an elder, that I usually confide in, through my church community few years ago. I was accountable to her. She was also my friend. She saw that I was struggling. I think she could relate because she had gone through that phase before. She let me know that she could be a safe space if I wanted to talk to her and she actually helped me. She was someone who would bring me back to being level-headed, if I was feeling too stressed out because I couldn't deal with so many things.... (Glamorous)

Additionally, Glamorous stated,

In terms of religion, going to church, is my happy space. Not because you want to send that picture of you being a religious church girl. But no, I literally find joy going because I'm involved in all these other activities that keeps my mind off dwelling on the fact that I don't have certain things. Religion taught me to be grateful for what I have. If I go to church, and there's dancing, I'll partake in the dancing. If they're singing or playing musical instruments, I'm doing all that. So, these activities just keep me preoccupied. You can call it avoidance if you might, but it really helps rather than, maybe actively seeking therapy, which I'm also considering. The church really calms my mind and eases my spirit. So that's how the church specifically, has helped me..."

Some participants sought help from mental health professionals in overcoming their challenges, and they received essential help and guidance on how to manage their issues. They sought help from healthcare practitioners, psychologists, and counsellors, and participated in sessions where they received expert advice about coping strategies adapted to their specific concerns. In this regard, Gratitude said,

When I gave birth to my child in Canada, I went for checkup at Alberta Health. They will access you to ensure that you are not at risk to your own self. After I answered the questions, I was at a high risk of depression. They helped by sending someone to come to my home and just chat with me once or twice in a week. To be honest, that really helped me (Gratitude).

Additionally, Outstanding indicated,

I will say that I've visited the Counselling service maybe once or twice when I was going through depression. What I would say is the fear of the future, was worrisome. I had to attend, counseling services to pour out my heart. This gave me some relief. Pouring out your heart out, without the fear of it backfiring or without the fear that one day this person will use that against you. The counselling service helped... (Outstanding)

Some participants confronted their barriers as they occurred by exhibiting self-care or self-compassion. This encouraged participants to keep persevering despite the difficulties they encountered. Participants also 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 and self-love by ensuring adequate rest during periods of overwhelming stress. In this regard, Magnificent stated, ... *"I used to do a lot of hiking. When I return, I realized that I have gained more energy even though I am tired. Hiking releases some stress off me.*

Exceptional said,

...I deal with some of these challenges by doing research, asking questions and take time off to do my own thing. Sometimes, I just lie down and watch the television from morning till evening. I could even go a day without having a

shower. That is how I redirect and get myself back. Also being in the right place with the right people helps. I also just go to the park to take a walk...

Additionally, according to Glamorous,

...I just have that mindset of, if I can do it, I would do it myself. So, it's helped me reach that self-actualization that, it's okay to ask for help. I'm basically a go getter and I love that about myself. Yeah, and self-love, that's a big one. That is how I've gotten better... (Glamorous)

Some participants reported that staying positive and appreciative, despite the adversity they faced, was used as a coping strategy to help mitigate the challenges faced.

Excerpts from Abasi reads,

...I concentrate on other things that can give me positive results. That has been helping me because I believe that as I'm getting older, the body system is getting weaker and If I allow anything to affect my health or allow my BP to rise up because of anything I'm passing through, for me to be able to bring it down to normal would be a problem that I have to be nursing for the rest of my life. With that, I just move on. Any challenge I face, I leave it... (Abasi)

Participants built resilience by embracing their challenges and staying focused to achieve their ultimate goals despite the overwhelming process getting licenced and practicing in their field of specialization. As discussed by Exceptional,

...I am fortunate that I was able to write the NCLEX exams after some years. Because as a professional nurse, there is a pathway you can take to be able to practice as a registered nurse, which I'm fortunate to have acquired. Currently I work in my profession and I'm happy. Although, I just got licensed as a registered nurse (RN), I'm so happy that I am able to secure a job in my profession... (Exceptional)

Spirituality as a Survival Strategy

For some participants, finding solace in God through spirituality and faith played a remarkable role in their coping strategies. They found solace in their unrelenting spirituality and relying on the inspiration of God's word from the bible, prayers and faith. Prayers using God's words and constantly professing biblical quotes became a source of hope and inspiration in challenging moments. Participant's reliance on their belief and

trust in the word of God, nurtured and gave encouragement that the turbulent and difficult times were just momentary, and it would eventually fade away. For example, Desiree said, ...” *Because I have Christ in me, it means that I have the life of God inside of me. The Holy Spirit lives inside of me. If you study more of the word of God, you will see that mental health, which is a thing of the world, doesn't really have any hold on you...*

(Desiree)

Participants expressed that putting God first and praying about any trials that they encountered was helpful. This was incorporated in their way of life as a coping strategy for surviving in their new environment. As Abasi stated, ... “*I believe spirituality cannot be taken away from the issue of well-being. When talking about well-being, your spiritual life is vital, because there is no way you will not go through difficult times. Then all the words that we read from the Bible, the songs that we sing and the messages that we hear in church, becomes a source of hope. Having the hope of a better tomorrow is what is making me to survive. I'm able to face all the challenges and, I don't allow anything to bother me because I believe that I have a God that answers prayers. So, I look forward to a better tomorrow, as I believe that, everything will be fine...*

Desiree indicated,

...My biggest way that I cope is I pray about it. I pray about every single thing. Like, I make sure that my relationship with God is on point. There are times where you feel overwhelmed, but the Bible says that “you should cast all your burdens to Jesus for he cares for you. Meditating on things that are of good report, things that are noble things that have good virtue. Having all these things from the Bible in my life, I just don't have any mental health problem... (Desiree)

Additionally, Abasi acknowledged,

...that what helped me most is my Christian faith, my spirituality, my belief in God and the hope that I have in Christ. That even though what I'm expecting, I'm not getting it now, I have the hope of a better tomorrow. If something is not working for me today, it may be because it's not the plan or will of God for me... (Abasi)

Finally, Abasi expressed,

...We will go and meet God first. Because I believe in one thing which I always say in Yoruba “pé ẹnikẹni tí ó bá ẹ Ọlórún kì í ẹsagbe ẹ̀nìyàn” meaning “That anybody that begs God, does not beg man”. If you are somebody that knows how to beg God, you don't need to beg man, because when you beg man, he will complain. Although man may do something for you, but he may do it reluctantly. But when you beg God and God gives instruction to man to go and help you, that person will have no option than to rush and help you, because the instruction came from the higher authority whom you cannot say no to. So, that has been my principle, and it has been helping me. That's how I try not to allow all the challenges I passed through to affect me mentally... (Abasi)

Sub-theme 4: Alleviating the Journey

The sub-theme of “alleviating the journey” highlights the recommendations from participants to improve the support of other women struggling with mental health challenges after migrating to Canada. These suggestions were informed by the participant’s experiences, which shaped how they were able to cope within their new environment. The key recommendations for integrating and transitioning post-migration to Canada by participants included, fostering culturally appropriate social support networks, addressing racial discrimination and bias and promoting an inclusive and diverse environments as detailed below.

Fostering a Culturally Appropriate Social Support Network

Some participants expressed that promoting and building a strong formal or informal support network would be encouraging rather than tackling the adversaries alone. This would help to alleviate the mental distress that they experience and help immigrants have a sense of belonging. For example, Justice stated,

...I feel a lot of West African women international students are going through a lot. And I think that those that are not able to handle these challenges on their own, should find ways and means to communicate with people that they know could help them, rather than deal with it on their own because sometimes you just can't handle it. You just need that support from someone....

Additionally, according to Abasi,

...We should try to build good relationship with one another. If we can't have an association where we can meet and discuss our problems or our challenges, when we have the opportunity of meeting someone that comes from the same place, we must be a source of encouragement to them. What I believe is that a person that live alone on an island will not live a good life. As human beings, we are social animals. We have to associate and encourage each other...

Participants expressed that sharing information is key rather than hoarding information.

That way individuals can provide the best advice and support needed to survive in their new home. As articulated by Fantastic... *“They were so many things I didn't know before coming to Canada. So being aware is very important. Try to do a lot of research before you migrate. I started shouting and was overwhelmed when I got some information...”*

Outstanding also highlighted, ... *“people who have been here for long can help the newcomers by providing a helping. “Won fi owanfa iyonmi loke ya a iranlowo”, which literally means, lend a helping hand. If members of the African community, especially those Africans that have been there for a long time, genuinely help others from their hearts, our community will get better, and people would face less challenges. When you face less challenges, your mental health will be better”* ... Abasi also stated,

...For you to succeed in this place (Canada), you need information. I understand that some people hoard information. They have the information of how somebody can live better, but they keep it to themselves, which is not good at all. You must relate well with other people and provide them with information on what to do. For instance, where to get jobs, how to apply for jobs, how to get accommodation, how to cope with studies and even support one another by helping out financially. When we see ourselves as one family, then we will be able to live a better life. That will help in reducing the tension that can affect our mental health. So having good relationship(s) and trying to be there for others in challenges times is very important. We must work as a team. No matter the background or country we are coming from, we are all the same...

As recounted by Fantastic, ... *“If I had known what I know before I came, it wouldn't be that bad for me especially the challenge I had with transportation with my kids and*

getting a car. If I had known, I would have started looking for a car before coming to Canada...” Therefore, getting the right information is very important.

Exceptional also voiced,

...Students should use all the information that is being given to them because information is power. When you know where to go to for what you need, you’ll be able to go there and get that thing. We are in a school where I think I know at least four or five international student advisors. So, get connected with the advisers...

Whereas Desiree stated,

...The university can conduct classes or sessions where they help people on how they can access various opportunities. They teach you how to work on your resume, and how to get a job...

Furthermore, Exceptional expressed,

...The institute sends newsletter I think weekly. These give information on upcoming events. Let us leverage on all those little information that they give us. For instance, they usually say that if you need help, come to us like they really helped for obtaining your social insurance number (SIN), immigration issues among many other things. They go out of their way...

One participant was of the opinion that the UofL can be proactive by organizing a counselling session with students after arrival to ascertain their educational and career goal.

In addition, Desiree also indicated that,

...Academically, the best way to improve the mental health and support of West African women international students might be, that every first year, when people get into the university, they can have a counselling session for students where they have a one-on-one or a small group session, where people can be engaged and actually know the kind of things that they would like to study and if their major applies to those area of study. This is because, some students have been frustrated when it comes to doing a particular major, especially young students that are still trying to find out a lot of things about themselves...

Some participants commended that creating time out of their busy schedule to socialize and mingle with others in school, their workplace or in their place of worship helps them persevere amidst the struggles as depression is real. Experts from Abasi recounted,

...People must create time out of the little time they have, to go out. They must make sure that spiritually, they are balanced and having time for God, no matter the religion that they are practicing. With that, they can listen to sermons and meet people that can have information for them. Because from my observation, many people here, all they just do if they are students is to go to school. From school they go to work and back to their homes from, Monday to Sunday. After a while, they are dying inwardly because they are not associating with people. But when you go to church to sing and dance, and you hear messages of hope, you come alive. Women should try to create time out of no time to associate with others spiritually. I observed that there is a lot of divorce that is taking place especially among families that came from the same background with us. This is as a result of accumulated mental stress. You can see that most of the time the husband and the wife may not even see each other more than twice or thrice in a week. Maybe the husband goes to work in the morning. The wife is a student that goes to school from school to work, then comes back in the midnight and before she wakes up, the husband would have gone. Before you know it, they will not be able to have time to interact or discuss. If there are any issues, they will not have time to resolve it. This will be piling up and piling up until they decide to divorce, which affects one's mental health. When there is divorce in a family, not only will the husband and wife will be affected but the impact is more on the children...

In addition, Magnificent states,

...Join support groups like a church, make friends, sought help from the mental health counselling unit at the University, join social media groups that gives vital information, do a lot of research and reading and engage in volunteering as its make one meet people while waiting to secure a job...

Finally, Glamourous recounted,

...Depression is real. If you're feeling depressed, don't ever think that because of your upbringing, you're supposed to be tough. Please, it's okay to cry, it's okay to seek support and if you need to talk to someone, go ahead to talk to people. Although it is hard surviving as a West African woman in a country like Canada, especially as an immigrant student, but it's doable. People have done it. Don't give up. Definitely seek help if you need it...

Addressing Racial Discrimination and Biases

Participants emphasized that racial discrimination against African immigrants is a real issue in the Canadian society that needs to be addressed. Participants suggested that to be at a competitive advantage with their peers, they had to get certified or licenced to be able to secure a job in their area of expertise to cope with the challenges of unemployment. As Justice said, ... *“With employment, I think it’s just about the certificates. I know if you have the recognized certificates, you could get a job....”*

Some participants encouraged other women to start building their career by just starting on the job. They further explained that employers requesting Canadian experience should give immigrants the opportunity to start afresh to gain some Canadian experience. As Outstanding voiced,

...There needs to be a change concerning the job sector. Employers need to give people the opportunity to start from somewhere. Everybody starts from a place whether you are Canadian or wherever you’re coming from, the companies should give people the chance...

Some participants expressed that the government should enact laws that makes the transition and integration process seamless for immigrant students while securing accommodation for their stay in Canada. Landlords should be restricted from requesting extra stringent requirements from newcomers. Excerpts from Exceptional reads,

...The government should enact a law that makes it easy for international students to integrate into the system. The government should restrict landlords from asking for impossible things from new immigrant students. For instance, my last rental agreement. How can I get my last Canadian rental agreement when I just come from my country of origin to Canada? Where do I get that from?...

Participants emphasized that immigrants come from different countries speaking English in their different accent. People should try to try to understand and effectively communicate with others. As voiced by Joyful,

...I would say that we should all try to understand that we are coming from different parts of the world. Everybody has an accent, you just have to try to try and be willing to accommodate and understand what the other person is saying, so that we can all fit in (have a sense of belonging). We are already here, so this feeling of self-belonging is very important for us as we transition and integrate into the Canadian society...

Participants recommended that the institutions, should reassess students if they are unclear or have doubts with the grading system in Africa rather than downgrading their degree. Excerpts from Jovial recounted,

...My degree certificate clearly stated that my grades qualify for first class. So, being in a globalization world, you should accept my grades as it is. If you have doubt on my capabilities, then set up a pre-entry assessment rather than downgrading my scores...

Participants advocated that the government and the university should subsidize the tuition fees paid by immigrants as there is a huge disparity between the fees paid by an African immigrant when compared to the fees paid by Canadian or those on permanent residence (PR) status. Another participant also indicated that there are not enough awards for immigrant students. The following are relevant excerpts from Desiree and Jovial.

...The government can find a way to make things easy for people to integrate into Canada. For example, the fees international students pay, is too much. The government can reduce it or let people know more about things like the grants for instance, because a lot of people don't know about the grants and even if some people know, they probably don't know how to use it or apply for it or may not even be eligible to obtain one... (Desiree)

... The University does not have a lot of funding especially for immigrants like me doing an undergraduate second-degree program... (Jovial)

Promoting Diversity and Inclusion

A diverse and inclusive environment should be endorsed in the workplace, at school and in the community. Participants recommended that the University should prioritize accommodation in the hostels for immigrant students and make available allocations for admitting the children of immigrant students at the day care facility

located in the University. The students also suggested that parents with children should make timely inquiries concerning the availability of daycare facilities and ensure that their children are allocated spaces in such facilities before migrating. As indicated by Exceptional, ... *“Sometimes some of us will leave things till the very last minute before we do it. People coming in with children, you know you'll be resuming school and you'll be bringing your children. You should have made enquiries about school and daycare for your children... Information about securing childcare facilities for their children would reduce the burden and stress of being stranded with the children at home and resorting to taking them along for lectures, after migrating to Canada. Experts from Exceptional reads.*

...The institution should also make allocation for international students who are bringing their children to Canada. At UofL we have elementary school inside the school premises. The institute should make allocations for international students and give them first priority. If they need to expand their classes, they should expand it for international students. The University should also create spaces in the hostel. Like a dormitory in the hostel where international students can stay for at least a week or two before they get their own place and move out either within or outside campus as soon as they arrive Lethbridge. I know some international students that are willing to pay to be accommodated in the hostel on arrival, but there are no available spaces (Exceptional)

In addition, Gratitude expressed,

...The government should create more public daycares that everyone can afford to keep their children. Because you're sometimes forced to go and keep your kids in someone's private day home. I'm doing it right now. Although, it's not the best option for me as I'd rather prefer my child to go to a government regulated institution...

Participants also suggested that the University should assist students with academic advice or tools that could help them to easily transition academically into the Canadian educational system. This can be achieved by ensuring that the Canadian educational system and teaching methods are inclusive and reflect diverse perspectives.

Excerpts from outstanding reads,

...The University of Lethbridge need to do better in terms of advice. I don't know about every other department, but for Health Sciences, they need to do better because they just made a journey of a few years, longer than it should have been. Another thing is about research, like writing and research. Because the educational system we have back home is different from the educational system we have here. When they request for some assignments, we make some mistakes not citing documents resulting in plagiarism. I think they should be considerate knowing fully well that we have a different educational system from where we are coming from. So, we should be taught from the basics on how to do better and avoid plagiarism. I feel that there should be more academic support in that aspect to help people to transition into the Canadian society...

Participants recommended that creating awareness on mental health and incorporating the African culture to events happening at the University, in the workplace and in the community, gives a sense of belonging which positively impacts their mental health. As Hally explained,

...I think information about mental health services is good for immigrant students. It will be helpful to incorporate the African culture into events and activities. For instance, celebrating our African culture, can make us feel like we belong to the community. Having events based on different African culture, can make us proud and reduce some stress...

Summary

This chapter provided a comprehensive summary of the findings from the thematic analysis of participants' transcripts. It explored the central theme, four subthemes, and the elements within each subtheme. The analysis was supported by excerpts from the transcripts, articulated by participants' unique experiences.

The central theme, "navigating adversity is the only option," revealed participants' unrelenting determination to survive in Canada irrespective of the various post-migration burdens they encountered. The first sub-theme, "The determinants of post-migration well-being," elucidated the various obstacles participants encounter that encapsulates issues like socioeconomic barriers to success, racialized roadblocks and the triple-duty of migrant women students. The second sub-theme "migration mediated mental health challenges", shed light on the outcome of these challenges on participants' psychological and social well-being. It explained how these factors impacted their mental health and social integration. The third sub-theme, "weathering the storm" highlighted the numerous coping strategies and tactics imbibed by participants to address the depressing conditions they experience in responding to these mental health challenges. Lastly, the fourth sub-theme, "alleviating the journey" elucidated the recommendations that participants had to improve the support of other international student women struggling with mental health challenges.

CHAPTER 5: DISCUSSION OF FINDINGS

In this chapter, I discuss the findings from the study in relation to the extant literature in the field of study. These study findings revealed that West African women immigrant students (WAWIS) experience some intersectional challenges that extensively impact their mental health, post-migration to Canada. These findings illustrate these challenges, its implication on the WAWIS psychological and social well-being, the coping strategies implemented for mitigating these challenges and participant's recommendations to improve the support of other international student women struggling with mental health challenges in relation to previous literature, while contextualizing these findings by drawing on the theoretical framework of intersectionality theory (Crenshaw, 1995).

According to intersectionality theory, the convergence of social identities such as gender, race, class and sexual orientation has a substantial impact on an individual's access to power, resources, and opportunities which can contribute to minority individual's distinctive privileged or oppressive experiences (Crenshaw, 2013). This implies that a racial minority group's experiences of inequalities and marginalization may be determined when these overlapping social factors are considered to be inseparably linked with social systems of domination and power (Kozłowski et al., 2022; Atewologun, 2018; Hankivsky et al., 2014). These findings clearly illustrate intersectionality theory in practice by illustrating how gender, international student status, racialization, socioeconomic status, language proficiency, cultural difference, access to social support, and other social constructed hierarchies within the context of Southern Alberta intersected to create challenging conditions for these participants that affected their mental health and wellbeing.

Overview of the Inquiry

This thesis sought to discuss the challenges encountered by West African women immigrant students' post-migration to Southern Alberta. It also ascertained the impact of these challenges on their mental health, recounted the coping strategies used to tackle these barriers and discussed participant's recommendations surrounding improving the support of other international student women from west Africa, who may be struggling with mental health challenges while seeking to contextualize these findings with the existing body of literature. In this study, twelve (12) West African women immigrant students, drawn from three West African countries (Nigeria, Ghana and Cameroon), shared their unique post-migration experiences and how they coped to mitigate their mental health challenges. Interviews were audio recorded and transcribed verbatim by the researcher. Data were subjected to rigorous coding, and themes were generated as emphasized by Braun and Clarke's approach to thematic analysis (Braun and Clarke, 2006, 2019, 2021). The generated central theme of the data, the sub-themes and their elements have been previously presented in Table 2.

The central theme of these data was "Navigating Adversity is the only Option". This central theme reflected the West African woman immigrant student's tenacity and resilience to survive irrespective of the immense struggles faced, while transitioning and integrating into their new environment. Four main sub-themes were identified: (a) The determinants of post-migration well-being, (b) Migration mediated mental health challenges, (c) Weathering the storm and (d) Alleviating the journey. The following sections delve into these themes as it pertains to extant literature to explicitly provide insight and a better understanding of the research findings. I will also explore these findings through the lens of intersectionality theory to describe how the different

overlapping intersecting factors, interact in the lives of these racial minorities. In addition, I will discuss how their experiences of inequalities and marginalization may be determined when these overlapping social factors are considered to be inseparably linked with the social systems of domination and power (Kozlowski et al., 2022; Atewologun, 2018).

Navigating Adversity is the only Option

It is estimated that there were 281 million international migrants in 2020, which represents about 3.6% of the world population (Canada, 2017). Africans represent a significant part of this international migration journey given the composition of the African continent. Statistics indicate that people from the African continent have recently experienced a significant surge in migration (Flahaux & De Haas, 2016). According to Statistics Canada (2019), the 2016 census recorded 210,305 migrants of African descent, which comprised of about 13.4% of recent immigrants to Canada. The total number of international migrants in Canada increased to 8.05 million in 2020 (Canada, 2017). However, Africans are one of the most represented groups of international students to Canada, with a rapid increase in their population in recent years (Canada, 2017). This increase includes a sharp rise in the number of sub-Saharan African students studying in Canada, with 8,300 students from the region studying in Canada in 2020 (Magbondé, 2021). Numerous factors may cause a decline in the mental health of immigrants such as employment and financial constraints, resettlement and acculturation challenges, multiple responsibilities (e.g., childcare/household responsibilities and career/job responsibilities), socioeconomic status, discriminatory treatment, and difficulty accessing timely services due to language barriers (Durbin et al., 2015; Ng et al., 2011; Edge et al., 2014). The central theme captured the intersecting challenges faced by West African women

immigrant students and their determination to be resilient to sustain oneself amidst numerous challenges post-migration in Canada.

The study's findings revealed that participants were driven by the desire to secure a better future and opportunity for themselves and their families who were left behind, ensure better chances for themselves and their children and flee insecurity in their countries of origin. As a result, they actively looked for strategies to prosper in spite of the difficulties they faced after migrating. They consequently strengthened their fortitude and resilience, making it possible for them to face any obstacles in the course of achieving their migration objectives (Daya, 2016).

The Determinants of Post-Migration Well-Being

The subtheme "the determinants of post-migration well-being" highlights the participants' distinct experiences. The participants admitted that they had faced various challenges after moving to Canada. These difficulties include socioeconomic barriers to success, racialized roadblocks, and the hindrance of the triple-duty experienced by migrant women.

Socioeconomic Barriers to Success

Participants immigrated to Canada with the expectation of an enhanced lifestyle in their quest for a better future and opportunities for themselves and their families. Notably, their distinct experiences as detailed in this study highlighted the socioeconomic challenges encountered by these participants. It is worth noting that, barriers such as non-recognition of credentials and work experience, family separation, limited access to quality education, language barriers and cultural difference emanated as key factors contributing to some of these socioeconomic barriers.

Participants experienced numerous challenges in securing a job which was mostly due to non-recognition of foreign credentials and professional work experience by Canadian employers. Earlier studies have, highlighted the impediments African immigrant women encounter when seeking employment in their new environment (Ogunsiji et al., 2012; Okeke-Ihejirika et al., 2016; Wong, 2014). Additionally, reports show that even when immigrants have greater educational qualification than their non-immigrant counterparts, they are more likely to be underemployed (Liao & Villarreal, 2022; Morissette & Galarneau, 2016; Mawani, 2014; Simich et al., 2004; Stewart et al., 2015). In alignment with previous studies, participants encountered many employment challenges, including lack of acceptance of foreign educational qualifications by employers, absence of Canadian experience, and language barriers (Jefferies et al., 2022; Xue, 2007; George & Chaze, 2012; Morissette & Galarneau, 2016; Slade, 2012). Even with their education and abilities, immigrant women experienced difficulties finding jobs that matched their prior experience and skill set (Aydiner & Rider, 2022). The absence of Canadian credentials among immigrants resulted in non-recognition of their credentials even after having their foreign educational credential certificates assessed and evaluated by independent bodies (Okeke-Iherijika & Salami, 2018). This non-recognition of foreign credentials has been attributed to a systemic and structural racism against Africans, where they are unfairly treated and perceived as inferior (Higginbottom, 2011; Okeke-Ihejirika & Salami, 2018).

The present study revealed instances of oppression, particularly marginalization, as reported by the participants. Their complete social engagement was hampered by these experiences, especially in the employment market. These systemic and structural inequalities due to non-recognized of their foreign qualifications and professional work

experiences, placed these immigrant women at a disadvantage, after relocation to Canada. Participants were frequently forced to resort to engaging in unskilled labour or low-income jobs to survive because their certificates were not recognized. This is consistent with previous research which has highlighted the impact of how failing to acknowledge foreign education and experience might affect a person's eligibility for unemployment benefits which constitutes an unfair job discrimination that can have negative effects on one's mental health (Schmitz, 2020; Mawani, 2014; Stewart et al., 2015). According to earlier studies, racial discrimination leads to fewer employment opportunities for African immigrants, since white candidates are given preferential treatment over persons of colour. This aligns with prior literature that highlights how this discrimination ultimately restricts African immigrants' future economic options by forcing them to accept low-paying jobs (Ikubolajeh & Thomas, 2012; Okeke-Iherijika & Salami, 2018; Olawo, 2019; Salami et al., 2021). This study further corroborates other research, which has highlighted how racialization in the labour market disproportionately pushes some groups, such as women and people of colour, to the least stable and low-earning jobs (Wong et al., 2022). Women of colour are disproportionately employed in lower-paying and precarious occupations due to the interaction of gender, race, and class (Wong et al., 2022; Salami et al., 2021). This low-income position has increased the African immigrant's likelihood of poverty and material degradation (Salami et al., 2021; Abubakar et al., 2018). Therefore, all these intersecting factors cause stress for these immigrant students and impact their mental health after they arrive in Canada.

Racialized Roadblocks

West African immigrant students experienced various forms of racial discrimination such as structural, systemic, internalized, and interpersonal racism on a

regular basis after migration to Canada. These forms of racial discrimination further intersected with other identities like gender, social status and class making it harder for these women to access equal opportunities. For instance, when compared to native-born individuals or other immigrant groups, African immigrant women are frequently disadvantaged due to these accumulated intersectional discriminations (Creese & Wiebe, 2012; Okeke-Ihejirika & Salami, 2018). The study participants recounted instances of racial discrimination that they experienced in their workplace, in school and in their daily lives after migrating to Canada. These encounters included instances of subtle racial discrimination or overt acts of discrimination, with both forms impacting their mental health. This is in line with past studies, which have reported that racism adversely affected African immigrants' ability to pursue further education and find work, particularly concerning the non-recognition of their credentials. (Osaze, 2017; Abdul-Karim, 2018; Baiden et al., 2019; Olawo et al., 2019; Salami et al., 2021).

Participants in this research reported a range of implicit and explicit use of racial hate speech, microaggressions, and discriminatory behaviours from colleagues and subordinates at work, classmates in school, and even individuals they met in their day-to-day activities. These statements incorporated implicit connotations of racism. Beyond these covert instances of prejudice, participants also stated that systemic practices further marginalized them. Race, gender and nationality stereotypes are some of the reasons why women face systematic discrimination in the workplace (Wong 2014). Results from this study indicated that these participants have experienced institutional and personal oppression, which is consistent with the findings of Sensoy & DiAngelo, (2021). They experienced marginalization from those who openly displayed racism as well as from institutional frameworks that supported injustices. It is worth mentioning that the

participants also shared instances of cultural hostility, with emphasis placed on "Canadian experience" and other aspects of Canadian culture which were valued more highly than the experiences and cultural backgrounds that immigrants brought to their new surroundings. Participants highlighted numerous disparities in the education system and funding, which posed a significant challenge to their success as students in Canadian institutions, including devaluation of African degree, standards and, disparities related to the assessment of their final grades for admission and funding eligibility.

According to the current findings, African immigrant women may experience poorer mental health outcomes because of the synergistic interaction between racialization and low social standing. Therefore, these results suggest that low social class position and racialization interact to create circumstances that may negatively impact the mental health outcomes among the West African women immigrant students.

The Triple-duty of Migrant Women

The study findings indicate that these women were striving to be better members of their families, and they sought to draw their "triple power" as mothers and culture bearers, students, and employees as a source of strength. (Wulandari et al., 2022). Triple-duty refers to the multiple jobs and obligations that immigrant women usually manage. It encompasses balancing the demands of paid work and student responsibilities, with unpaid household tasks and participating in cultural or community roles. Women who migrate encounter distinct obstacles frequently referred to as the "triple-duty," which includes their responsibilities as unprotected workers, migrants, and women. Their experiences after migrating are greatly impacted by this complex intersection of these roles with other intersectional challenges such as racial discrimination, language barriers, social isolation, and navigating cultural differences within a new society. In African

communities, men are considered as the breadwinners of the home, while women are assigned to the roles of caregiver and homemaker (Olonade et al., 2021). But according to the participants, women in Canada were assigned more roles and responsibilities, especially when they migrated without their male partners. Participants in the study discussed how they managed to juggle their part-time or full-time paid jobs with their responsibilities as a student and associated with taking care of their family obligations, such as raising and catering for their children. Previous research findings have also documented the heightened involvement of immigrant women in the workforce and the significance of this involvement in coping with the financial strain on their families (Solheim et al., 2022; Guruge et al., 2010; Hoffman, 2014).

The participants emphasized that two major difficulties that African women immigrants encounter in Canada are a lack of social support networks and insufficient childcare facilities. Specifically, women required extra assistance in handling household chores and childcare obligations. Previous studies support the existence of these major stressors among immigrants to countries in the Western world, like Canada, highlighting the fact that immigrant women frequently feel isolated in the more individualistic societies in the West, lack social support, and frequently have limited access to social services (Hurtado-de-Mendoza et al., 2014; Okeke-Iherijika et al., 2016). Despite their foreign academic qualification, African immigrants find it difficult to find fulfilling jobs in their new society, which further restricts their access to social support networks and appropriate affordable childcare (Creese & Wiebe, 2012; McMichael & Manderson, 2004).

Participants discussed how stressful it was having to juggle and manage their full-time job, with academics, childcare, and family responsibilities at the same time without

sufficient support. This led to a significant rise in psychological distress. Prior literature has highlighted similar predicaments, in which African immigrant women's capacity to reconstruct their lives in the Western world was hampered by their inability to strike a balance between paid employment and domestic duties, especially childcare, in the absence of the customary support networks they would have had access to their home countries (Coe, 2013; Osirim, 2008). Participants emphasized that one of the biggest obstacles faced by African immigrant women is the lack of a strong support network. Women's capacity to successfully negotiate the challenges of assimilating into the Western society is threatened by the absence of the support network (Hyman, 2016; Okeke-Ihejirika et al., 2019). The African women, who were most likely to migrate, had the means to hire domestic helpers to help with household chores and take care of the children back home. In their country of origin, these women were able to accomplish their professional and personal goals at the same time, which helped them manage their obligations at home and at their paid jobs (Straiton et al., 2017; Ward & Wolf-Wendel, 2012; Salaff & Greve, 2012). However, upon migration to Western countries, women often require assistance to afford these services (Ward & Wolf-Wendel, 2012). Similar studies also suggest that after migrating, the lack of these support networks makes it harder to overcome setbacks and it takes longer to settle down (Aldrich, 2012; Okeke-Ihejirika et al., 2016).

African immigrant women encounter stress upon arrival in Canada due to a variety of circumstances, such as socioeconomic barriers to success, racialized roadblocks, and the triple-duty experienced by migrant women. These narratives have highlighted the various forms of oppression that these women faced in Canada, as well as the difficulties they had to overcome in their new environment. Understandably, these

stressors frequently had a major negative effect on their mental health, which highlights the complex intersectionality of challenges faced by these women in their new home.

Mediated Mental Health Challenges

Earlier research has shown that at various stages of the migration process, immigrants are exposed to distinct risk factors that affect their mental health (Alegría, 2017; Kirmayer et al., 2011; Siriwardhana et al., 2013). Immigrants' mental health is negatively impacted by a number of factors, such as the stress of acculturation, diminished social networks, social isolation, language barriers, cultural disparities, unemployment or underemployment, low socioeconomic status, and inadequate access to services (Alegría, 2017; Delara, 2016). Participants expressed that the challenges encountered after relocating to Canada had significant psychological and social impact that affected their overall mental well-being.

Psychological Impact

The participants' mental and emotional states were reflected in the psychological impacts they experienced. Stressors related to migration seemed to have an immediate effect on psychological and emotional challenges. The psychological effects that were frequently reported by participants in this study included anxiety, mood swings, overthinking, self-isolation, depression, frustration, stress, sadness, feelings of loneliness, loss of weight, low self-esteem and episodes of crying. Despite their efforts to manage their emotions on their own, the participants acknowledged that certain psychological effects persisted and impacted their lives. This is in alignment with other research (Lee, 2015; Garcini et al., 2016), which has linked immigrant challenges to noticeably higher rates of mental health disorders like severe anxiety, major depressive disorder, and sadness. Participants in this study expressed that the difficulties they faced as African

women immigrants were not just oppressive but also a major cause of psychological distress post-migration. Additionally, previous research has revealed that African immigrants often report racial discrimination, and social isolation as stressors and factors that contribute to poor mental and physical well-being (Akinsulure-Smith, 2017; Showers, 2015). The expressions "stress," "feeling lonely," "feeling frustrated," "feeling depressed," "sadness," "anxious," "low self-esteem," "having negative thoughts," and having a "mixed feelings of emotions" were used by the participants to describe how the difficulties they encountered affected them. Only one participant was officially diagnosed with postpartum depression, despite the fact that several of the participants directly stated that they experienced depression. Previous research has corroborated that higher levels of postpartum depression symptoms have been seen among immigrants (Daoud et al., 2019; Falah-Hassani et al., 2015). According to other studies, those who are economically disadvantaged frequently have reduced self-esteem, strained family ties, and a lower quality of life (Taylor & Osborne, 2010; Yussuf, 2015; Kim & Noh, 2014). Therefore, it is perhaps unsurprising that the participants reported psychological distress given the significant intersecting challenges they faced on the economic front and in terms of experiencing discrimination and social isolation.

Social Impact

Mental health has been closely linked to socioeconomic determinants of health such as poverty, racial discrimination, job difficulties, and social isolation (Alegría, 2018; Compton & Shim, 2015; MacDonnell et al., 2012). According to Coates et al. (2021), socially constructed racial categories indicate that certain people are valued more than others because of the colour of their skin, which affects the distribution of power and the privileges that are bestowed upon members of the society. People are treated differently

and given different privileges and levels of authority depending on their skin colour due to the creation of these racial classifications. Earlier research has further highlighted that many immigrants endure a protracted period of poor income and social exclusion (Umaigba, 2017; Preston et al., 2022; O'Mahony et al., 2012). It has also been suggested that social exclusion is a risk factor for discrimination, which is a major issue that all minority groups experience, including African immigrants. Discrimination prevents marginalized groups from fully engaging in mainstream activities, which can further reinforce social exclusion and social isolation (Weldrick & Grenier, 2018). Therefore, these difficulties may intersect and mutually reinforce social exclusion, social isolation, and oppression among these women.

The study participants reported feeling socially isolated, loneliness and a loss of social ties or relationships after migration. They explained that because their problems were overwhelming, they sometimes withdrew from social interactions and dealt with it themselves, which could serve to make things even worse. The African cultural norms of not readily disclosing personal difficulties could be a factor in this self-isolation (Issack, 2015). These women's capacity to lead active social lives was further limited by the lack of social support and the added obligations that came with living in Canada while balancing the roles of student, employee, and mother/wife. This is consistent with numerous research that shown that social isolation is a major stressor that lowers immigrant communities' mental and physical well-being (Agyekum, 2021; Akinsulure-Smith, 2017; Showers, 2015; Lim et al., 2022).

The results of this investigation support other studies that have highlighted the recurring topic of social isolation among African immigrants. The correlation between social isolation and stress, depression, and postpartum depression has also been

demonstrated by similar research (Falah-Hassani et al., 2015; Urindwanayo, 2018; Stewart et al., 2015; Hudon, 2016; Ogunsiji et al., 2012).

Weathering the Storm.

West African women immigrant students conveyed that in order to live in their new surroundings, they had to deal with the difficulties they encountered in Canada. The participants developed a variety of coping mechanisms to mitigate these difficulties. According to the analysis, they actively emphasized finding new family, cultural blending, finding strength while overcoming adversity, and leaning on spirituality as a survival strategy. This is consistent with previous research, where African immigrants employed several coping mechanisms to mitigate the negative effects of migration obstacles, such as proactive problem-solving, engaging in spiritual practices, and pursuing social support (Daya, 2016; Keshavarzi, 2018; Akinsulure-Smith, 2017; Saasa, 2019). In addition, different immigrant groups may develop unique coping mechanisms based on their acculturation journeys, their cultural background, and availability of resources (Choy et al., 2021; Kuo, 2014; Adewunmi, 2015).

Studies on African immigrants' coping techniques have been conducted by different authors, including Chaze et al. (2015), Akinsulure-Smith (2017), Showers (2015), and Ting (2010). These studies show that African immigrants used the support of their family, friends, community members and spiritual groups as coping mechanisms. The themes that illustrate the current participant's coping mechanisms for overcoming obstacles in Canada will be further elucidated in the following sections.

Finding New Family

Women's ability to survive and cope depended heavily on building a strong social network with family and friends, which has consistently proven to be a valuable source of

support. According to Olukotun et al. (2019), the networks of family, friends and religious communities provided the necessary assistance in obtaining resources and overcoming obstacles. The lack of strong social networks immediately after migration and the absence of the common collectivist communal way of life in Canada were partially blamed for the participants' feelings of loneliness. One of the main causes of the social isolation were the insufficient support networks in the post-migration setting. Insufficient assistance caused these women to take longer to adjust, which made it harder for them to navigate their new surroundings (Okeke-Iherijika et al., 2019). The majority of African immigrants maintain close contact with their family back home (Taylor et al., 2017; Scott et al., 2015). However, as time went on in Canada, participants made new relationships, formed new social connections, and built a strong social network with Africans from their country of origin, other Africans, Canadians, religious groups, and other community association members they encountered in the various settings they engaged with, in their new society. Previous studies have demonstrated the therapeutic benefits of conversing and building relationships with new acquaintances and family members. Donnelly et al. (2011) showed this approach helps release emotional stress and leads to inner serenity. This is also in line with previous findings that people turned to community support networks for help in order to speed up their adaptation process (Akinsulure-Smith, 2017). Making new friends and building relationships gave participants a sense of belonging. Through these relationships, participants found solace in disclosing their struggles to their new or old friends, formed a network of support to get the help and encouragement they so desired.

Cultural Blending

Participants acknowledged a diverse cultural difference between the Canadian culture and their African culture. African immigrants in Canada experienced some difficulties juggling the demands of acculturation with their cultural history, necessitating a flexible strategy to preserving their cultural identity while integrating into the Canadian society. According to research, immigrants frequently have to deal with the challenging and stressful circumstances when they integrate into the dominant culture (Okeke-Ihejirika et al., 2019; Kyeremeh et al., 2021). In order to help them adjust to this new environment, study participants incorporated healthy African cultural practices, while also embracing the positive features of Canadian culture. Participants actively conserved and promoted their own cultural traditions, while concurrently appreciating elements of the Canadian culture; however, they still noted the significant difficulty associated with navigating cultural differences in their new setting. Acculturative stress, a term used to describe the challenges immigrants have when acclimatizing to a new culture, has been documented in earlier research (Daya, 2016). Participants often attempted to strengthen their ties to African culture in order to adapt to the difficulties they had in Canada, while seeking to fit in with their new surroundings. Participants were highly influenced by their culture, which helped them to integrate into their new surroundings and appreciate the Canadian culture. According to research, minority groups cope with acculturative stress through integration, marginalization, separation, and assimilation (Berry & Hou, 2019; Choy et al., 2021; Dow, 2011). Although, marginalized immigrants are more at risk of mental health issues, culturally connected individuals are often found to have the best psychological health (Woodgate et al., 2017).

The study's participants utilized their own cultural strengths as a coping mechanism, demonstrating the richness and resilience of their culture in the face of discrimination and other difficulties. However, blending cultures ultimately enabled them to successfully acclimatize into their new surroundings.

Finding Strength and Overcoming Adversity

Migration has the potential to improve or worsen mental health (McKenzie et al., 2010). The study's participants utilized a range of techniques to build resilience, such as seeking support, adopting a solution driven mindset, being resilient, engaging in self-care, embracing change, cultivating a growth mindset, and seeking solace through their faith in God, to adeptly navigate the obstacles they encountered following their relocation.

The participants reported that they frequently turned to informal support networks such as family, friends, religious leaders, members of religious group in the community and members of the African association. In addition to turning to informal support networks, participants also frequently turned to formal or professional resources like counsellors for assistance. This is consistent with other research findings which states that, compared to pre-migration, formal services were the most prominent coping strategy used after migration (West, 2015).

Resilience is a gender-specific process, according to analysis of earlier research (Theis et al., 2019; Okeke-Ihejirika & Salami, 2018; Bohr et al., 2015). Women are more likely than men to be able to handle and positively adapt to the difficulties associated with migration (Okeke-Ihejirika et al., 2022; Boyd & Grieco, 2014). They tend to be resilient, stay positive and appreciative despite the adversity, by prioritizing self-care and self-love, ensuring adequate rest during periods of overwhelming stress, and by pursuing further education and developing their skills, despite often working multiple jobs to satisfy

societal and familial pressures post-migration. Previous research supports these conclusions by showing that immigrant women have previously overcome their migration challenges by using cognitive techniques and personal resilience (Corley & Sabri, 2021; Rashid & Gregory, 2014). Participants in this study proactively devised solutions to manage a variety of scenarios by identifying obstacles. In line with earlier research, it was observed that the participants in the current study demonstrated an increase in empowerment and social advancements, which assisted them to recover better or thrive in their new nation (Mensah et al., 2013; Okeke-Ihejirika & Salami, 2018). Participants fostered hope, stayed focused, had faith in their talents, and built resilience by embracing their challenges, which ultimately helped them to achieve their goals.

Spirituality as a Survival Strategy

Finding solace in God through spirituality and faith played a remarkable role in the participating women's resilience in dealing with their post-migration challenges and unanticipated realities. Participant's reliance on their belief and trust in the word of God, nurtured and gave relief and reassurance that the turbulent and difficult times were just momentary, and it would eventually fade away. The participants possessed a strong religious foundation that helped them overcome obstacles and navigate complicated situations. These women were able to feel that things might get better because of religion. According to Olukotun et al. (2019), women were able to continue in the face of adversity because of their religious beliefs. Participants' spirituality and faith were crucial ways in which they demonstrated resilience in this study. For solace and encouragement, they turned to prayer, reading the scriptures, attending church, professing biblical quotes and listening to inspirational speeches. Findings from previous studies suggest that women connected directly with God via prayers and scriptures as a coping strategy for their

difficulties (Ting & Panchanadeswaran, 2016; Ekwonye et al., 2021; and Beagan et al., 2012). According to Olawo (2018), this technique helped them regain their self-worth, confidence, and fostered their self-esteem. Spirituality in black communities has socio-political roots entwined with concepts of survival and liberation (Watts, 2016; Dixon, 2019). According to earlier research, black women have historically used religion and spirituality, as well as the church and the bible, as sites of both transgression and transformation (Koenig, 2012).

Spirituality is seen by African cultures as essential to their entire health and well-being, as well as their ability to survive (Gamieldien et al., 2024; Agyekum & Newbold, 2016). Some of the participants in this study indicated that participating in spiritual activities or in spiritual groups, where people gathered to pray together for guidance on their problems, further nourished their faith, while also serving as a source of social support and encouragement. It also offered a safe space for them to talk about their problems and build spiritual resiliency.

Alleviating the Journey

Participants recommended numerous ways to improve the support of other international student women struggling with mental health challenges. Notably their distinct recommendations included fostering a culturally appropriate social support network, addressing racial discrimination and promoting diversity and inclusion. This is consistent with earlier research that indicated that a more seamless integration into the Canadian society is ensured when immigrants have family and friends to support them (Fong et al., 2024). People who lack this social capital frequently have greater struggles integrating in the society. The study further corroborates other research that indicates that recent immigrants in Canada suffer from perceived racial prejudice and social

marginalization (Alaazi et al., 2022). In addition, racial prejudice has been highlighted by African immigrant parents in Canada as a stressor that has an impact on one's mental health. These can be alleviated by connecting students and families to institution support services and community organizations, offering targeted support service initiatives that foster diversity and inclusion for African immigrants. Educational institutions and community organizations can enhance the success and integration of West African women immigrant students in Canada by putting these evidence-based strategies into practice. The suggestions conveyed by the participants can be used to advocate for addressing the challenges associated with the multiple intersecting social identities of participants and to promote equity, diversity and inclusion amongst individuals, institutions and the society (Juvonen et al., 2019).

Fostering a Culturally Appropriate Social Support Network

Immigrant students' acclimatization and well-being are heavily influenced by their social support networks. The participants recounted that building a strong formal or informal culturally appropriate social support network was encouraging and gave a sense of belonging rather than dealing with the adversaries alone. Earlier research has shown that specific kinds of social support, particularly friends and institutions, are more strongly associated with favourable adjustment results for immigrant students (Shu et al., 2020). Participants revealed that adequate social support alleviated the mental distress that they encountered. To establish culturally appropriate support networks for immigrant students, several crucial components were considered which included reflecting on both their own and others' cultural values, beliefs, and traditions, and collaborating with newcomer communities to create culturally appropriate care approaches and adapting their communication and care skills to meet the requirements of immigrant students

(Woodgate et al., 2017). It is worth noting that participants signified that the social support network from family, friends, peers, health care professionals, and community services, created provided vital information that made their transition and integration into their new home more seamless. Previous studies demonstrated that social support is commonly categorized into informational, emotional, instrumental, and appraisal support. This entails having an information/advice, close relationships, practical support with everyday duties, and feedback/affirmation (Bjørlykhaug et al., 2022). The participants further conveyed that social support could come from a variety of sources, including family, friends, peers, professionals, and community organizations. This allows newcomers to build a strong social connect network with their co-ethnic peers and the larger community. Having a diversified support network appears beneficial.

Participants in the study recommended that students and families should be connected to community groups that provide tailored support services. In alignment, participants recounted that creating time in their busy schedule to socialize and mingle with others in school, their workplace or in their place of worship helped them persevere amidst the struggles and reduces their mental health challenges. According to Alaazi et al. (2022), strong social support is associated with better mental health outcomes and can help eliminate health disparities.

Addressing Racial Discrimination and Biases

West African women immigrant students revealed the different aspects of racial discrimination experienced at work, the university and day to day activities from members of the public. Participants reported that to cope with the challenges of unemployment, one needed to secure a survival job and get certified or licenced in their area of expertise to be financially independent. Earlier literature states that to gain

Canadian work experience, part-time or entry-level jobs should be considered while focusing on adding more classes or bridging programs and retraining to bring qualifications up to par with Canadian requirements (Ncube et al., 2019). The participants also suggested that the government should implement some initiatives to address the unemployment of immigrants that may be caused by the demand for a Canadian work experience by employers. Immigrants should be given the opportunity to start afresh to gain some Canadian experience on the job. This aligns with previous research that emphasizes that the government should implement initiatives to improve African immigrant's unemployment rates and lower average wages compared to other Canadians (Statistic Canada, 2022).

Participants delved on ways to tackle the issues of accommodation due to stringent measures set by Canadian landlords. They suggested that the government should enact laws that restricts landlords from requesting almost impossible requirements like previous Canadian rental agreements before they could secure accommodation. Prior literature has highlighted recommendations for legal reforms for landlords to accept alternate paperwork or references instead of Canadian rental history from newcomers (Walsh et al., 2016).

Participants recounted that immigrant from different West African countries speaking English but in different accents. They suggested that people should just try to understand and effectively communicate with others. This aligns with previous research that emphasizes that people should deliberately try to comprehend and converse with persons who speak English with varied accents (Kim et al., 2019). In addition, this calls for patience and attentive listening, which can close gaps in communication and promote inclusivity.

Participants discussed their frustration on the downgrading of African transcript scores before being admitted into programs and conveyed that the University needs to redress this predicament. This is consistent with similar studies that suggest that Universities should evaluate the transcripts of African students in a holistic manner. This entails considering not just grades but also other elements including extracurricular activities, recommendation letters, and personal statements (Okeke-Ihejirika et al., 2022). They suggested that students should be reassessed if the institution had doubts with the African grading system rather than downgrading their scores. It is worth mentioning that earlier research has discussed that highly educated African immigrant women frequently experience challenges gaining admission to programs or finding jobs that match their abilities (Teferra & Altbachl, 2004). Furthermore, institutions should develop a more transparent and consistent means of evaluating international credentials and train credential examiners to reduce bias and boost knowledge with the African educational systems.

Participants recommended that the government and the university should subsidize the tuition fees paid by immigrants as there is a huge disparity between the fees paid by an African immigrant when compared to their course mates that are Canadians or those possessing permanent residence (PR) status. The issue of insufficient awards or scholarships for the African immigrants compared to their Canadian course mates was also discussed. This is consistent with previous authors that advocated for institutional and governmental policy reforms to aid in addressing the structural differences in tuition costs (Donkor, 2000). This entails advocating for lower tuition costs for immigrant students or setting up routes to permanent residence (PR) that permit lowered tuition costs. The financial load can be reduced by increasing the number of scholarships and

financial aid opportunities available to African immigrant women (Donkor, 2000). In addition, African cultural associations can contribute financially to West African immigrant women students by sponsorships, fundraising, and collaborations with academic institutions, and community organizations. It is worth bearing in mind that scholarships that consider both financial need and academic merit might be very successful. It is important to note that the source of a lot of the tuition and funding challenges is related to how government funding works for universities. Previous studies support the finding that Canadian students funding is basically supplemented by the government through the post-secondary funding, with government failing to subsidize international students (Looker & Lowe, 2021). However, this funding of Canadian residents does not cover the entire tuition as students still must pay some tuition resulting in the reduced tuition fees.

International students are not regarded as Canadian citizens, so they have to pay the full amount without a post-secondary funding contribution from government. Notwithstanding, the universities are depending on the international students for their funding. This aligns with previous research that institutions now depend increasingly on tuition fees due to a decline in public funding (Dougherty & Natow, 2019). In addition, the share of revenue derived from student's tuition fees has increased. The combined efforts of higher education institutions, federal and provincial governments, and other stakeholders may have resulted in the significant increase in the number of international students studying in Canada to hopefully benefit from both their tuition contributions and their eventual contributions to society and the tax base if they become Canadian residents (Tamtik et al., 2020). The shortfall in government grants may be the reason for the aggressive recruitment of international students by the University. Notably if the

university falls short in their tuition, the international students would be a good source of funding to supplement the decreasing government contributions as part of post-secondary education grants. Immigrant students should be regarded as potential citizens that may be invested in for everyone's benefit. Therefore, there should be a fundamental rethink in the way government considers immigrant students. Addressing these issues requires a concerted efforts from the government, educational institutions, employers, and professional regulatory bodies to supplement or contribute to some funding for international students for a more affordable transition into the Canadian environment

Promoting Diversity and Inclusion

Participants encountered difficulties in accessing reliable and affordable childcare, for their children, which is necessary for their integration and participation in the workforce. The lack of adequate childcare facilities can interfere with their career prospects and education pursuits (Okeke-Ihejirika et al., 2022). Participants suggested that preference should be given to international student parents with children for both accommodation and childcare facilities. According to Tunnicliffe (2013), the Canadian Supreme Court ruled unequivocally that society must be created with everyone in mind, irrespective of whether they belong to a group that is protected by the Code. In addition, systems should be created so that people who are disadvantaged by family status do not encounter mental, physical or structural barriers. It is no longer acceptable to build systems in a way that disregards the needs connected to family status.

International student parents on the other hand should make informed decision and timely arrangements for daycare facilities for their children rather than waiting till after they migrate to Canada due to the difficulties in accessing them. This would reduce the challenges of parents being stranded with the children at home and resorting to taking

them to the lecture halls. Earlier research highlighted that mothers had challenges accessing care, mostly due to lack of knowledge about services, low-income level, issues with health insurance, and the feelings of being judged as a parent (Wahoush, 2009). Similar studies indicated the uncertainties that accompanies access to daycare, and the services offered usually do not align with the demands of working parents (Friendly et al., 2023).

Participants also commended that the University should provide students with academic advice or tools to assist them to easily transition academically into the Canadian educational system. Prior literature also contends that to foster an inclusive educational environment, it is suggested to implement policies that address systemic biases and support diversity among teachers and curricula (Okeke-Ihejirika et al., 2022). This further entails appreciating the variety of cultural backgrounds that students come from and making sure that equitable and inclusive teaching methods are used.

Participants also suggested that creating awareness on mental health and incorporating the African culture in events at the University, in the workplace and in the community, to create a sense of belonging which could positively impact their mental health. This is in alignment with other studies that delivers diversity and inclusion instruction with an emphasis on African viewpoints, assisting the African community centers to put together intercultural events that highlight African traditions, arranging for mentorship relationships between immigrants and established African Canadians (Whyte, 2024; Omorodion, 2021). Furthermore, African immigrant women students can feel less isolated and more connected by integrating African culture into all facets of the Canadian society which is important for their mental health.

The research advocated for a multimodal strategy that targets structural barriers, strengthens legislative safeguards, and customizes services to meet the various requirements of families to provide priority to moms with children when it comes to housing and childcare facilities in Canada. By applying these ideas, the government, Canadian post-secondary institutions and the communities can help ease the transition for African immigrant students, allowing them to concentrate on their studies while effectively integrating into their new home.

Strengths and Limitations of Study

This study is one of the few studies that has attempted to describe the West African women's immigrant student's experiences in Southern Alberta. While the study sheds light on the intersecting factors that influence the development of mental health challenges among West African women immigrant students' post-migration to Southern Alberta, it also possesses several limitations that must be noted.

Firstly, the research was restricted to Southern Alberta with participants from Lethbridge. This limits the study's transferability and applicability to other settings. Despite the small sample size, this study captures participants' varied perspectives and viewpoints. However, as the majority of Southern Alberta's communities are comparable and are viewed as socially conservative as a whole; therefore, this shouldn't have a substantial impact on the research's quality and relevance to other southern Alberta contexts (Adams, 2014). Additionally, participants in the studies were disproportionately from Nigeria, Ghana and Cameroon. Furthermore, many of the participants in this studies were immigrant students from West Africa while perspectives from northern, eastern southern and central Africa are lacking; therefore, future studies could benefit from including these perspectives. Despite efforts to recruit participants from many West

African countries, the sample size and participant availability restricted the inclusion of the diverse range of countries represented within the West African diaspora in Southern Alberta.

Secondly, this research only included the experiences of the participants who identified as West African women immigrant students. The thoughts, perspectives, and perceptions of the African men, whose additional social identities and experiences may further marginalize them and thus harm their mental health were not captured in this study. The focus of this study was the collective experiences of the participants who are both racialized and gendered women immigrants, so these findings may not fully transfer to those occupying other genders and social locations.

Thirdly, I should note that the data collection, analysis, and interpretation may have been influenced by my personal experiences, biases, views, and philosophical presumptions regarding the topic. However, I limited this by seeking to be reflexive throughout the study. I understand that gathering data is inherently co-constructive. I minimized the possibility of preconceived bias by keeping a distance from these data, by ensuring that the opinions of the participants came before my biases and previous experience, by being inquisitive, and by recognizing my participation in the study. I ensured that my prejudices and viewpoints did not overpower the participants because of my deep knowledge of the subject, and my experience as a West African woman immigrant student in Southern Alberta.

Finally, like most studies in this area, my study did not discuss the individuals' pre-migration experiences, which could be important to understand or contextualize the processes of acclimatization to Canada. Consequently, it was challenging to consider how a person's prior experiences informed their current situations due to this research gap.

Recommendations for Future Research

Notwithstanding the study's limitations, the results provide important new perspectives on the lives of West African women immigrant students, contributing to the current discourse on the difficulties they encounter and the potential impact these challenges may have on their mental health following migration. To address these mentioned limitations, future research could broaden its coverage by increasing the sample size and including people from a wider variety of geographical regions. This would make it easier to comprehend the complex and heterogeneous experiences that West African women immigrant students have in post-migration circumstances. It might also be advantageous for future studies to include men participants and non-African immigrant participants. A more thorough grasp of the varied experiences that different populations confront would be possible with this enlarged scope, which would aid in the creation of more practical solutions for problems and successful integration into Canadian society.

Significance of the Study and Implication for Practice

The goal of this study is to bridge the information gap concerning West African women immigrant student's mental health in Southern Alberta. The research's conclusions have substantial implications for a range of stakeholders, such as mental health specialists, healthcare providers, service providers, academic institution advisers, and organizations that support African immigrants like the Lethbridge Family Services (LFS). These results will be a useful tool since they shed light on the difficulties that immigrant women students encounter after leaving their country of origin for Canada. With this knowledge, immigrant service providers will be able to create culturally safe

and sensitive programs that will help these African women students transition and integrate into their new surroundings more easily.

These results have also demonstrated how cultural perceptions of mental health affect mental health symptoms and mental health service utilization. The results of my research indicate that institutional practices and policies that influence mental health outcomes are examples of upstream systems that need to change. African immigrant lives are enmeshed in a cultural framework that must be carefully considered in mental health interventions. Pre- and post-migration experiences and variables must be considered. The health and socioeconomic outcomes of African immigrant families can be improved by placing mental health education and services within their cultural context and life paths.

The knowledge acquired from this research can also be very helpful to medical practitioners as it will improve their understanding of the cultural aspects of mental health, especially in relation to African immigrants. With this knowledge, healthcare professionals will be better equipped to give services that are sensitive to the subtleties of African culture, enabling more culturally safe mental health support that fits their requirements post-migration.

Knowledge Mobilization

This thesis will be widely available through the Opus thesis database and the University of Lethbridge institutional repository. The study's impact will be increased by disseminating the results to organizations that recruited participants and by presenting the findings to post-secondary institutions, African organizations, and organizations that support immigrants' settlement in Southern Alberta. Disseminating this information to key stakeholders ensures that these insights can guide policies, initiatives, and support services to improve the integration and well-being of African immigrant women. I

identify four groups of people that this research's dissemination could benefit: Among them are: 1) African immigrants; 2) service providers; 3) mental health policymakers; and 4) researchers exploring immigrant student's mental health.

African Immigrants

I will provide the African immigrant associations, with a free information session during the orientation for new immigrant students. This meeting will cover the themes related to recognizing possible obstacles upon arrival in Canada. They will be made aware of some of the challenges identified by participants after migrating to Canada, and the coping strategies that participants have taken to mitigate the negative effects of these difficulties on their mental health. Since some of the causes of emotional problems throughout the immigration process cannot be avoided, the educational session will also cover coping strategies. African women immigrant students who just arrived in Canada will also find this information useful before they start experiencing it first-hand.

Service Providers

Health and social service providers such as the Lethbridge Family Services (LFS) assist immigrants in acclimating to their new surroundings. Depending on the particular needs of the immigrant groups at the moment, they offer a variety of services. Using the findings of my research, I will get in touch with these service providers and attend their upcoming meetings. There, I shall apprise them of the difficulties faced by African immigrant women in Southern Alberta. This would enable them to better comprehend the difficulties encountered by these women and the necessity of planning services or programs aimed at promoting the mental health of West African women immigrant students in Canada.

Policymakers

Policymakers may be informed of the results of my study. This might make it easier to develop policies that address the problems that are unique to the African immigrant group. Policies aimed at easing the transition and integration of West African woman immigrant students into Canada will have a positive impact on their mental health and general wellbeing. Measures that are especially designed to address the problems of racism, prejudice, and unemployment that this immigrant population experience would be particularly helpful.

Researchers on Immigrants Students Mental Health

To assist other mental health immigration experts, I will ensure that my findings are presented at a conference. The results will also be published in a scientific journal, adding to public knowledge and awareness, and bridging the knowledge gap about West African women immigrant student's mental health in Southern Alberta. It will also be shared on various social media sites to raise awareness among health care (HC) professionals about how to cope with the cultural aspects of immigrant women.

Reflection

This study has helped me refine my qualitative research techniques as a novice in the field of qualitative studies. It also helped me improve participant interviewing methods, which greatly improved my interpersonal and communication skills. Interview transcriptions provided insightful information quickly, highlighting possible topics for further investigation in follow-up interviews. I became skilled at making codes and classifying them into themes and categories using the NVivo program. Throughout the whole study process, including data collection, analysis, interpretation, and presentation of findings, I assiduously followed the transparency and reflexivity with great diligence

during all phases of the research process as recommended by Polit and Beck (2012).

Recognizing my potential bias prompted a more nuanced and critical interpretation of these data. Working together with my supervisor and the members of the thesis advisory committee was essential; their insightful comments improved the study's conclusions' lucidity and comprehensiveness.

Conclusion

The purpose of this study was to look at African immigrant women students' experiences after leaving their country. The research revealed how complexly a number of contextual factors, such as gender, race, socioeconomic status, racial discrimination, social isolation, and gender roles, interact to affect West African women immigrant student's mental health after they arrive in Canada. Moreover, these women experienced institutional injustices due to criteria including gender, racialization, and immigration status, especially when trying to find work. The intersection of the participants' gender with multiple other circumstances exacerbated their duties and struggles. The participants' psychological and social well-being was greatly impacted by these difficulties, and as a result, they reported feeling depressed, frustrated, anxious, hopeless, and sad. Despite facing social marginalization, they succeeded in creating meaningful relationships despite the challenges. In spite of the challenges faced, the individuals utilized coping strategies to mitigate these challenges. In their new surroundings, they looked for extended family ties and emphasized the importance of building meaningful social support networks. They also demonstrated resilience by using elements like religion and spirituality to show strength in the midst of adversity. To deal with their situation, they employed adaptive cultural hybridity and innovative resilience strategies to address their circumstances. The difficulties faced by West African women immigrant students in Southern Alberta have

been highlighted by this study. The participants emphasized the racial discrimination and prejudice at the university, in their workplaces, and in their day-to-day activities. They also identified the lack of cultural social support networks, especially with regards to childcare for African women. The report urges stakeholders such as university officials, immigrant organizations, legislators and healthcare professionals to work together and create effective communication and connective systems to strengthen West African women immigrant student's support networks. These systems may make it easier for immigrant students to adjust to and fit into their new home. West African women immigrant students provide significant benefits to the Canadian economy, academia and culture. Therefore, collaboration is crucial for creating a respectful, equitable, and inclusive environment for all.

REFERENCES

- Abdul-Karim, A. B. (2018). Barriers to foreign credential recognition, Access to regulated professions and successful integration into the Canadian labour market.
- Abubakar, I., Aldridge, R. W., Devakumar, D., Orcutt, M., Burns, R., Barreto, M. L., ... & Zhou, S. (2018). The UCL–Lancet commission on migration and health: the health of a world on the move. *The Lancet*, 392(10164), 2606-2654.
- Achterbergh, L., Pitman, A., Birken, M., Pearce, E., Sno, H., & Johnson, S. (2020). The experience of loneliness among young people with depression: a qualitative meta-synthesis of the literature. *BMC Psychiatry*, 20, 1-23.
- Addis, M. E. (2008). Gender and depression in men. *Clinical Psychology: Science and Practice*, 15(3), 153. [https://doi: 10.1111/j.1468-2850.2008.00125](https://doi.org/10.1111/j.1468-2850.2008.00125)
- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5.
- Adewunmi, O. (2015). *Acculturation stress and the coping strategies of Nigerian immigrant women in the United States* (Doctoral dissertation, Walden University).
- Adinkrah, M. (2012). Better dead than dishonored: Masculinity and male suicidal behavior in contemporary Ghana. *Social Science & Medicine*, 74(4), 474-481.
- Adserà, A., & Ferrer, A. (2016). Occupational skills and labour market progression of married immigrant women in Canada. *Labour Economics*, 39, 88-98.
- Aguinaldo, J. P. (2012). Qualitative analysis in gay men's health research: Comparing thematic, critical discourse, and conversation analysis. *Journal of Homosexuality*, 59(6), 765-787.
- Agyekum, B., & Newbold, B. K. (2016). Religion/spirituality, therapeutic landscape and immigrant mental well-being amongst African immigrants to Canada. *Mental Health, Religion & Culture*, 19(7), 674-685.
- Agyekum, B., Siakwah, P., & Boateng, J. K. (2021). Immigration, education, sense of community and mental well-being: The case of visible minority immigrants in Canada. *Journal of Urbanism: International Research on Placemaking and Urban Sustainability*, 14(2), 222-236.
- Akinsulure-Smith, A. M. (2017). Resilience in the face of adversity: African immigrants' mental health needs and the American transition. *Journal of Immigrant & Refugee Studies*, 15(4), 428-448.
- Akinsulure-Smith, A. M. (2014). Displaced African female survivors of conflict-related

sexual violence: Challenges for mental health providers. *Violence Against Women*, 20(6), 677-694.

Akinsulure-Smith, A. M., Chu, T., Keatley, E., & Rasmussen, A. (2013). Intimate partner violence among West African immigrants. *Journal of Aggression, Maltreatment & Trauma*, 22(2), 109-126.

Alaazi, D. A., Salami, B., Ojakovo, O. G., Nsaliwa, C., Okeke-Ihejirika, P., Salma, J., & Islam, B. (2022). Mobilizing communities and families for child mental health promotion in Canada: Views of African immigrants. *Children and Youth Services Review*, 139, 106530.

Albert, P. R. (2015). Why is depression more prevalent in women? *Journal of Psychiatry & Neuroscience: JPN*, 40(4), 219.

Aldrich, D. P. (2012). *Building resilience: Social capital in post-disaster recovery*. University of Chicago Press.

Alegria, M., Álvarez, K., & DiMarzio, K. (2017). Immigration and mental health. *Current Epidemiology Reports*, 4, 145-155.

Alegria, M., NeMoyer, A., Falgàs Bagué, I., Wang, Y., & Alvarez, K. (2018). Social determinants of mental health: Where we are and where we need to go. *Current Psychiatry Reports*, 20, 1-13.

Alejos, M., Vázquez-Bourgon, J., Santurtún, M., Riancho, J., & Santurtún, A. (2023). Do patients diagnosed with a neurological disease present increased risk of suicide? *Neurología (English Edition)*, 38(1), 41-46.

Algorani, E. B., & Gupta, V. (2023). Coping mechanisms. In *StatPearls [Internet]*. StatPearls Publishing.

Alharbi, E., & Smith, A. (2018). A review of the literature on stress and wellbeing among international students in English-speaking countries. *International Education Studies*, 11(5), 22-44.

Alharbi, E., & Smith, A. (2018). A review of the literature on stress and wellbeing among international students in English-speaking countries. *International Education Studies*, 11(5), 22-44.

Ali, S., Yoenanto, N. H., & Nurdibyanandaru, D. (2020). Acculturative Stress among International Students at Airlangga University-Indonesia. *Online Submission*, 8(1), 123-135.

Alshawwa, I. A., Elkahlout, M., El-Mashharawi, H. Q., & Abu-Naser, S. S. (2019). An expert system for depression diagnosis.

- American Psychiatric Association. (2015). *Depressive disorders: DSM-5® selections*. American Psychiatric Pub.
- Ampofo, A. A., & Boateng, J. (2009). Becoming an adult: the training of children in Ghana. *Institute of African Studies Research Review*, 2009(sup-9), 239-256.
- Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria.
- Arnett, J. J. (2005). The developmental context of substance use in emerging adulthood. *Journal of drug issues*, 35(2), 235-254.
- Arslan, G. (2016). Relationship between sense of rejection, academic achievement, academic efficacy, and educational purpose in high school students. *Egitim ve Bilim*, 41(183).
- Australian Bureau of Statistics. (2020-21). *National Study of Mental Health and Wellbeing*. ABS. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-21>
- Awokoya, J. (2012). Identity constructions and negotiations among 1.5-and second-generation Nigerians: The impact of family, school, and peer contexts. *Harvard Educational Review*, 82(2), 255-281.
- Aydiner, C., & Rider, E. L. (2022). Reskilled and integrated, but how? Navigating trauma and temporary hardships. *International Journal of Environmental Research and Public Health*, 19(20), 13675.
- Backe, E. L., Bosire, E. N., Kim, A. W., & Mendenhall, E. (2021). “Thinking too much”: a systematic review of the idiom of distress in Sub-Saharan Africa. *Culture, Medicine, and Psychiatry*, 45(4), 655-682.
- Baquero, M., & Martín, N. (2015). Depressive symptoms in neurodegenerative diseases. *World Journal of Clinical Cases: WJCC*, 3(8), 682.
- Bamgbose Pederson, A., Waldron, E. M., & Fokuo, J. K. (2022). Perspectives of Black immigrant women on mental health: The role of stigma. *Women's Health Reports*, 3(1), 307-317.
- Barou, J. (2014). Integration of immigrants in France: A historical perspective. *Identities*, 21(6), 642-657.
- Barrett, R., Cramer, J., & McGowan, K. B. (2022). *English with an accent: Language, ideology, and discrimination in the United States*. Routledge.
- Bartram, B. (2016). Economic motives to attend university: A cross-country study. *Research in Post-Compulsory Education*, 21(4), 394-408.

- Bastia, T. (2014). Intersectionality, migration and development. *Progress in Development Studies*, 14(3), 237-248.
- Beckett, C., & Macey, M. (2001, May). Race, gender and sexuality: The oppression of multiculturalism. In *Women's Studies International Forum* (Vol. 24, No. 3-4, pp. 309-319). Pergamon.
- Beiser, M., & Hou, F. (2001). Language acquisition, unemployment and depressive disorder among Southeast Asian refugees: a 10-year study. *Social Science & Medicine*, 53(10), 1321-1334.
- Bell, E., Bryman, A., & Harley, B. (2022). *Business research methods*. Oxford university press.
- Berry, J. W., & Hou, F. (2017). Acculturation, discrimination and wellbeing among second generation of immigrants in Canada. *International Journal of Intercultural Relations*, 61, 29-39.
- Berry, J. W., & Hou, F. (2019). Multiple belongings and psychological well-being among immigrants and the second generation in Canada. *Canadian Journal of Behavioural Science/Revue Canadienne des Sciences du Comportement*, 51(3), 159.
- Bjørlykhaug, K. I., Karlsson, B., Hesook, S. K., & Kleppe, L. C. (2022). Social support and recovery from mental health problems: A scoping review. *Nordic Social Work Research*, 12(5), 666-697.
- Black, H. K., Gitlin, L., & Burke, J. (2011). Context and culture: African-American elders' experiences of depression. *Mental Health, Religion & Culture*, 14(7), 643-657.
- Blanchflower, D. G. (2020). Unhappiness and age. *Journal of Economic Behavior & Organization*, 176, 461-488.
- Bobbitt-Zeher, D. (2011). Gender discrimination at work: Connecting gender stereotypes, institutional policies, and gender composition of workplace. *Gender & Society*, 25(6), 764-786.
- Bohr, Y., Hynie, M., & Armour, L. (2015). Focusing on resilience in Canadian immigrant mothers' mental health. *Women's Mental Health: Resistance and Resilience in Community and Society*, 233-245.
- Bone, J. K., & Lewis, G. (2020). The role of gender inequalities in adolescent depression. *The Lancet Psychiatry*, 7(6), 471-472.
- Bove, V., & Elia, L. (2017). Migration, diversity, and economic growth. *World Development*, 89, 227-239.

- Bowleg, L. (2012). The problem with the phrase women and minorities: intersectionality—an important theoretical framework for public health. *American Journal of Public Health, 102*(7), 1267-1273.
- Boyd, M., & Grieco, E. (2014). Women and migration: Incorporating gender into international migration theory.
- Bracke, P., Pattyn, E., & Von dem Knesebeck, O. (2013). Overeducation and depressive symptoms: Diminishing mental health returns to education. *Sociology of Health & Illness, 35*(8), 1242-1259. <http://doi:10.1111/1467-9566.12039>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589-597.
- Braun, V., & Clarke, V. (2021). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.
- Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology, 18*(3), 328-352. <https://doi.org/10.1080/14780887.2020.1769238>
- Breland-Noble, A. M., Wong, M. J., Childers, T., Hankerson, S., & Sotomayor, J. (2015). Spirituality and religious coping in African-American youth with depressive illness. *Mental Health, Religion & Culture, 18*(5), 330-341.
- Brettell, C. B. (2011). Experiencing everyday discrimination: A comparison across five immigrant populations. *Race and Social Problems, 3*(4), 266-279.
- Brown, R. (2011). *Prejudice: Its social psychology*. John Wiley & Sons.
- Brownhill, S., Wilhelm, K., Barclay, L., & Schmied, V. (2005). ‘Big build’: Hidden depression in men. *Australian & New Zealand Journal of Psychiatry, 39*(10), 921-931.
- Bryant-Bedell, K., & Waite, R. (2010). Understanding major depressive disorder among middle-aged African American men. *Journal of Advanced Nursing, 66*(9), 2050-2060.
- Bryman, A. (2016). *Social research methods*. Oxford university press.
- Bryman, A., & Cramer, D. (2012). *Quantitative data analysis with IBM SPSS 17, 18 & 19: A guide for social scientists*. Routledge.
- Brynin, M., & Güveli, A. (2012). Understanding the ethnic pay gap in Britain. *Work, Employment and Society, 26*(4), 574-587.

- Bucholtz, M., & Hall, K. (2016). Embodied sociolinguistics. *Sociolinguistics: Theoretical Debates*, 1(1), 173-200.
- Buli, B. G. (2024). *Mental health problems among adolescents in Sweden: Analysis of trends, developmental trajectories, and associated factors* (Doctoral dissertation, Mälardalens universitet).
- Byrd, D. R., & McKinney, K. J. (2012). Individual, interpersonal, and institutional level factors associated with the mental health of college students. *Journal of American College Health*, 60(3), 185-193.
- Cairney, J., Kwan, M. Y., Veldhuizen, S., & Faulkner, G. E. (2014). Who uses exercise as a coping strategy for stress? Results from a national survey of Canadians. *Journal of Physical Activity and Health*, 11(5), 908-916.
- Calder, M. J., Richter, S., Mao, Y., Kovacs Burns, K., Mogale, R. S., & Danko, M. (2016). International students attending Canadian universities: Their experiences with housing, finances, and other issues. *Canadian Journal of Higher Education*, 46(2), 92-110.
- Canada, S. (2017). Immigration and ethnocultural diversity: Key results from the 2016 census. *The Daily*, 1-8.
- Capps, R., McCabe, K., & Fix, M. (2011). *Diverse streams: African migration to the United States*. MPI.
- Carr, S. C. (2023). *Wage and well-being: Toward sustainable livelihood*. Springer Nature.
- Castelli, F. (2018). Drivers of migration: Why do people move? *Journal of Travel Medicine*, 25(1), tay040. <https://doi.org/10.1093/jtm/tay040>
- Cena, E., Burns, S., & Wilson, P. (2021). Sense of belonging and the intercultural and academic experiences among international students at a university in Northern Ireland. *Journal of International Students*, 11(4), 812-831.
- Chadwick, K. A., & Collins, P. A. (2015). Examining the relationship between social support availability, urban center size, and self-perceived mental health of recent immigrants to Canada: A mixed-methods analysis. *Social Science & Medicine*, 128, 220-230.
- Chavajay, P., & Skowronek, J. (2008). Aspects of acculturation stress among international students attending a university in the USA. *Psychological Reports*, 103(3), 827-835.
- Chavajay, P. (2013). Perceived social support among international students at a US university. *Psychological reports*, 112(2), 667-677.
- Chaze, F., Thomson, M. S., George, U., & Guruge, S. (2015). Role of cultural beliefs, religion, and spirituality in mental health and/or service utilization among

immigrants in Canada: A scoping review. *Canadian Journal of Community Mental Health*, 34(3), 87-101.

- Chen, C., Smith, P., & Mustard, C. (2010). The prevalence of over-qualification and its association with health status among occupationally active new immigrants to Canada. *Ethnicity & Health*, 15(6), 601-619. [doi:10.1080/13557858.2010.502591](https://doi.org/10.1080/13557858.2010.502591)
- Chilisa, B. (2019). *Indigenous research methodologies*. Sage publications.
- Chow, K., & Healey, M. (2008). Place attachment and place identity: First-year undergraduates making the transition from home to university. *Journal of Environmental Psychology*, 28(4), 362-372.
- Choy, B., Arunachalam, K., Gupta, S., Taylor, M., & Lee, A. (2021). Systematic review: Acculturation strategies and their impact on the mental health of migrant populations. *Public Health in Practice*, 2, 100069.
- Christensen, H., Griffiths, K. M., & Korten, A. (2002). Web-based cognitive behavior therapy: analysis of site usage and changes in depression and anxiety scores. *Journal of Medical Internet Research*, 4(1), e857.
- Cleary, M., Horsfall, J., Baines, J., & Happell, B. (2012). Mental health behaviours among undergraduate nursing students: Issues for consideration. *Nurse Education Today*, 32(8), 951-955.
- Clement, S., Williams, P., Farrelly, S., Hatch, S. L., Schauman, O., Jeffery, D., ... & Thornicroft, G. (2015). Mental health-related discrimination as a predictor of low engagement with mental health services. *Psychiatric Services*, 66(2), 171-176.
- Coates, R. D., Ferber, A. L., & Brunnsma, D. L. (2021). *The matrix of race: Social construction, intersectionality, and inequality*. Sage Publications.
- Coates, J. (2015). *Women, men and language: A sociolinguistic account of gender differences in language*. Routledge.
- Coates, K., & Carr, S. C. (2005). Skilled immigrants and selection bias: A theory-based field study from New Zealand. *International Journal of Intercultural Relations*, 29(5), 577-599.
- Coe, C. (2013). *The scattered family: Parenting, African migrants, and global inequality*. University of Chicago Press.
- Collins, P. H. (1986). Learning from the outsider within: The sociological significance of Black feminist thought. *Social Problems*, 33(6), s14-s32.
- Coltrane, S. (2004). Fathering: Paradoxes, contradictions, and dilemmas. *Handbook of contemporary families: Considering the past, contemplating the future*, 224-243.

- Compton, M. T., & Shim, R. S. (2015). The social determinants of mental health. *Focus*, 13(4), 419-425)
- Conley, C. S., Durlak, J. A., & Kirsch, A. C. (2015). A meta-analysis of universal mental health prevention programs for higher education students. *Prevention Science*, 16, 487-507.
- Cope, D. G. (2014, January). Methods and meanings: Credibility and trustworthiness of qualitative research. In *Oncology Nursing Forum* (Vol. 41, No. 1).
- Corley, A., & Sabri, B. (2021). Exploring African immigrant women's pre-and post-migration exposures to stress and violence, sources of resilience, and psychosocial outcomes. *Issues in Mental Health Nursing*, 42(5), 484-494.
- Cotter, A. (2022). Experiences of discrimination among the Black and Indigenous populations in Canada, 2019. *Juristat: Canadian Centre for Justice Statistics*, 1-14.
- Cox, W. T., Abramson, L. Y., Devine, P. G., & Hollon, S. D. (2012). Stereotypes, prejudice, and depression: The integrated perspective. *Perspectives on Psychological Science*, 7(5), 427-449
- Creese, G. (2011). *The new African diaspora in Vancouver: Migration, exclusion and belonging*. University of Toronto Press.
- Creese, G., & Wiebe, B. (2012). 'Survival employment': Gender and deskilling among African immigrants in Canada. *International Migration*, 50(5), 56-76.
- Crenshaw, K. (1995). Mapping the margins. *Critical race theory: The key writings that formed the movement*, 3(15), 357-383.
- Crenshaw, K. W. (2013). Mapping the margins: Intersectionality, identity politics, and violence against women of color. In *The public nature of private violence* (pp. 93-118). Routledge.
- Crenshaw, K. (2016, October). The urgency of intersectionality [Video]. TEDWomen Conferences.
https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality/transcript
- Creswell, J. W., & Clark, V. L. P. (2017). *Designing and conducting mixed methods research*. Sage publications.
- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA, US: Sage Publications, Inc.

- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Creswell, J., & Poth, C. N. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Sage.
- Crockett, L. J., Iturbide, M. I., Torres Stone, R. A., McGinley, M., Raffaelli, M., & Carlo, G. (2007). Acculturative stress, social support, and coping: relations to psychological adjustment among Mexican American college students. *Cultural Diversity and Ethnic Minority Psychology, 13*(4), 347.
- Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing, 36*(4), 253-263.
- Dao, T. K., Lee, D., & Chang, H. L. (2007). Acculturation level, perceived English fluency, perceived social support level, and depression among Taiwanese international students. *College Student Journal, 41*(2).
- Danso, R. K., & Grant, M. R. (2000). Access to housing as an adaptive strategy for immigrant groups: Africans in Calgary. *Canadian Ethnic Studies Journal, 32*(3), 19-19.
- Daoud, N., O'Brien, K., O'Campo, P., Harney, S., Harney, E., Bebee, K., ... & Smylie, J. (2019). Postpartum depression prevalence and risk factors among Indigenous, non-Indigenous and immigrant women in Canada. *Canadian Journal of Public Health, 110*, 440-452.
- Daya, D. (2016). *Coping strategies and skills through adjustment and transition: A study of new and professional immigrants in Canada*. University of Toronto (Canada).
- Delara, M. (2016). Social determinants of immigrant women's mental health. *Advances in Public Health, 2016*(1), 9730162.
- Demaray, M. K., & Malecki, C. K. (2002). The relationship between perceived social support and maladjustment for students at risk. *Psychology in the Schools, 39*(3), 305-316.
- de Moissac, D., Graham, JM, Prada, K., Gueye, NR, & Rocque, R. (2020). Mental health status and help-seeking strategies of international students in Canada. *Canadian Journal of Higher Education, 50* (4), 52-71.
- Demos, V., & Segal, M. T. (2009). Gender locally, globally and intersectionally.
- Dennis, C. L., Merry, L., & Gagnon, A. J. (2017). Postpartum depression risk factors among recent refugee, asylum-seeking, non-refugee immigrant, and Canadian-

born women: Results from a prospective cohort study. *Social Psychiatry and Psychiatric Epidemiology*, 52, 411-422.

- Danso, R. K., & Grant, M. R. (2000). Access to housing as an adaptive strategy for immigrant groups: Africans in Calgary. *Canadian Ethnic Studies Journal*, 32(3), 19-19.
- Desbordes, E. A. M. (2021). *Exploring the shifting power dynamics within intimate partnerships among West African immigrants in Lethbridge, Southern Alberta, Canada*. University of Lethbridge (Canada).
- Diamond, L. M., & Butterworth, M. (2008). Questioning gender and sexual identity: Dynamic links over time. *Sex roles*, 59, 365-376.
- Didoné, L. S., Jesus, I. T. M. D., Santos-Orlandi, A. A., Pavarini, S. C. I., Orlandi, F. D. S., Costa-Guarisco, L. P., ... & Zazzetta, M. S. (2020). Factors associated with depressive symptoms in older adults in context of social vulnerability. *Revista Brasileira de Enfermagem*, 73(Suppl 1), e20190107.
- Dill, B. T., & Zambrana, R. E. (2020). Critical thinking about inequality: An emerging lens. In *Feminist Theory Reader* (pp. 108-116). Routledge.
- Dixon, S. (2019). Intersectionality of cultural identities in health psychology: Key recommendations for working with African-Caribbean immigrant women. *Frontiers in Sociology*, 4, 51.
- Donato, K. M., & Gabaccia, D. (2015). *Gender and international migration*. Russell Sage Foundation.
- Donkor, M. (2000). *The education of immigrant women: Prospects and challenges for Ghanaian immigrant women in Canada*. University of Toronto.
- Doody, O., & Noonan, M. (2016). Nursing research ethics, guidance and application in practice. *British Journal of Nursing*, 25, 903-907.
- Dougherty, K., & Natow, R. (2019). Analysing neoliberalism in theory and practice: The case of performance-based funding for higher education.
- Dow, H. D. (2011). The acculturation processes: The strategies and factors affecting the degree of acculturation. *Home Health Care Management & Practice*, 23(3), 221-227. <https://doi.org/10.1177/1084822310390877>
- Durbin, A., Moineddin, R., Lin, E., Steele, L. S., & Glazier, R. H. (2015). Examining the relationship between neighbourhood deprivation and mental health service use of immigrants in Ontario, Canada: a cross-sectional study. *BMJ Open*, 5(3), e006690.

- Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, 66(5), 522-541.
- Ekwoye, A. U., Ezumah, B. A., & Nwosisi, N. (2021). Meaning in life and impact of COVID-19 pandemic on African immigrants in the United States. *Wellbeing, Space and Society*, 2, 100033.
- El-Assal, K. (2020). Which cities in Canada attract the most immigrants? *CIC News Canada Immigration Newsletter*, 17.
- Esses, V. M. (2021). Prejudice and discrimination toward immigrants. *Annual Review of Psychology*, 72(1), 503-531.
- Evivie, L. G. (2009). *Challenges faced by African international students at a metropolitan research university: A phenomenological case study*. The University of North Carolina at Charlotte.
- Falah-Hassani, K., Shiri, R., Vigod, S., & Dennis, C. L. (2015). Prevalence of postpartum depression among immigrant women: a systematic review and meta-analysis. *Journal of Psychiatric Research*, 70, 67-82.
<https://doi.org/10.1016/j.jpsychires.2015.08.010>
- Ferrara, T. S. (2022). *Understanding the Homesick Experience Through the Narratives of First-Year College Residential Students* (Doctoral dissertation, Molloy College).
- Field, T., Diego, M., Pelaez, M., Deeds, O., & Delgado, J. (2012). Depression and related problems in university students. *College Student Journal*, 46(1).
- Fisher, C. (2013). Changed and changing gender and family roles and domestic violence in African refugee background communities post-settlement in Perth, Australia. *Violence Against Women*, 19(7), 833-847.
<https://doi:10.1177/1077801213497535>
- Flahaux, M. L., & De Haas, H. (2016). African migration: trends, patterns, drivers. *Comparative Migration Studies*, 4, 1-25.
- Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annu. Rev. Psychol.*, 55(1), 745-774.
- Fong, M., Liu, A., Lung, B., Alayche, I., Sayfi, S., Kirenga, R. Y., ... & Pottie, K. (2024). From struggle to strength in African and Middle Eastern newcomers' integration stories to Canada: A participatory health equity research study. *Plos one*, 19(4), e0302591.
- Forbes-Mewett, H., & Sawyer, A. M. (2019). International students and mental health. *Journal of International Students*, 6(3), 661-677.

- Frank, K., Hou, F., & Schellenberg, G. (2016). Life satisfaction among recent immigrants in Canada: comparisons to source-country and host-country populations. *Journal of Happiness Studies*, 17, 1659-1680.
- Frank, K., & Hou, F. (2017). *Over-education and life satisfaction among immigrant and non-immigrant workers in Canada. Analytical studies branch research paper series*. Statistics Canada. 150 tunney's pasture driveway, Ottawa, ON K1A 0T6, Canada. https://www150.statcan.gc.ca/n1/en/pub/11f0019m/11f0019m2017393-eng.pdf?st=_TaAaYgl
- Friendly, M., Nguyễn, N. T., & Taylor, M. (2023). Childcare for whom?
- Furnham, A. (2019). Culture shock: A review of the literature for practitioners. *Psychology*, 10(13), 1832.
- Gal, G., Kaplan, G., Gross, R., & Levav, I. (2008). Status inconsistency and common mental disorders in the Israel-based world mental health survey. *Social Psychiatry and Psychiatric Epidemiology*, 43, 999-1003.
- Gamieldien, F., Galvaan, R., Myers, B., & Sorsdahl, K. (2024). Mental health service users and their caregivers' perspectives on personal recovery from severe mental health conditions in Cape Town, South Africa: A qualitative study. *Journal of Psychosocial Rehabilitation and Mental Health*, 11(2), 201-219.
- Garcini, L. M., Murray, K. E., Zhou, A., Klonoff, E. A., Myers, M. G., & Elder, J. P. (2016). Mental health of undocumented immigrant adults in the United States: A systematic review of methodology and findings. *Journal of Immigrant & Refugee Studies*, 14(1), 1-25.
- Gbadamosi, I. T., Henneh, I. T., Aluko, O. M., Yawson, E. O., Fokoua, A. R., Koomson, A., ... & Tagoe, T. A. (2022). Depression in sub-saharan Africa. *IBRO neuroscience reports*, 12, 309-322.
- George, U., & Chaze, F. (2012). Credential assessment of internationally trained professionals: How effective is the process for the purpose of securing employment? *Journal of Immigrant & Refugee Studies*, 10(1), 124-130. <https://doi.org/10.1080/15562948.2012.646529>
- Gray, C., Crawford, G., Maycock, B., & Lobo, R. (2022). Exploring the intersections of migration, gender, and sexual health with Indonesian women in Perth, Western Australia. *International Journal of Environmental Research and Public Health*, 19(20), 13707.
- Greif, M. (2022). *Collateral damages: Landlords and the urban housing crisis*. Russell Sage Foundation.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, 18(1), 59-82.

- Guruge, S., Shirpak, K. R., Hyman, I., Zanchetta, M., Gastaldo, D., & Sidani, S. (2010). A meta-synthesis of post-migration changes in marital relationships in Canada. *Canadian Journal of Public Health, 101*, 327-331.
- Hallett, R. E., & Freas, A. (2018). Community college students' experiences with homelessness and housing insecurity. *Community College Journal of Research and Practice, 42*(10), 724-739.
- Hamamura, T., & Laird, P. G. (2014). The effect of perfectionism and acculturative stress on levels of depression experienced by East Asian international students. *Journal of Multicultural Counseling and Development, 42*(4), 205-217.
- Hamamura, T., & Mearns, J. (2019). Depression and somatic symptoms in Japanese and American college students: Negative mood regulation expectancies as a personality correlate. *International Journal of Psychology, 54*(3), 351-359.
- Hammen, C., & Watkins, E. (2018). Cognitive and life stress approaches to depression. *A Modular Course in Clinical Psychology*. <https://doi.org/10.4324/9781315542805-5>
- Hankin, B. L., Young, J. F., Gallop, R., & Garber, J. (2018). Cognitive and interpersonal vulnerabilities to adolescent depression: Classification of risk profiles for a personalized prevention approach. *Journal of Abnormal Child Psychology, 46*(7), 1521-1533.
- Hankivsky, O., Grace, D., Hunting, G., Giesbrecht, M., Fridkin, A., Rudrum, S., ... & Clark, N. (2014). An intersectionality-based policy analysis framework: Critical reflections on a methodology for advancing equity. *International Journal for Equity in Health, 13*, 1-16.
- Hemmings, C., & Evans, A. M. (2018). Identifying and treating race-based trauma in counseling. *Journal of Multicultural Counseling and Development, 46*(1), 20-39.
- Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American Journal of Public Health, 103*(5), 777-780. <https://doi.org/10.2105/AJPH.2012.301056>
- Henderson, C., Robinson, E., Evans-Lacko, S., & Thornicroft, G. (2017). Relationships between anti-stigma programme awareness, disclosure comfort and intended help-seeking regarding a mental health problem. *The British Journal of Psychiatry, 211*(5), 316-322.
- Hendrickson, B., Rosen, D., & Aune, R. K. (2011). An analysis of friendship networks, social connectedness, homesickness, and satisfaction levels of international students. *International Journal of Intercultural Relations, 35*(3), 281-295.
- Herrman, H., Patel, V., Kieling, C., Berk, M., Buchweitz, C., Cuijpers, P., ... & Wolpert,

- M. (2022). Time for united action on depression: a Lancet–World Psychiatric Association Commission. *The Lancet*, 399(10328), 957-1022.
- Herzog, H. (2012). Interview location and its social meaning. *The SAGE handbook of interview research: The complexity of the craft*, 207-218.
- Higginbottom, G. M. (2011). The transitioning experiences of internationally-educated nurses into a Canadian health care system: A focused ethnography. *BMC Nursing*, 10, 1-13.
- Ho, P. H., Leung, W. C., Leung, I. Y., & Chang, R. S. (2020). Factors associated with depression in people with epilepsy: a retrospective case-control analysis. *Hong Kong Medical Journal*, 26(4), 311.
- Hoffmann, R., Šedová, B., & Vinke, K. (2021). Improving the evidence base: A methodological review of the quantitative climate migration literature. *Global Environmental Change*, 71, 102367.
- Holden, K. B., Bradford, L. D., Hall, S. P., & Belton, A. S. (2013). Prevalence and correlates of depressive symptoms and resiliency among African American women in a community-based primary health care center. *Journal of Health Care for the Poor and Underserved*, 24(4), 79-93.
- Holloway, I., & Galvin, K. (2023). *Qualitative research in nursing and healthcare*. John Wiley & Sons.
- Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case-study research. *Nurse Researcher*, 20(4).
<https://doi:10.7748/nr2013.03.20.4.12.e326>
- Houshmand, S., Spanierman, L. B., & Tafarodi, R. W. (2014). Excluded and avoided: Racial microaggressions targeting Asian international students in Canada. *Cultural Diversity and Ethnic Minority Psychology*, 20(3), 377.
- Huang, S. L., & Mussap, A. J. (2018). Maladaptive perfectionism, acculturative stress and depression in Asian international university students. *Journal of Psychologists and Counsellors in Schools*, 28(2), 185-196.
- Hudson, D. L., Neighbors, H. W., Geronimus, A. T., & Jackson, J. S. (2012). The relationship between socioeconomic position and depression among a US nationally representative sample of African Americans. *Social Psychiatry and Psychiatric Epidemiology*, 47, 373-381.
- Hulchanski, J. D. (2000). Policy advice on improving the rental housing prospects of immigrants and refugees in Toronto.
- Hundleby, J. D., Gfellner, B. M., & Racine, D. (2007). Desistance and identity change among Aboriginal females. *Identity: An International Journal of Theory and Research*, 7(3), 225-253.

- Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health, 46*(1), 3-10.
- Hurley, N., Apau, A., Mensah, P., Clovis Nebangeh, N., & Ogundele, O. (2021). The Transitional Experiences of West African Graduate Students to Living and Studying Study in Atlantic Canada.
- Hurtado-de-Mendoza, A., Gonzales, F. A., Serrano, A., & Kaltman, S. (2014). Social isolation and perceived barriers to establishing social networks among Latina immigrants. *American Journal of Community Psychology, 53*, 73-82.
- Hyman, P. E. (2016). *Gender and assimilation in modern Jewish history: The roles and representation of women*. University of Washington Press.
- Ibrahim, A. K., Kelly, S. J., Adams, C. E., & Glazebrook, C. (2013). A systematic review of studies of depression prevalence in university students. *Journal of Psychiatric Research, 47*(3), 391-400.
- Ikubolajeh Logan, B., & Thomas, K. J. (2012). The US diversity visa programme and the transfer of skills from Africa. *International Migration, 50*(2), 1-19.
- Ilo, S. T. (2016). *The power of agency: transformation of gender roles and marital relations among Nigerian immigrant women in Lethbridge, Alberta*. University of Lethbridge (Canada).
- Immigration, R. (2018). Citizenship Canada (2017). *Annual report to parliament on immigration*.
- Immigration, R. (2022). 2021 consultations on immigration levels and responsive economic immigration—final report.
- Institute for Health Metrics and Evaluation. (2019). Global health data exchange. *Global Burden of Disease Study 2017 Data Resources*.
- International Organization for Migration (IOM). (2018). World migration report.
- Issack, S. (2015). *Mental Health Help-Seeking Behaviour: African Immigrants' Experience*. Queen's University (Canada).
- Jagire, J. (2019). Immigrant women and workplace in Canada: Organizing agents for social change. *SAGE Open, 9*(2), 2158244019853909.
- Jefferies, K., States, C., MacLennan, V., Helwig, M., Gahagan, J., Bernard, W. T., ... & Martin-Misener, R. (2022). Black nurses in the nursing profession in Canada: a scoping review. *International Journal for Equity in Health, 21*(1), 102.
- Johnson, R., & Waterfield, J. (2004). Making words count: the value of qualitative research. *Physiotherapy Research International, 9*(3), 121-131.

- Johnson, L. R., & Sandhu, D. S. (2007). Isolation, adjustment, and acculturation issues of international students: Intervention strategies for counselors.
- Johnson, V. E., Payne, R. D., Wang, T., Asher, A., & Mandal, S. (2017). On the reproducibility of psychological science. *Journal of the American Statistical Association*, *112*(517), 1-10.
- Juvonen, J., Lessard, L. M., Rastogi, R., Schacter, H. L., & Smith, D. S. (2019). Promoting social inclusion in educational settings: Challenges and opportunities. *Educational Psychologist*, *54*(4), 250-270.
- Juzwiak, Teresa, McGregor, E., & Siegel, M. (2014). "Migrant and refugee integration in global cities: The role of cities and businesses." Policy brief, *The Hague process on refugees and migration*. Maastricht: United Nations University.
- Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, *72*(12), 2954-2965
- Kanekar, A., Sharma, M., & Atri, A. (2010). Enhancing social support, hardiness, and acculturation to improve mental health among Asian Indian international students. *International Quarterly of Community Health Education*, *30*(1), 55-68.
- Kania, S. K. (2014). The relationship between gender differences and stress. *The Huron University College Journal of Learning and Motivation*, *52*(1).
- Karki, K. K., & Moasun, F. Y. (2023). Vulnerable to precarity: COVID-19 and the experience of difference by newcomers, immigrants, and migrant workers in Canada. *Molung Educational Frontier*, 132-159.
- Kaushik, V., & Drolet, J. (2018). Settlement and integration needs of skilled immigrants in Canada. *Social Sciences*, *7*(5), 76.
- Kennedy, S., Kidd, M. P., McDonald, J. T., & Biddle, N. (2015). The healthy immigrant effect: patterns and evidence from four countries. *Journal of International Migration and Integration*, *16*, 317-332.
- Keshavarzi, S. (2018). *Stress, coping, and religiosity among recent Syrian refugees in Canada (Master's thesis, University of Windsor (Canada))*
- Kessler, R. C. (2012). The costs of depression. *Psychiatric Clinics*, *35*(1), 1-14.
- Khanal, J., & Gaulee, U. (2019). Challenges of international students from pre-departure to post-study: A literature review. *Journal of International Students*, *9*(2), 560-581.

- Khawaja, N. G., & Dempsey, J. (2007). Psychological distress in international university students: An Australian study. *Journal of Psychologists and Counsellors in Schools, 17*(1), 13-27.
- Khawaja, N. G., & Stallman, H. M. (2011). Understanding the coping strategies of international students: A qualitative approach. *Journal of Psychologists and Counsellors in Schools, 21*(2), 203-224.
- Kidia, K., Machando, D., Mangezi, W., Hendler, R., Crooks, M., Abas, M., ... & Jack, H. (2017). Mental health in Zimbabwe: A health systems analysis. *The Lancet Psychiatry, 4*(11), 876-886.
- Kim, I.-H., & Noh, S. (2014). Changes in life satisfaction among Korean immigrants in Canada. *International Journal of Culture and Mental Health, 8*(1), 60–71.
<https://doi.org/10.1080/17542863.2014.892521>
- Kim, Y. Y. (2017). Cross-cultural adaptation. Oxford research encyclopedia of communication.
- Kim, R., Roberson, L., Russo, M., & Briganti, P. (2019). Language diversity, nonnative accents, and their consequences at the workplace: Recommendations for individuals, teams, and organizations. *The Journal of Applied Behavioral Science, 55*(1), 73-95.
- Kitzrow, M. A. (2009). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal, 46*(4), 646-660.
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Hassan, G., Rousseau, C., & Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal, 183*(12), E959–E967.
- Knighton, J. S., Dogan, J., Hargons, C., & Stevens-Watkins, D. (2022). Superwoman Schema: A context for understanding psychological distress among middle-class African American women who perceive racial microaggressions. *Ethnicity & Health, 27*(4), 946-962.
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Notices, 2012*(1), 278730.
- Kossuth, R. (2019). Indigenous and Colonial Physical Culture in Lethbridge: Sport, Contact, and Settlement on the Prairie Frontier. *Journal of Sport History, 46*(2), 255-272.
- Kozlowski, D., Larivière, V., Sugimoto, C. R., & Monroe-White, T. (2022). Intersectional inequalities in science. *Proceedings of the National Academy of Sciences, 119*(2), e2113067119.

- Kritsotakis, G., Psarrou, M., Vassilaki, M., Androulaki, Z., & Philalithis, A. E. (2016). Gender differences in the prevalence and clustering of multiple health risk behaviours in young adults. *Journal of Advanced Nursing*, 72(9), 2098-2113.
- Ku, J., Bhuyan, R., Sakamoto, I., Jeyapal, D., & Fang, L. (2019). “Canadian Experience” discourse and anti-racialism in a “post-racial” society. *Ethnic and Racial Studies*, 42(2), 291-310.
- Kuo, B. C. (2014). Coping, acculturation, and psychological adaptation among migrants: A theoretical and empirical review and synthesis of the literature. *Health Psychology and Behavioral Medicine: An Open Access Journal*, 2(1), 16-33. <https://doi.org/10.1080/21642850.2013.843459>
- Kyeremeh, E., Arku, G., Mkandawire, P., Cleave, E., & Yusuf, I. (2021). What is success? Examining the concept of successful integration among African immigrants in Canada. *Journal of Ethnic and Migration Studies*, 47(3), 649-667.
- Leal, D. F., Malhotra, R. S., & Misra, J. (2019). Visualizing feminized international migration flows in the 1990s. *Socius*, 5, 2378023118819940.
- Lee, J. J., & Rice, C. (2007). Welcome to America? International student perceptions of discrimination. *Higher Education*, 53(3), 381-409.
- Lee, E. J., Ditchman, N., Fong, M. W., Piper, L., & Feigon, M. (2014). Mental health service seeking among Korean international students in the United States: A path analysis. *Journal of Community Psychology*, 42(6), 639-655.
- Lee, J. J. (2015). *International student experiences of Neo-Racism and discrimination*. *International Higher Education*, 44, 3–5. [doi: 10.6017/ihe.2006.44.7916](https://doi.org/10.6017/ihe.2006.44.7916)
- Lehman, B. J., David, D. M., & Gruber, J. A. (2017). Rethinking the biopsychosocial model of health: Understanding health as a dynamic system. *Social and Personality Psychology Compass*, 11(8), e12328.
- Li, Y., & Larsen, D. (2012). Finding hope in the darkness: Stories of two Chinese newcomers enrolled in Canadian high school.
- Liamputtong, P. (Ed.). (2019). *Handbook of research methods in health social sciences* (Vol. 10, pp. 978-981). Singapore: Springer.
- Lips, H. M. (2020). *Sex and gender: An introduction*. Waveland Press.
- Liao, K. T., & Villarreal, A. (2022). Unequal effects of the COVID-19 epidemic on employment: Differences by immigrant status and race/ethnicity. *PLoS One*, 17(11), e0277005.

- Liao, P. A., Lin, L., & Chang, H. H. (2023). Immigration policy and well-being of female foreign spouses: a case study of the effect of granting a work permit. *International Journal of Happiness and Development*, 8(1), 44-65.
- Lim, M., Van Hulst, A., Pisanu, S., & Merry, L. (2022). Social isolation, loneliness and health: a descriptive study of the experiences of migrant mothers with young children (0–5 years old) at la maison bleue. *Frontiers in Global Women's Health*, 3, 823632. <https://doi.org/10.3389/fgwh.2022.823632>
- Lincoln, Y. S., & Guba, E. G. (1989). Ethics: The failure of positivist science. *The Review of Higher Education*, 12(3), 221-240.
- Looker, E. D., & Lowe, G. S. (2021). Post-Secondary Access and Student Financial Aid in Canada: Current Knowledge and Research Gaps (2001).
- Määttänen, I., Martikainen, J., Henttonen, P., Väliäho, J., Thibault, M., & Palomäki, J. (2019). Understanding depressive symptoms through psychological traits and physiological stress reactivity. *Cogent Psychology*, 6(1), 1575654.
- MacIsaac, S. (2017). Immigration and diversity: Population projections for Canada and its regions, 2011 to 2036.
- Magbondé, G. K. (2021). How Sub-Saharan African countries students choose where to study abroad: The case of Benin. *Social Inclusion*, 9(1), 278-287.
- Maher, C., Hadfield, M., Hutchings, M., & De Eyto, A. (2018). Ensuring rigor in qualitative data analysis: A design research approach to coding combining NVivo with traditional material methods. *International Journal of Qualitative Methods*, 17(1), 1609406918786362.
- Maheux, H., & Do, D. (2019). Diversity of the black population in Canada: An overview. *Statistics Canada*.
- Makeeva, Y. E., & Lopukhova, Y. (2017). Teaching humanities and social sciences: From traditional approach to blended learning. *New Trends and Issues Proceedings on Humanities and Social Sciences*, 4(1), 700-709.
- Mao, Y., Ji, H., & Wang, R. (2022). Expectation and reality: International students' motivations and motivational adjustments to sustain academic journey in Chinese Universities. *Frontiers in Psychology*, 13, 833407.
- Marcus, J. (2013). The effect of unemployment on the mental health of spouses—Evidence from plant closures in Germany. *Journal of Health Economics*, 32(3), 546-558.
- Marmot, M. (2022). Public health and health inequalities: a half century of personal involvement. *Journal of Public Health*, 44(Supplement_1), i23-i27.
- Mawani, F. N. (2014). Social determinants of refugee mental health. In L. Simich & L.

- Andermann (Eds.), *Refuge and Resilience* (pp. 27–50). Springer.
- Mayston, R., Frissa, S., Tekola, B., Hanlon, C., Prince, M., & Fekadu, A. (2020). Explanatory models of depression in sub-Saharan Africa: Synthesis of qualitative evidence. *Social Science & Medicine* (1982), 246, 112760. <https://doi.org/10.1016/j.socscimed.2019.112760>
- McAuliffe, M., & Triandafyllidou, A. (2021). Word migration report 2022.
- McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of Women in Culture and Society*, 30(3), 1771-1800.
- McCoy, L., & Masuch, C. (2007). Beyond “entry-level” jobs: Immigrant women and non-regulated professional occupations. *Journal of International Migration and Integration/Revue de l'integration et de la migration internationale*, 8, 185-206.
- McFadden, P., Ross, J., Moriarty, J., Mallett, J., Schroder, H., Ravalier, J., ... & Gillen, P. (2021). The role of coping in the wellbeing and work-related quality of life of UK health and social care workers during COVID-19. *International Journal of Environmental Research and Public Health*, 18(2), 815.
- McKenzie, K., Hansson, E., Tuck, A., & Lurie, S. (2010). Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups. *Canadian Issues*, 65.
- Mensah, J. (2014). Black continental African identities in Canada: Exploring the intersections of identity formation and immigrant transnationalism. *Journal of Canadian Studies*, 48(3), 5-29.
- Mesidor, J. K., & Sly, K. F. (2016). Factors that contribute to the adjustment of international students. *Journal of International Students*, 6(1), 262-282.
- Mętel, D., Arciszewska, A., Daren, A., Frydecka, D., Cechnicki, A., & Gawęda, Ł. (2019). Resilience and cognitive biases mediate the relationship between early exposure to traumatic life events and depressive symptoms in young adults. *Journal of Affective Disorders*, 254, 26-33.
- Minutillo, S., Cleary, M., P. Hills, A., & Visentin, D. (2020). Mental health considerations for international students. *Issues in Mental Health Nursing*, 41(6), 494-499.
- Mishra, G. D., & Kuh, D. (2012). Health symptoms during midlife in relation to menopausal transition: British prospective cohort study. *Bmj*, 344.
- Misra, R., Crist, M., & Burant, C. J. (2003). Relationships among life stress, social support, academic stressors, and reactions to stressors of international students in the United States. *International Journal of Stress Management*, 10(2), 137.

- Mofatteh, M. (2021). Risk factors associated with stress, anxiety, and depression among university undergraduate students. *AIMS Public Health*, 8(1), 36.
- Moffitt, U. E., Nardon, L., & Zhang, H. (2020). Becoming Canadian: Immigrant narratives of professional attainment. *International Journal of Intercultural Relations*, 78, 84-95.
- Moghimi, E., Stephenson, C., Gutierrez, G., Jagayat, J., Layzell, G., Patel, C., ... & Alavi, N. (2023). Mental health challenges, treatment experiences, and care needs of post-secondary students: a cross-sectional mixed-methods study. *BMC Public Health*, 23(1), 655.
- Mongelli, F., Georgakopoulos, P., & Pato, M. T. (2020). Challenges and opportunities to meet the mental health needs of underserved and disenfranchised populations in the United States. *Focus*, 18(1), 16-24.
- Montoya, I. (2022). *No place like home* (Master's thesis).
- Moodley, R., Sutherland, P., & Oulanova, O. (2008). Traditional healing, the body and mind in psychotherapy. *Counselling Psychology Quarterly*, 21(2), 153-165.
- Moore, L., & Popadiuk, N. (2011). Positive aspects of international student transitions: A qualitative inquiry. *Journal of College Student Development*, 52(3), 291-306.
- Morissette, R., & Galameau, D. (2016). Labour market participation of immigrant and Canadian-born wives, 2006 to 2014.
- Morning, A. (2011). *The nature of race: How scientists think and teach about human difference*. University of California Press.
- Mosotho, L., Louw, D. A. P., Calitz, F. J. W., & Esterhuysen, K. G. F. (2008). Clinical manifestations of mental disorders among Sesotho speakers. *International Journal of Psychiatry in Clinical Practice*, 12(3), 171-179.
- Moyce, S., Lash, R., & de Leon Siantz, M. L. (2016). Migration experiences of foreign educated nurses: A systematic review of the literature. *Journal of Transcultural Nursing*, 27(2), 181-188. <https://doi.org/10.1177/1043659615569538>
- Munthe-Kaas, H., Nøkleby, H., Lewin, S., & Glenton, C. (2020). The TRANSFER Approach for assessing the transferability of systematic review findings. *BMC Medical Research Methodology*, 20, 1-22.
- Murray-Swank, N. A., & Murray-Swank, A. B. (2013). Navigating the storm: Helping clients in the midst of spiritual struggles. In *The Psychology of Religion and Spirituality for Clinicians* (pp. 217-244). Routledge.

- Mutyambizi, C., Booysen, F., Stornes, P., & Eikemo, T. A. (2019). Subjective social status and inequalities in depressive symptoms: a gender-specific decomposition analysis for South Africa. *International Journal for Equity in Health, 18*, 1-13.
- Nakimuli-Mpungu, E., Wamala, K., Okello, J., Alderman, S., Odokonyero, R., Musisi, S., & Mojtabai, R. (2014). Developing a culturally sensitive group support intervention for depression among HIV infected and non-infected Ugandan adults: a qualitative study. *Journal of Affective Disorders, 163*, 10-17.
- Nanda, S. (2014). *Gender diversity: Crosscultural variations*. Waveland Press.
- National Academies of Sciences, Board on Global Health, & Committee on Educating Health Professionals to Address the Social Determinants of Health. (2016). A framework for educating health professionals to address the social determinants of health.
- Ncube, A., Bahta, Y. T., & Jordaan, A. (2019). Coping and adaptation mechanisms employed by sub-Saharan African migrant women in South Africa. *Jambá: Journal of Disaster Risk Studies, 11*(1), 1-13.
- Neblett Jr, E. W., Hammond, W. P., Seaton, E. K., & Townsend, T. G. (2010). Underlying mechanisms in the relationship between Africentric worldview and depressive symptoms. *Journal of Counseling Psychology, 57*(1), 105.
- Neneh, B. N. (2017). Family support and performance of women-owned enterprises: The mediating effect of family-to-work enrichment. *The Journal of Entrepreneurship, 26*(2), 196-219.
- Ndemanu, M. T., & Jordan, S. (2018). Culturally responsive pedagogy for African immigrant children in US P-12 schools. *Journal of Black Studies, 49*(1), 71-84.
- Ngcobo, M., & Pillay, B. J. (2008). Depression in African women presenting for psychological services at a general hospital. *African Journal of Psychiatry, 11*(2), 133-137.
- Noreiga, A. F., & Justin, S. F. (2020). A duo-ethnography of Black international university students in Canada. *Antistasis, 11*(1), 17-25.
- Ogunsiji, Olayide, Wilkes, L., Jackson, D., & Peters, K. (2012). "Beginning again: West African women's experiences." *Journal of Transcultural Nursing 23*(3): 279–286. <https://doi:10.1177/1043659612441018>
- Okeke, C. D., Ezeama, N. N., Ekwebene, O. C., Ikeano, C. A., & Ezeoke, C. J. (2022). Substance abuse, knowledge of its long-term effects and occurrence of depressive symptoms among health students in a Nigerian tertiary institution. *Magna Scientia Advanced Research and Reviews, 5*(2), 074-085.
- Okeke-Ihejirika, Philomina, Salami, B., & Karimi, A. (2016). "African immigrant

women's experience in host societies: A scoping review." *Journal of Gender Studies* 27 (4): 428–444. <http://doi.org/10.1080/09589236.2016.1229175>

- Okeke-Ihejirika, P., & Salami, B. (2018). Men Become Baby Dolls and Women Become Lions: African Immigrant Men's Challenges with Transition and Integration [Article]. *Canadian Ethnic Studies*, 50(3), 91-110. <https://doi.org/10.1353/ces.2018.0024>
- Okeke-Ihejirika, P., Salami, B., & Karimi, A. (2019). African immigrant women's transition and integration into Canadian society: Expectations, stressors, and tensions. *Gender, Place & Culture*, 26(4), 581-601.
- Okeke-Ihejirika, P., Yohani, S., Salami, B., & Rzeszutek, N. (2020). Canada's Sub-Saharan African migrants: A scoping review. *International Journal of Intercultural Relations*, 79, 191-210.
- Okeke-Ihejirika, P., Punjani, N. S., & Salami, B. (2022). African immigrant's women experiences on extended family relations. *International Journal of Environmental Research and Public Health*, 19(14), 8487.
- Okello, E. S., & Ekblad, S. (2006). Lay concepts of depression among the Baganda of Uganda: a pilot study. *Transcultural Psychiatry*, 43(2), 287-313.
- Okello, E. S., & Neema, S. (2007). Explanatory models and help-seeking behavior: pathways to psychiatric care among patients admitted for depression in Mulago Hospital, Kampala, Uganda. *Qualitative Health Research*, 17(1), 14-25.
- Olawo, O. O. (2018). Exploring the attitudes, beliefs and practices concerning mental health amongst African immigrant youth living in Canada: An interpretive description study.
- Olawo, O., Pilkington, B., & Khanlou, N. (2019). Identity-Related Factors Affecting the Mental Health of African Immigrant Youth Living in Canada. *International Journal of Mental Health and Addiction*. <https://doi.org/10.1007/s11469-019-00177>
- Oliffe, J. L., Ogrodniczuk, J. S., Gordon, S. J., Creighton, G., Kelly, M. T., Black, N., & Mackenzie, C. (2016). Stigma in male depression and suicide: A Canadian sex comparison study. *Community Mental Health Journal*, 52(3), 302-31
- Oliffe, J. L., & Phillips, M. J. (2008). Men, depression and masculinities: A review and recommendations. *Journal of Men's Health*, 5(3), 194-202. <http://linkinghub.elsevier.com/retrieve/pii/S1875686708001097?showall=true>
- Olonade, O. Y., Oyibode, B. O., Idowu, B. O., George, T. O., Iwelumor, O. S., Ozoya, M. I., ... & Adetunde, C. O. (2021). Understanding gender issues in Nigeria: The imperative for sustainable development. *Heliyon*, 7(7).

- Olukotun, O., Gondwe, K., & Mkandawire-Valhmu, L. (2019). The mental health implications of living in the shadows: The lived experience and coping strategies of undocumented African migrant women. *Behavioral Sciences*, 9(12), 127. <https://doi.org/10.3390/bs9120127>
- O'Mahony, J. M., Donnelly, T. T., Raffin Bouchal, S., & Este, D. (2012). Cultural background and socioeconomic influence of immigrant and refugee women coping with postpartum depression. *Journal of Immigrant and Minority Health*, 15(2), 300–314. <https://doi.org/10.1007/s10903-012-9663>
- Omorodion, J. O. (2021). African Immigrants' Mental Health in Canada.
- Onabule, A. I., & Boes, S. R. (2013). International students' likelihood to seek counseling while studying abroad. *Journal of International Students*, 3(1), 52-59.
- Oosthuizen, M. (2022). *First-year students' experiences of adjusting to university: A self-compassion approach* (Doctoral dissertation, University of the Free State).
- Oppong, E., & Kellett, P. (2021). "Leaving that thing behind": Shifting gender dynamics among recent Ghanaian immigrants to Canada, and their implications for health. Gender and Population Studies (GAPS) in Health. <http://www.gapsinhealth.ca/wp-content/uploads/2021/03/Oppong-and-Kellett-2021-Leaving-that-thing-Behind.pdf>
- Ornek, O. K., Waibel, J., Wullinger, P., & Weinmann, T. (2022). Precarious employment and migrant workers' mental health: a systematic review of quantitative and qualitative studies. *Scandinavian Journal of Work, Environment & Health*, 48(5), 327.
- Osaze, E. D. (2017). The non-recognition or devaluation of foreign professional immigrants' credentials in Canada: The impact on the receiving country (Canada) and the immigrants.
- Osirim, M. J. (2008). African women in the new diaspora: Transnationalism and the (re) creation of home. *African and Asian studies*, 7(4), 367-394.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42, 533-544. <https://doi.org/10.1007/s10488-013-0528-y>
- Parent, M. C., DeBlaere, C., & Moradi, B. (2013). Approaches to research on intersectionality: Perspectives on gender, LGBT, and racial/ethnic identities. *Sex Roles*, 68, 639-645.

- Pegg, J. M., Wiseman, D., Brown, C. A., & Shanahan, M. C. (2019). Science Education in Alberta: A Complex History of Shifting Educational Influences. *Science Education in Canada: Consistencies, Commonalities, and Distinctions*, 37-63.
- Perkins, A., Ridler, J., Browes, D., Peryer, G., Notley, C., & Hackmann, C. (2018). Experiencing mental health diagnosis: a systematic review of service user, clinician, and carer perspectives across clinical settings. *The Lancet Psychiatry*, 5(9), 747-764.
- Petersen, K. J., Qualter, P., Humphrey, N., Damsgaard, M. T., & Madsen, K. R. (2023). With a little help from my friends: Profiles of perceived social support and their associations with adolescent mental health. *Journal of Child and Family Studies*, 32(11), 3430-3446.
- Petkus, A. J., Beam, C. R., Johnson, W., Kaprio, J., Korhonen, T., McGue, M., ... & IGEMS Consortium. (2017). Gene–environment interplay in depressive symptoms: Moderation by age, sex, and physical illness. *Psychological Medicine*, 47(10), 1836-1847.
- Pittman, L. D., & Richmond, A. (2008). University belonging, friendship quality, and psychological adjustment during the transition to college. *The Journal of Experimental Education*, 76(4), 343-362.
- Polit, D. F., & Beck, C. T. (2012). Gender bias undermines evidence on gender and health. *Qualitative Health Research*, 22(9), 1298.
- Poyrazli, S., & Lopez, M. D. (2007). An exploratory study of perceived discrimination and homesickness: A comparison of international students and American students. *The Journal of Psychology*, 141(3), 263-280.
- Premji, S., & Shakya, Y. (2017). Pathways between under/unemployment and health among racialized immigrant women in Toronto. *Ethnicity & Health*, 22(1), 17-35. <http://dx.doi.org/10.1080/13557858.2016.1180347>
- Preston, V., Shields, J., & Akbar, M. (2022). Migration and resilience in urban Canada: Why social resilience, Why now? *Journal of International Migration and Integration*, 23(3), 1421-1441.
- Prieto-Welch, S. L. (2016). International student mental health. *New Directions for Student Services*, 2016(156), 53-63.
- Qiong, O. U. (2017). A brief introduction to perception. *Studies in Literature and Language*, 15(4), 18-28.
- Quittkat, H. L., Düsing, R., Holtmann, F. J., Buhlmann, U., Svaldi, J., & Vocks, S. (2020). Perceived impact of Covid-19 across different mental disorders: a study on disorder-specific symptoms, psychosocial stress and behavior. *Frontiers in Psychology*, 11, 586246.

- Rafal, G., Gatto, A., & DeBate, R. (2018). Mental health literacy, stigma, and help-seeking behaviors among male college students. *Journal of American College Health, 66*(4), 284-291.
- Rashid, R., & Gregory, D. (2014). 'Not giving up on life': a holistic exploration of resilience among a sample of immigrant Canadian women. *Canadian Ethnic Studies, 46*(1), 197-214. <https://doi.org/10.1353/ces.2014.0010>
- Reid-Searl, K., & Happell, B. (2012). Supervising nursing students administering medication: a perspective from registered nurses. *Journal of Clinical Nursing, 21*(13-14), 1998-2005.
- Remes, O., Mendes, J. F., & Templeton, P. (2021). Biological, psychological, and social determinants of depression: a review of recent literature. *Brain Sciences, 11*(12), 1633.
- Reosti, A. C. (2018). *Tenant screening and fair housing in the information age* (Doctoral dissertation).
- Robinson, A. M., Jubenville, T. M., Renny, K., & Cairns, S. L. (2016). Academic and mental health needs of students on a Canadian campus. *Canadian Journal of Counselling and Psychotherapy, 50*(2).
- Rönkä, A. R., Sunnari, V., & Taanila, A. (2020). Entanglements of loneliness and mental ill health among young adult women. *International Journal of Qualitative Studies on Health and Well-being, 15*(1), 1838101.
- Rwafa, U. (2016). Culture and religion as sources of gender inequality: Rethinking challenges women face in contemporary Africa. *Journal of Literary Studies, 32*(1), 43-52.
- Saasa, S. K. (2019). Discrimination, coping, and social exclusion among African immigrants in the United States: A moderation analysis. *Social Work, 64*(3), 198-206. <https://doi.org/10.1093/sw/swz018>
- Sakamoto, I., Jeyapal, D., Bhuyan, R., Ku, J., Fang, L., Zhang, H., & Genovese, F. (2013). An overview of discourses of skilled immigrants and “Canadian experience”: An English-language print media analysis. *Toronto: CERIS*.
- Salaff, J. W., & Greve, A. (2012). Social networks and family relations in return migration. In *International handbook of Chinese families* (pp. 77-90). New York, NY: Springer New York.
- Salami, B., Alaazi, D. A., Ibrahim, S., Yohani, S., Scott, S. D., Vallianatos, H., Urichuk, L., & Islam, B. (2021). African Immigrant Parents’ Perspectives on the Factors Influencing Their Children’s Mental Health. *Journal of Child and Family Studies*. <https://doi.org/10.1007/s10826-021-02130>

- Salk, R. H., Hyde, J. S., & Abramson, L. Y. (2017). Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms. *Psychological Bulletin, 143*(8), 783. <https://doi.org/10.1037/bul0000102>
- Sarokhani, D., Delpisheh, A., Veisani, Y., Sarokhani, M. T., Esmaeli Manesh, R., & Sayehmiri, K. (2013). Prevalence of depression among university students: A systematic review and meta-analysis study. *Depression Research and Treatment, 2013*(1), 373857.
- Sarris, J., O'Neil, A., Coulson, C. E., Schweitzer, I., & Berk, M. (2014). Lifestyle medicine for depression. *BMC Psychiatry, 14*, 1-13.
- Schmitz, C. (2020, November). Homelessness Revisited. In *Novel: A Forum on Fiction* (Vol. 53, No. 3, pp. 490-494). Duke University Press.
- Scott, C., Safdar, S., Trilokekar, R. D., & El Masri, A. (2015). International students as 'ideal immigrants' in Canada: A disconnect between policy makers' assumptions and the lived experiences of international students. *Comparative and International Education, 43*(3).
- Sensoy, Ö., & DiAngelo, R. (2021). Understanding the structural nature of oppression through racism. *Transforming Multicultural Education Policy and Practice: Expanding Educational Opportunity, 55*.
- Shaffer, H. J., LaPlante, D. A., LaBrie, R. A., Kidman, R. C., Donato, A. N., & Stanton, M. V. (2004). Toward a syndrome model of addiction: Multiple expressions, common etiology. *Harvard review of psychiatry, 12*(6), 367-374.
- Sharma, B. (2020). International education as a human resource strategy: "A citizen model" for Canadian immigration policy. *International education as public policy in Canada, 69*.
- Sharma, V., Saraswati, L. R., Das, S., & Sarna, A. (2015). Migration in South Asia: a review. *Population Council, 1*.
- Shen, J., & Kogan, I. (2020). Immigrants' relative income and life satisfaction: Comparison groups from a multi-generational perspective. *Acta Sociologica, 63*(1), 82-102.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*(2), 63-75.
- Sherry, M., Thomas, P., & Chui, W. H. (2010). International students: A vulnerable student population. *Higher Education, 60*, 33-46.

- Shiri, S. (2015). The homestay in intensive language study abroad: Social networks, language socialization, and developing intercultural competence. *Foreign Language Annals*, 48(1), 5-25.
- Showers, F. (2015). Being black, foreign and woman: African immigrant identities in the United States. *Ethnic and Racial Studies*, 38(10), 1815-1830. <https://doi.org/10.1080/01419870.2015.1036763>
- Shu, F., Ahmed, S. F., Pickett, M. L., Ayman, R., & McAbee, S. T. (2020). Social support perceptions, network characteristics, and international student adjustment. *International Journal of Intercultural Relations*, 74, 136-148.
- Sierra Hernandez, C. A., Han, C., Oliffe, J. L., & Ogradniczuk, J. S. (2014). Understanding help-seeking among depressed men. *Psychology of Men & Masculinity*, 15(3), 346.
- Siriwardhana, C., Ali, S. S., Roberts, B., & Stewart, R. (2014). A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants. *Conflict and Health*, 8, 1-14. <https://doi.org/10.1186/1752-1505-8-13>
- Slade, B. (2012). "From high skill to high school" illustrating the process of deskilling immigrants through reader's theatre and institutional ethnography. *Qualitative Inquiry*, 18(5), 401-413. <https://doi.org/10.1177/1077800412439526>
- Smith, J. A., & Shinebourne, P. (2012). Interpretative phenomenological analysis. APA Handbook of Research Methods in Psychology, Vol 2: Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological, (July), 73–82. *American Psychological Association*. <https://doi.org/10.1037/13620-005>
- Solheim, C. A., Ballard, J., Fatiha, N., Dini, Z., Buchanan, G., & Song, S. (2022). Immigrant family financial and relationship stress from the COVID-19 pandemic. *Journal of Family and Economic Issues*, 43(2), 282-295.
- Statistics Canada. (2013). Immigration and ethnocultural diversity in Canada. Analytical document, cat. no. 99-010-X2011001. <https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm>.
- Statistics Canada. (2017). An increasingly diverse linguistic landscape: Highlights from the 2016 Census. <http://www.statcan.gc.ca/daily-quotidien/170802/dq170802b-eng.htm>
- Statistics Canada. (2022). Immigrants make up the largest share of the population in over 150 years and continue to shape who we are as Canadians. *The Daily*, 1-21.
- Statistics Canada. (2023, August 9). Black History Month 2023... by the numbers. [www.statcan.gc.ca. https://www.statcan.gc.ca/en/dai/smr08/2023/smr08_270](https://www.statcan.gc.ca/en/dai/smr08/2023/smr08_270)

- Stein, S. (2018). National exceptionalism in the 'EduCanada' brand: Unpacking the ethics of internationalization marketing in Canada. *Discourse: Studies in the Cultural Politics of Education*, 39(3), 461-477.
- Stewart, M., Dennis, C. L., Kariwo, M., Kushner, K. E., Letourneau, N., Makumbe, K., ... & Shizha, E. (2015). Challenges faced by refugee new parents from Africa in Canada. *Journal of Immigrant and Minority Health*, 17, 1146-1156.
<https://doi.org/10.1007/s10903-014-0062-3>
- Stoeber, J., & Damian, L. E. (2016). Perfectionism in employees: Work engagement, workaholism, and burnout. *Perfectionism, Health, and Well-being*, 265-283.
- Straiton, M. L., Ledesma, H. M. L., & Donnelly, T. T. (2017). A qualitative study of Filipina immigrants' stress, distress and coping: The impact of their multiple, transnational roles as women. *BMC Women's Health*, 17, 1-11.
- Stroebe, M., Van Vliet, T., Hewstone, M., & Willis, H. (2002). Homesickness among students in two cultures: Antecedents and consequences. *British Journal of Psychology*, 93(2), 147-168.
- Stuckey, H. L. (2014). The first step in data analysis: Transcribing and managing qualitative research data. *Journal of Social Health and Diabetes*, 2(01), 006-008.
- Sweetland, A. C., Belkin, G. S., & Verdelli, H. (2014). Measuring depression and anxiety in Sub-Saharan Africa. *Depression and Anxiety*, 31(3), 223-232.
- Sümer, S., Poyrazli, S., & Grahame, K. (2008). Predictors of depression and anxiety among international students. *Journal of Counseling & Development*, 86(4), 429-437.
- Szaflarski, M., & Bauldry, S. (2019). The effects of perceived discrimination on immigrant and refugee physical and mental health. In *Immigration and health* (pp. 173-204). Emerald Publishing Limited.
- Tamtik, M., Trilokekar, R. D., & Jones, G. A. (Eds.). (2020). *International education as public policy in Canada*. McGill-Queen's Press-MQUP.
- Tanwani, H. A. A. (2023). *Sub-Saharan African Immigrants' Experiences in Utilizing Mental Health Services in Baltimore*. Walden University.
- Tartakovsky, E. (2007). A longitudinal study of acculturative stress and homesickness: High-school adolescents immigrating from Russia and Ukraine to Israel without parents. *Social Psychiatry and Psychiatric Epidemiology*, 42, 485-494.
- Taylor, D. M., & Osborne, E. (2010). When I Know Who "We" Are, I Can Be "Me": The primary role of cultural identity clarity for psychological well-being. *Transcultural Psychiatry*, 47(1), 93-111.
<https://doi.org/10.1177/1363461510364569>

- Taylor, R. J., Forsythe-Brown, I., Lincoln, K. D., & Chatters, L. M. (2017). Extended family support networks of Caribbean Black adults in the United States. *Journal of Family Issues, 38*(4), 522-546.
- Teame, D. (2020). *Multiple lives: a narrative autoethnography exploring women's migration experience* (Master's thesis, University of Calgary (Canada)).
- Teferra, D., & Altbachl, P. G. (2004). African higher education: Challenges for the 21st century. *Higher Education, 47*, 21-50.
- Tenny, S., Brannan, J. M., & Brannan, G. D. (2017). Qualitative study.
- Tharmaseelan, N., Inkson, K., & Carr, S. C. (2010). Migration and career success: testing a time-sequenced model. *Career Development International, 15*(3), 218-238.
- Theis, S., Bryan, E., & Ringler, C. (2019). Addressing gender and social dynamics to strengthen resilience for all. *2019 annual trends and outlook report: gender equality in rural Africa: from commitments to outcomes. International Food Policy Research Institute, Washington, DC*, 126-139.
- Thurber, C. A., & Walton, E. A. (2012). Homesickness and adjustment in university students. *Journal of American college health, 60*(5), 415-419.
- Tichenor, V. (2005). Maintaining men's dominance: Negotiating identity and power when she earns more. *Sex Roles, 53*, 191-205.
- Tilly, C. (2011). The impact of the economic crisis on international migration: a review. *Work, Employment and Society, 25*(4), 675-692.
<https://doi:10.1177/0950017011421799>
- Ting, L., & Panchanadeswaran, S. (2016). The interface between spirituality and violence in the lives of immigrant African women: Implications for help seeking and service provision. *Journal of Aggression, Maltreatment & Trauma, 25*(1), 33-49.
- Tochkov, K., Levine, L., & Sanaka, A. (2010). Variation in the prediction of cross-cultural adjustment by Asian-Indian students in the United States. *College Student Journal, 44*(3), 677-690.
- Tolentino, J. C., & Schmidt, S. L. (2018). DSM-5 criteria and depression severity: implications for clinical practice. *Frontiers in Psychiatry, 9*, 450.
- Tri-Council Policy Statement (2014). https://ethics.gc.ca/eng/policy-politique_tcps2-epts2_changes.html
- Tunncliffe, J. (2013). "Life Together": Public Debates over Human Rights Legislation in Ontario, 1975-1981. *Histoire Sociale/Social History, 46*(92), 443-470.

- Turay, I. (2023). *Black youth's interactions and experiences with police in southern Alberta* (Doctoral dissertation, Lethbridge, Alta.: University of Lethbridge, Dept. of Women and Gender Studies).
- Umaigba, K. (2017). A Critical Literature Review of the Impact of Precarious Work on the Mental Health of Immigrant Women in Canada.
- University of Lethbridge. (2023). *Institutional analysis. Ulethbridge*.
<https://www.ulethbridge.ca/analysis/view-facts>
- Unützer, J., & Park, M. (2012). Strategies to improve the management of depression in primary care. *Primary Care: Clinics in Office Practice*, 39(2), 415-431.
- Urindwanayo, D. (2018). Immigrant women's mental health in Canada in the antenatal and postpartum period. *Canadian Journal of Nursing Research*, 50(3), 155-162.
- Vang, Z. M., Sigouin, J., Flenon, A., & Gagnon, A. (2017). Are immigrants healthier than native-born Canadians? A systematic review of the healthy immigrant effect in Canada. *Ethnicity & Health*, 22(3), 209-241.
- Ventevogel, P., Jordans, M., Reis, R., & de Jong, J. (2013). Madness or sadness? Local concepts of mental illness in four conflict-affected African communities. *Conflict and Health*, 7, 1-16.
- Vlassoff, C. (2007). Gender differences in determinants and consequences of health and illness. *Journal of Health, Population, and Nutrition*, 25(1), 47.
- Vos, T., Flaxman, A. D., Naghavi, M., Lozano, R., Michaud, C., Ezzati, M., ... & Harrison, J. E. (2012). Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*, 380(9859), 2163-2196.
- Wahoush, E. O. (2009). Equitable health-care access: the experiences of refugee and refugee claimant mothers with an ill preschooler. *Canadian Journal of Nursing Research Archive*, 186-207.
- Wan, P., Hu, J., & Li, Q. (2023). Impact of Social Support on depressive symptoms among postgraduates during the Coronavirus Disease 2019 pandemic: a Moderated Mediation Analysis. *International Journal of Environmental Research and Public Health*, 20(4), 3431.
- Ward, K., & Wolf-Wendel, L. (2012). *Academic motherhood: How faculty manage work and family*. Rutgers University Press.
- Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research*, 62(3), 185-194.

- Warner, L. R., & Shields, S. A. (2013). The intersections of sexuality, gender, and race: Identity research at the crossroads. *Sex Roles*, 68, 803-810.
- Watts, G. (2016). *The personal politics of spirituality: On the lived relationship between contemporary spirituality and social justice among Canadian millennials* (Doctoral dissertation).
- Weaver, L. J., & Hadley, C. (2009). Moving beyond hunger and nutrition: a systematic review of the evidence linking food insecurity and mental health in developing countries. *Ecology of food and nutrition*, 48(4), 263-284.
- Wu, H. P., Garza, E., & Guzman, N. (2015). International student's challenge and adjustment to college. *Education Research International*, 2015(1), 202753.
- Wechsler, H., Lee, J. E., Kuo, M., & Lee, H. (2000). College binge drinking in the 1990s: A continuing problem results of the Harvard School of Public Health 1999 College Alcohol Study. *Journal of American College Health*, 48(5), 199-210.
- Weishaar, H. B. (2010). "You have to be flexible"—Coping among polish migrant workers in Scotland. *Health & Place*, 16(5), 820-827.
<https://doi:10.1016/j.healthplace.2010.04.007>
- Weldrick, R., & Grenier, A. (2018). Social isolation in later life: Extending the conversation. *Canadian Journal on Aging/La Revue Canadienne du Vieillessement*, 37(1), 76-83.
- Whiteford, H. A., Degenhardt, L., Rehm, J., Baxter, A. J., Ferrari, A. J., Erskine, H. E., ... & Vos, T. (2013). Global burden of disease attributable to mental and substance use disorders: Findings from the global burden of disease study 2010. *The Lancet*, 382(9904), 1575-1586.
- Whyte, K. (2024). Perspectives on Cultural Competency and Black Canadians' Access to Mental Health Care in Canada: A Thematic Analysis. *Healthy Populations Journal*, 4(1), 34-48.
- Wilczewski, M., & Alon, I. (2023). Language and communication in international students' adaptation: a bibliometric and content analysis review. *Higher Education*, 85(6), 1235-1256.
- Wilkinson, L. (2018). A demographic overview of ethnic diversity in Canada. In *Immigration, racial and ethnic studies in 150 years of Canada* (pp. 103-128). Brill.
- Williams, N., Jamal, S., & Guthrie, D. M. (2018). The relationship between caregiver burden and depressive symptoms in Ontario home care clients. *Home Health Care Services Quarterly*, 37(1), 60-76.
- Windsong, E. A. (2018). Incorporating intersectionality into research design: An example using qualitative interviews. *International Journal of Social Research Methodology*, 21(2), 135-147.

- Wong, M. (2014, January). Geographies and strategies of caregiving among skilled Ghanaian migrant women. In *Women's Studies International Forum* (Vol. 42, pp. 28-43). Pergamon. <https://doi.org/10.1016/j.wsif.2013.11.005>
- Wong, C. Y. E., Kirby, T. A., Rink, F., & Ryan, M. K. (2022). Intersectional invisibility in women's diversity interventions. *Frontiers in Psychology, 13*, 791572.
- Woodgate, R. L., Busolo, D. S., Crockett, M., Dean, R. A., Amaladas, M. R., & Plourde, P. J. (2017). A qualitative study on African immigrant and refugee families' experiences of accessing primary health care services in Manitoba, Canada: it's not easy! *International Journal for Equity in Health, 16*, 1-13.
- Woodgate, R. L., & Busolo, D. S. (2021). African Refugee Youth's Experiences of Navigating Different Cultures in Canada: A "Push and Pull" Experience. *International Journal of Environmental Research and Public Health, 18*(4), 2063.
- Woodward, K. (2018). Concepts of identity and difference. In *A museum studies approach to heritage* (pp. 429-440). Routledge.
- World Health Organization. (2017). Depression and other common mental disorders: Global health estimates.
- World Health Organization, 2022. *Mental health and COVID-19: Early evidence of the pandemic's impact: Scientific brief, 2 March 2022* (No. WHO/2019-nCoV/Sci_Brief/Mental_health/2022.1). World Health Organization.
- Wulandari, P., Malihah, E., & Aryanti, T. (2022, April). The Women Migrant Workers: The Role Changing and The Strive in The Family. In *Proceedings of the 1st International Conference on Gender, Culture and Society, ICGCS 2021, 30-31 August 2021, Padang, Indonesia*.
- Wu, H. P., Garza, E., & Guzman, N. (2015). International student's challenge and adjustment to college. *Education Research International, 2015*(1), 202753.
- Xue, L. (2007). Portrait of an integration process. *Difficulties encountered and resources relied on for newcomers in their first 4 years in Canada. Evidence from three waves of the Longitudinal Survey of Immigrants to Canada*. <http://www.cic.gc.ca/english/pdf/research-stats/portrait-integr-process-e.pdf>
- Yasmin, F., Li, S., & Slaninová, G. (2022). Exploring the motivational factors for international students to study in Chinese higher education institutions. *Frontiers in Psychology, 13*, 938986.
- Yeh, C. J., & Inose, M. (2003). International students reported English fluency, social support satisfaction, and social connectedness as predictors of acculturative stress. *Counselling Psychology Quarterly, 16*(1), 15-28.

- Yim, I. S., Tanner Stapleton, L. R., Guardino, C. M., Hahn-Holbrook, J., & Dunkel Schetter, C. (2015). Biological and psychosocial predictors of postpartum depression: systematic review and call for integration. *Annual Review of Clinical Psychology, 11*(1), 99-137.
- Ying, S., O'Connor, B., Ratoff, J., Meng, Q., Mallett, K., Cousins, D., ... & Corrigan, C. (2005). Thymic stromal lymphopoietin expression is increased in asthmatic airways and correlates with expression of Th2-attracting chemokines and disease severity. *The Journal of Immunology, 174*(12), 8183-8190.
- Yusoff, M. S. B., Rahim, A. F. A., Baba, A. A., Ismail, S. B., & Pa, M. N. M. (2013). Prevalence and associated factors of stress, anxiety and depression among prospective medical students. *Asian Journal of Psychiatry, 6*(2), 128-133.
- Yussuf, F. (2015). Immigrant Women: Risk and Protective Factors Associated with Depression and Anxiety Disorders.
- Zeledon, I., Unger, J. B., Meca, A., Duque, M., Lee, R., Soto, D. W., ... & Schwartz, S. J. (2023). Cultural stress profiles: Describing different typologies of migration related and cultural stressors among Hispanic or Latino youth. *Journal of Youth and Adolescence, 52*(8), 1632-1646.
- Zhang, J., & Goodson, P. (2011). Acculturation and psychosocial adjustment of Chinese international students: Examining mediation and moderation effects. *International Journal of Intercultural Relations, 35*(5), 614-627.
- Zhang, Y., O'Shea, M., & Mou, L. (2021). International students' motivations and decisions to do a PhD in Canada: Proposing a three-layer push-pull framework. *Canadian Journal of Higher Education, 51*(2), 61-73.
<https://files.eric.ed.gov/fulltext/EJ1316367.pdf>
- Zhou, X., Zhou, A. Q., & Sun, X. (2021). Prevalence of common mental health concerns and service utilization among international students studying in the US. *Prevalence of Common Mental Health Concerns and Service Utilization Among International Students Studying in the US*.
- Zhu, C., Zhang, T., Li, Q., Chen, X., & Wang, K. (2023). Depression and anxiety during the COVID-19 pandemic: epidemiology, mechanism, and treatment. *Neuroscience Bulletin, 39*(4), 675-684.
- Zunzunegui, M. V., Forster, M., Gauvin, L., Raynault, M. F., & Willms, J. D. (2006). Community unemployment and immigrants' health in Montreal. *Social Science & Medicine, 63*(2), 485-500.

APPENDICES

Appendix A: Interview Guide

The guide will include open-ended, broad, and more focused questions to get an explicit understanding of the phenomenon. The following questions in various parts will guide the interview with participants.

Part 1: Introduction

- a) Please tell me a little bit about yourself, including your family, place of origin, and length of time in Canada?
- b) What motivated you to relocate to Canada?
- c) What were your expectations about what living in Canada would be like prior to migration?
- d) How has your lived reality in Canada matched your original migration expectations?
- e) In general, how would you describe your post-migration experiences, including those related to family separation, amount of social support, academic work, and employment among others.
- f) What are some of the difficulties you face as a WAWIS? Could you provide additional details about any difficulties you encountered?
- g) How has your situation improved since coming to Canada? How has your situation worsened since coming to Canada?

Part 2: Intersectional Factors Affecting WAWIS Mental Health

- a) In your own words, how do you define mental health challenges?
- b) Have you experienced any issues with your mental health since arriving in Canada?
- c) We are now going to explore how various challenges may be impacting your current mental health and well-being.
 - i) Have you experienced any challenges trying to fit in or integrate into the Canadian society?
 - ii) Is your previous training, education or professional qualifications recognized in Canada?
 - iii) Have you had any challenges finding a job in Canada?

- iv) Have you experienced any form of unfair or unjust treatment of any kind?
- v) Has your ethnicity or race affected how well you have integrated into the Canadian society?
- vi) Do you have any Canadian family, friends, or relatives whom you could turn to for support?
- vii) How is the support you received after moving to Canada different from what you received in your home country before migration?
- viii) Have shifting gender roles and expectations affected you in any way?
- d) How have the difficulties you have faced affected your mental health?
- e) How have these difficulties and associated mental health challenges impacted
 - a. Your day-to-day life
 - b. Your relationship with your friends
 - c. Your relationship with your family
 - d. Your academic performance
 - e. Your behaviour
 - i. Do you ever feel easily irritated, aggressive because of your frustrations, anxiety or sadness?
- f) How long have your mental health challenges been affecting you?
- g) How do things like gender, society, your upbringing, and religion influence your perception about mental health?

Part 3: Perceptions and Actions Concerning Seeking Mental Health Assistance

- a. Have you looked for assistance with these mental health challenges? If so, what kind of assistance did you seek and receive? If not, could you please clarify why you haven't asked for help?
 - a. Do you feel more comfortable discussing your experiences with friends, family, close relatives or pastors?
 - b. How would you feel if others discovered that you are experiencing mental distress?
 - c. Do you reach out to any support services when you're feeling down?

Part 4: Coping Strategies

- a) How do you cope with these mental health challenges when they happen?

Part 5: Recommendation

- a) Do you have any suggestions to improve the mental health and support of WAWIS?
- b) Is there anything we have not covered that you think may be relevant to this study?

Thank you so much for this valuable information.

Appendix B: Demographic Information

Participant ID:

Name of participant: _____

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

- 1) What is your country of origin?
- 2) What best describes your Immigration Status?
 - International Student
 - Temporary resident
 - Permanent resident
- 3) Please select the category that includes your age.
 - 18-25
 - 26-35
 - 36-45
 - 46-55
 - 56-65
 - 65 or above
- 4) What best describes your marital status?
 - Single, Never Married
 - Married
 - Common-Law
 - Separated
 - Divorced
 - Widowed
- 5) What best describes the level of your current educational program?
 - Undergraduate
 - Graduate
 - Postgraduate degree
 - Others (Specify)

- 6) What best describes your employment status?
- Employed full-time.
 - Employed part-time.
 - Not employed
- 7) Do you have children living with you? Yes No
- 8) If you answered yes to question 6, how many children do you have living with you _____
- 9) Do you have a partner/spouse living with you currently Yes No

Appendix C: Participants Invitation Letter

Protocol #: Pro00138403



Faculty of Health Science

To the Executives,

Subject: Invitation to Participate in a Study.

Title: “Exploring the Intersectional Factors that Influence the Development of Mental Health Challenges among West African Women Immigrant Students in Lethbridge, Southern Alberta, Canada: An Exploratory-Descriptive Qualitative Study”

Dear Association President and Executive Members:

I Vivienne Omonemi Ejetavbo, a Master of Science student in the Faculty of Health Sciences at the University of Lethbridge, Alberta. I am undertaking a research study that seeks to explore the intersectional factors that influence the development of mental health challenges among West African women immigrant students in Lethbridge. This invite is for members to voluntarily take part in the study. Your assistance in sharing information about this research 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.

It is envisaged that participants’ experience post-migration challenges in Canada, will generate valuable knowledge that may help inform policy and advocacy efforts to support African immigrant women, and also help in the development of future intervention programs that may seek to provide peer-support services for African women. Participation is voluntary, and each participant has the right to withdraw from the study at any point in time, without any penalty or consequence. Participants who choose to

withdraw from the study will have all their information destroyed after 2 weeks to protect their confidentiality.

Participants who may be interested in the study can contact me via any of the contacts provided below. I will contact any potential participant and schedule an interview which I anticipate being approximately 40 – 60 minutes. The interview will be done at a mutually agreed upon location with optimum safety, security, privacy, and confidentiality. The interview may be face-to-face, or online via Microsoft (MS) Teams. The meeting invite will be sent to the participants according to the mutually agreed schedule. If participants consent, these interviews will be digitally recorded to capture each individual's experiences.

Data, including digital-recordings and any notes, will be encrypted and saved on a password-protected computer. Hard copies of these data will be kept in a locked filing cabinet in my thesis committee member's office at the UofL. Research data will only be accessible by the researcher and the thesis committee members. Digitally recorded interviews and all other documents will be destroyed after 5 years. So, participants can be assured of maximum confidentiality. All participants will receive a \$10.00 gift card to thank them for their participation, which they may keep even if the participant decides to withdraw from the study. The collaborating African Associations and participants will be given a copy of the research findings, if they so wish. A copy of the thesis will also be made available through the University of Lethbridge Library and ProQuest Thesis Database to add to the already existing body of knowledge in related areas of study.

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, Dr. Vivienne Ejetavbo (email: v.ejetavbo@uleth.ca) or my thesis supervisor Dr. Wendi Lokanc-Diluzio, (email: wendi.lokancdiluzio@uleth.ca) at the Faculty of Health Sciences, University of Lethbridge or the Office of Research Ethics, the University of Lethbridge (email: research.services@uleth.ca or Phone: 403-329-2747) or

the University of Alberta Research Ethics Office (email: reoffice@ualberta.ca or Phone: 780-492-2615) and quote Ethics ID: Pro00138403.

Thank you.

Yours faithfully,

Vivienne Ejetavbo

Appendix E: Informed Consent Forms

Protocol #: Pro00138403



Faculty of Health Science

Title of Study: Exploring the Intersectional Factors that Influence the Development of Mental Health Challenges among West African Women Immigrant Students in Lethbridge, Southern Alberta, Canada: An Exploratory-Descriptive Qualitative Study

Ethics ID: Pro00138403

Principal Investigator:

Name: Vivienne Omonemi Ejetavbo

Email: v.ejetavbo@uleth.ca

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

You are being asked to participate in this research study because many West-African women immigrant students attending the University of Lethbridge in Southern Alberta report that navigating the challenges associated with both living in a new country while also coping with the challenges of academic life frequently impacts their mental health and well-being. For example, some West-African immigrant women attending university report changes in their mood, a high level of stress, sleep difficulties, and an increased level of feelings such as fear, isolation, and loneliness. This study plans to document the intersecting factors that influence the mental health challenges experienced by WAWIS in Southern Alberta, in hopes that sharing these findings with relevant stakeholders, including post-secondary institutions, settlement agencies, relevant government bodies, and mental health practitioners may inform strategies to support this group more in the future.

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

What is the reason for doing the study?

The purpose of this research is: (a) to explore the intersecting factors that influence the development of mental health challenges among West African Women immigrant students (WAWIS) at the University of Lethbridge, Southern Alberta, Canada; and (b) to explore the coping strategies used to sustain and improve their transition and integration into the Canadian society.

The study will be guided by the following three primary research questions as follows:

- a. What post-migration challenges influence the development of mental health conditions among women WAWIS at the University of Lethbridge, Southern Alberta, Canada?
- b. What strategies do WAWIS implement to manage the mental health challenges that arise when they transition into their new home?
- c. What recommendations do WAWIS have to improve the support of other women struggling with mental health challenges?

What will I be asked to do?

Your participation in this study will involve an approximately 40 – 60-minute face-to-face personal interview at a place and time that is convenient for you. There will also be an alternate online interview using Microsoft Teams depending on the participant's preference. The interview will be audio-recorded with your permission to capture all your experiences accurately. We may also write notes during the interview.

What are the risks and discomforts?

We do not anticipate any significant risks or discomforts associated with participating in the study. Although talking about your experience about challenging events may cause uncomfortable or upsetting feelings and emotions to arise. If this happens, you have the right to stop the interview at any time, and you may choose not to respond to any questions that you do not feel comfortable and ready to answer. If you feel that you would benefit from additional help, we will provide you with contact information for counselling services that may be accessed for free or at a low cost (see Appendix G: Counselling services). Please note, that while it is not possible to know all the risks that may happen in a study, we have taken all reasonable safeguards to minimize any known risks to study participants.

What are the benefits to me?

There are no direct benefits to you for participating in the study other than the satisfaction of sharing your experience with the research team, and contributing to the study findings which may inform improvements in support for West African women immigrant students at the University of Lethbridge in the future.

Do I have to take part in the study?

Being in this study is completely your choice. If you decide to be in the study, you can change your mind and stop being in the study at any time, and it will in no way affect your program of study, student status, and/or employment. There are no consequences if you do not answer a question or if you decide to stop the interview. You may ask questions at any time. You can also take a break, stop the audio recording, or withdraw from the study for any reason up until two weeks after completion of the interview. If you withdraw, the interview recording will be stopped immediately, and your transcript and demographic information be destroyed.

Will I be paid in the research?

You will not be paid to participate in this study; however, if you choose to participate, you will be given a \$10 gift card as a thank you for your time and participating in the study.

Will my information be kept a private?

During the study we will collect data about your experiences as a WAWIS. Steps will be taken to ensure your privacy and confidentiality is protected. Your name will not be included in any reports, presentations, or publications. Should any quote from your interview be used in a report, presentation, or publication, no identifying information will be associated with these quotes. A different name of your choice will be used instead. As well, the name of the university and program will be changed or deleted from the transcript. Names of students, events, or locations that may be identifiable by others will also be changed. At no point will your personal information be used outside of this study.

Interviews will be transcribed by the researcher using a secure transcription software program. The transcript of your interview will be stored in an encrypted folder in a password-protected and secure computer. Additionally, any information we collect in this study will be kept strictly confidential in a locked filing cabinet (if printed on paper) or in a password-protected and encrypted file on a password-protected computer that can only be accessed by the researcher or the thesis committee member. All collected information will be safely destroyed by shredding (for paper) and permanently deleting documents after five years.

What if I have questions?

If you have any questions pertaining to this study, feel free to contact me, Vivienne Omonemi Ejetavbo (email: v.ejetavbo@uleth.ca) at the Faculty of Health Sciences, University of Lethbridge. 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 Pro00138403.

Thank you very much.

Consent

Title of Study: Exploring the Intersectional Factors that Influence the Development of Mental Health Challenges among West African Women Immigrant Students in Lethbridge, Southern Alberta, Canada: An Exploratory-Descriptive Qualitative Study

Ethics ID: Pro00138403

Principal Investigator(s): Vivienne Omonemi Ejetavbo

	Yes	No
Do you understand that you have been asked to be in a research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and received a copy of the attached consent form?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits and risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to leave the study at any time, without having to give a reason and without affecting your educational program, student status, and employment?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand who will have access to your study information?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to the audio recording of the interview(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to reveal your identity to participants you have referred?	<input type="checkbox"/>	<input type="checkbox"/>
Who explained this study to you? _____		
I agree to take part in this study:	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Research Participant: _____		
Printed Name: xxx		Date:
I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.		
Signature of Investigator: xxx		Date:

** Contact information of the participants

Mailing address:

Contact Information

If you have any questions pertaining to this study, feel free to contact me, Vivienne Omonemi Ejetavbo (email: v.ejetavbo@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 Office of Research Ethics, the University of Lethbridge (Phone: 403-329-2747 or email: research.services@uleth.ca)

Thank you very much.

You will be given a copy of this consent form for your records and reference.

Appendix F: Member Checking Guide

1. Is there any part of the initial research findings that resonates with your experience?
2. Is there any part of the text that does not accurately reflect or represent your views?
3. Is there any part of the text that you want to further develop, clarify, or change?
4. Is there any part of the text that you want to be removed?
5. Is there anything in the text that stands out for you?

Appendix G: Counselling Service

List of Professional Counselling Resources in Lethbridge:

1. Lethbridge Counselling Services
740 4 Avenue South
Tel: (403) 942-0452
2. Associates Counselling Services (subsidized through City of Lethbridge)
Family counselor 239 12b St N
Tel: (403) 381-6000
3. Lethbridge Family Services - Main Office (subsidized through City of Lethbridge)
Non-profit Organization
1107 2 Avenue N
Tel: (403) 327-5724
4. Alberta Health Services Mental Health Clinic – 403 329 4775
5. Mental Health Helpline (24 hrs. a day, 7 days per week) – 1 866 303 2642
6. Domestic Violence Action Team
102 – 1221 2 Ave S
Tel: (403) 381-3900
7. YMCA Harbour House Women’s Emergency Shelter 604 8 St S
Tel: (403) 329-0088
Crisis line: (403) 320-1881
Toll-free line: 1-866-296-0447

***If you are in immediate danger, call 9-1-1**

Appendix H: Budget

RESOURCES	AMOUNT (CAD)
Transport Expenses	\$100
Stationary/Printing	\$100
Communication - (phone & internet)	\$100
Digital recorder	\$100
Flash drive	\$20
Transcription software	\$100
Snacks & Drinks for participants	\$100
Transportation for participants	\$50
Gift cards	\$150
Dissemination of Findings	\$200
In-kind Resources	
Use of Nvivo 12 software	
Total	\$1,020

Appendix I: Study Timelines

TASK	ACTIVITY	MONTH
Thesis Proposal	Submit Thesis proposal to Committee	December 2023
Thesis Colloquium	Committee to approve Thesis Proposal	December 2023
University of Lethbridge Human Participant Research Committee	Submit application to Ethics Review Board for approval	January 2024
Recruitment	Recruitment of participants	February 2024
Data Collection	Review of literature & Interview of participants	February 2024 – March 2024
Data Analysis	Rigorously analyzing the data	April 2024 – June 2024
Thesis Results and Discussion	Writing Results and Discussion	June 2024 – July 2024
Thesis Defense	Defense	August 2024