# MUSLIM IMMIGRANT WOMEN'S EXPERIENCES OF MENTAL HEALTH CHALLENGES IN SOUTHERN ALBERTA, CANADA

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## ABSTRACT

The purpose of this study was to explore the experiences of mental health challenges in Muslim immigrant women in Southern Alberta. Exploratory descriptive qualitative research design and semi-structured interviews with ten Muslim women were employed. Thematic analysis of these collected data showed that Muslim immigrant women participants experienced some mental health challenges due the intersection of pre-migration and post-migration factors. To cope with mental health challenges, Muslim women utilized a series of coping mechanisms including seeking professional help. However, some elements such as cultural and religious factors impacted their decisions. The study recommended that stakeholders, policy makers, and mental health professionals provide Muslim immigrant women with culturally safe services to promote their mental well-being.

## ETHICS STATEMENT

Work described in this thesis received research ethics approval from the University of Alberta Research Ethics Board, Project Name “MUSLIM IMMIGRANT WOMEN’S EXPERIENCES OF MENTAL HEALTH CHALLENGES IN SOUTHERN ALBERTA, CANADA”, ID. Pro00135230, 11.10.2023.

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# CHAPTER 1: INTRODUCTION

According to the UN (United Nations) definition, fertility levels below 2.1 children per woman are considered below-replacement fertility (UN, 2007). Canada's birth rate in 2023 declined to 1.2, the lowest rate in the history of Canada (Statistics Canada, 2024). This low fertility rate is a major reason Canada admitted about 1,200,000 new immigrants from 2021 to 2023. While the majority of previous immigrants were from the United States, Europe, and Oceania, recent immigrants are from Asia, the Middle East, and Africa (Hou & Picot, 2019). Canada has welcomed more than 44,000 Syrian refugees (Statistics Canada, 2021) and resettled 40,000 refugees from Afghanistan in two years (Government of Canada, 2021).

These immigration patterns have increased the Muslim population in Canada. Canada has the eighth-largest foreign-born population in the world (McAuliffe et al., 2020). After Confederation in 1867, over 17 million people from around the globe became residents of Canada (Statistics Canada, 2017). The immigrant population of Canada was 7.5 million in 2016, accounting for 22 percent of the country's residents (Statistics Canada, 2019). According to the 2021 Census of Population, 23 percent of the Canadian population are immigrants (Statistics Canada, 2022). It is predicted that in 2036, immigrants will comprise 24.5 percent to 30 percent of Canada's population (MacIsaac, 2017).

Migration influences immigrants' lives in many aspects. They may face indigence, food shortages, unstable housing, a lack of access to proper education, and problems with health care services (Chang, 2019). Insecure employment, underemployment, losing social relationships, being subject to racism, and discrimination are some issues for vulnerable immigrants in Canada (Premji, 2018; Wang & Palacios, 2017). As

immigrants' health is directly related to their migration and settlement journeys, immigration is a social determinant of health (WHO, 2018). In fact, immigration and health are vigorously connected, and immigrants are more vulnerable while facing health risks (McAuliffe et al., 2020).

**Mental Health**

Mental health is a key factor and an indispensable element of health. The absence of a mental illness or mental disability is not the only component of mental health (WHO, 2020). Mental health is a condition in which a person is aware of their own capabilities, can manage the usual tensions of life, and can play a constructive and profitable role in society (WHO, 2020). Mental health problems may be the result of entering new societies, occupational distress, sex-based judgment, social exclusion, an unhealthy lifestyle, physical diseases, and disrespect for civil rights (WHO, 2020).

Immigrants experience hardships, regardless of their immigration route (Silove et al., 2000). Migrants are at risk for adverse mental health outcomes resulting from pre-migration, migration, and post-migration stressors and from difficult migration journeys. In the pre-immigration phase, immigrants lose social ties and normal life connections. During migration, it may take a long time for their citizenship to be approved (Bas-Sarmiento et al., 2017; Silove et al., 2000). Living in harsh and violent conditions like refugee camps may induce a sense of powerlessness and increase the risk of mental health problems in refugees (Robjant et al., 2009; Steel et al., 2006).

Despite the hardships experienced, immigrants initially report better mental health. Immigrants initially report better mental health than their native counterparts; however, this declines as they reside longer in the new country, which is called the

healthy immigrant effect (Kwak, 2018; Lu & Ng, 2019). Once immigrants are granted a stable immigration status, it may improve immigrants' mental health, but losing connection with home in the short term, and the obstacles encountered by living in the new home in the long term, may lead to disappointment and depression. Newcomers' unmet expectations from their new country and difficulties resulting from discrimination, exclusion, and inequalities also add to the frustration (Noh et al., 2007). A review by the Mental Health Commission of Canada (2019), based on 2016 Census data, identified that different equity problems such as discrimination, underemployment, and low income are affecting immigrants' and refugees' mental health and wellbeing. Low-income is a social determinant of health and a contributing factor to mental health problems, especially if it is associated with housing and food insecurity (Mental Health Commission of Canada, 2019). In 2015, the percentage of immigrants' income falling below the LICO (low-income cut-off) was higher (13%), compared to their non-immigrant counterparts' (9%) (Mental Health Commission of Canada, 2019). Underpayment is also connected with increased mood and depressive disorders and immigrants may experience under-employment, lower wages, and unemployment more often than the general population (Drydakis, 2022).

**Social Exclusion**

Immigrants are at high risk of social exclusion due to two sets of factors. First, immigration is associated with multiple connection losses, including those to family, friends, and colleagues. On the other side, immigrants may not be able to establish connections in the new society because of various barriers like language, and social rules and norms in their new home. As a result, they may feel lonely or disconnected. Second,

minority and ethnic groups may experience discrimination in their everyday communications. The stereotypes against minority social groups are a reason for social exclusion, and immigrants are among those groups that may be avoided. Such exclusion can lead to mental and physical health issues (Marinucci & Riva, 2020).

Certain groups of people in society, like women and refugees, are considered to be more vulnerable and subject to particular tensions (Simich & Beiser, 2011). Immigrant women's social determinants of health, like gender, socio-economic status, and violence, put them at excessive risk for mental health challenges. The same is true following migration to Canada, and immigrant women bear a high burden of stress in the resettlement process in their new home (MacDonnell et al., 2015). In Farid's (2020) study, the risk of undiagnosed depression was higher in immigrant women compared to non-immigrant women (Farid et al., 2020).

**Muslim Women in Canada**

Canada is a multicultural country that protects the freedom of religion (Bonnis, 2015). Islam, after Christianity, has the most followers in Canada. According to Canada Statistics (2024) in Census of Population in (2021), 1,775,715 individuals, or nearly 4.9% of the country's population, identified as Muslims. According to new population projections by the Pew Research Center's Forum on Religion & Public Life, the Muslim population of Canada is projected to grow to 2.7 million in 2030; comprising 6.6% of Canada's total population in 2030 (Lugo et al., 2011).

Immigration affects immigrants' lives in three major aspects, including personal relationships, socio-economic status, and cultural systems to be explored in the next chapter (Artal-Tur, 2014; Tubadji, 2017). Muslims' mental health problems are also

consequences of these changes and experiences. Psychological distress caused by these stressors puts immigrant Muslims' mental health at risk. The study of mental illnesses in Muslim communities has identified a strong relationship between experiences of discrimination and mental health challenges (Phillips & Lauterbach, 2017; Shattell & Brown, 2017). There is evidence that Muslim workers were underpaid and were not considered as capable as white workers (Park et al., 2009). Muslim worker profiles would also be fully inspected for potential minor weaknesses (Park et al., 2009). In many cases, the physical appearance of being Middle Eastern, South Asian, or North African is the reason for racialization rather than being Muslim (Al-Saji, 2010).

**Mental Health Challenges in Muslim Women**

Discrimination is the unfair treatment of some social groups that can endanger their mental and physical health. Discrimination is often a result of racism (Trinh-Shevrin et al., 2009) and may affect the mental health of immigrant and racialized populations (Ghaffari & Çiftçi, 2010; Mental Health Commission of Canada, 2019). Racial discrimination is a type of discrimination against minorities and ethnic groups because of their race, religion, ethnicity, and culture (Pascoe & Smart Richman, 2009; Schulz et al., 2006; Yeasmeen et al., 2022). The everyday experience of discrimination over a long time is a predictive factor of mental health outcomes including depression, anxiety, and stress (Assari et al., 2017; Yeasmeen et al., 2022).

Macro-aggressions are institutional and systemic discrimination against the whole population of a marginalized group, while micro-aggressions are the racist acts at the individual level and targeting an individual's behaviors or beliefs (Sue et al., 2019). Macro-aggressions against Muslims cannot be measured easily, but Muslims experience micro-

aggressions when it is implied that they are terrorists, exotic, or when Islam is identified as harmful (Nadal et al., 2012). In Western countries like the United States, Islam has become an ethnic characteristic, and all Muslims, despite their heterogeneous origins, are subject to racism because of their religious identity as Muslims (Phillips & Lauterbach, 2017). The negative portrayals of Muslims in Western media could contribute to the prejudice against Muslims (Aziz, 2012). In some studies, like Yeasmeen's (2022) study, Muslim women were more likely to experience racism and had higher psychological distress compared to non-Muslim women.

## Muslim Women Prone to more Mental Health Challenges

Muslim women can be at risk of mental health problems because of some challenges that they face in their lives. These challenges are discussed in the following paragraphs.

### *Inequality Between Men and Women in Muslim Communities*

Islam is the second-largest religion in the world (Lipka, 2017). Anti-Muslim sentiment, or Islamophobia, is also increasing globally (Samari, 2016). In many religions, women are positioned as subordinate and subject to more religious restrictions (Chrisler & Hemstreet, 1995). Islam and Islamic societies place more pressure on women because of cultural and religious rules. Muslim women must dress and behave in certain ways; they are expected to be submissive to their husbands and experience gender inequalities in law and marriage (Mir-Hosseini et al., 2014). In Islamic laws and Islamic traditional societies, men are defined as guardians, protectors, and providers, while women are considered weak, obeying, and needing protection. The rules in favor of men's superiority are derived from Qur'an verses (Mir-Hosseini et al., 2014). Discrimination and

inequality against Muslim women in these communities are based on two main notions: first, the husband's authority and economic accountability for his wife; and second, male family members' power and dominance over female members (Mir-Hosseini et al., 2014).

Muslim girls face many difficulties in establishing their gender identity because of patriarchal rules regarding their bodies and clothing in the Muslim community, pessimistic clichés, and Islamophobia against Muslim women in the society they live in (Jiwani, 2021). Some Muslim women do not cover their hair in traditional ways known as classic hijab, but they are still subject to discrimination because of wearing hijab (Aziz, 2012). In patriarchal societies, members inherit possessions, places of habitation, and descent from their male line. Despite the fact that a senior man has dominance over everyone in the family, female members are more controlled and expected to obey the rules. Traditionally, women in a patriarchal society are considered a labor force whose most important duty is childbirth. Nonetheless, her children do not belong to her, but to the man's family. Female members of the family in a patriarchal system have to obey all the laws regarding their body and behavior to preserve their honor as well as their family's honor. Theoretically, in Islam, men and women are equal, but in real life, men are given unequal rights in terms of sexual affairs, polygamy, and inheriting rights (Moghadam, 2004). Muslim women are expected to keep following their traditional roles as good women in their own communities. A good Muslim woman is one who has accepted male dominance and authority. Moreover, her main responsibility and concern is playing her role as a mother or wife (Aziz, 2012).

### *Discrimination Against Muslim Women Outside of Muslim Communities*

The US terrorist attacks on September 11, 2001, triggered violence against Muslims due to their race and religion. Violence and hate crimes against Muslims started developing in various forms, like verbal attacks, murders, and graffiti. Hate crimes against Muslims continued to increase and rose to 145 cases by October 11th, 800 by mid-October, and 1100 by mid-November. Besides the public anger, anti-Muslim hate and violence had roots in the images of Arabs, Muslims, and Middle Eastern people in western countries as someone who did not have the right to live in Western countries, and who were wicked and warmongering. This image was supported culturally and politically (Perry, 2014).

In one research in Australia Muslim women reported that they experienced verbal attacks, offensive gestures, property vandalism, being avoided or ignored, racist teasing, physical abuse, or threats of abuse (Yeasmeen et al., 2022). Consequently, Muslim women are concurrently victims in their own patriarchal societies while also seen as threats in western cultures, where people are free to express themselves (Bilge, 2010). Karimi (2018), in her study, on Muslim women in France, claimed that Muslim women's religion can act as an obstacle while seeking a job because their religion is instantly revealed by wearing a headscarf. In some cases, Muslim women were under pressure to remove their hijab during business hours, which is not only a violation of fundamental freedom of conscience but also causes psychological harm (Karimi, 2018). In Ghaffari and Çiftçi (2010) study, on Muslim immigrant women in the United States, there was a significant negative relationship between perceived discrimination and self-esteem in Muslim immigrants. Abdelhadi's (2017) reported less employment for Muslim women

wearing the hijab in the United States. Discriminations experienced by Muslim women, whether apparent or subtle, affects their financial lives adversely. Economic difficulties have profound consequences like lower self-esteem, provoking a sense of powerlessness, and losing social power (Aziz, 2012).

In the post 9/11 era, hate crimes and discrimination against Muslim women increased in Canada (Perry, 2015). Muslim immigrants reported being discriminated against in their social encounters and within their workplaces (Helly, 2004). In Rahmath's (2016) study, on Muslim women in Canada, all hijab-wearing Muslim women reported being targets of discrimination. Legislation related to the banning of hijab and niqab in public places in the Canadian province of Quebec, also impacted Muslim women's access to public services and employment negatively (Maimona, 2019). According to Canadian police reports in 2018, Muslim women were more likely to be the victims of hate crimes compared to other women, with 45% of violent hate crimes against Muslims directed toward Muslim women. This may be a result of wearing headscarves and revealing their religious identity (Government of Canada, 2018). In Ahmad's (2019) study participants, who were Muslim women, reported experiences of physical, sexual, and verbal abuse by white men. These Muslim women felt that they were subjected to such violent incidents because of gendered Islamophobia.

**Why Study Muslim Women's Mental Health?**

There are three major reasons why Muslim immigrnat women's mental health requires attention. First, these women are subjected to a wide range of stressors. Second, these women belong to a minority religious group that is frequently othered based on its

religious symbols. Finally, they are subject to gender-related discrimination within their communities and in Canadian society as a whole.

## Study Purpose

This qualitative study explored the experiences of Muslim immigrant women and the various intersecting factors that affect their mental health.

## Research Questions

The main research question guiding this study was: How do intersecting difficulties influence the experience of mental health challenges in Muslim immigrant women?

## Significance of the Study

Given the growth in Canada's immigrant Muslim population, it becomes increasingly important to monitor and address their mental health needs. Muslim immigrant women face a variety of challenges in their lives. The intersection of factors, such as their race, religion, gender, culture, socio-economic status, belonging to a social minority, and immigration status, put their mental health at risk after moving to Canada. However, little research exists that identifies the way in which marginalized religious identity has affected the mental health of immigrant women in Canadian society and how they cope with mental health challenges. This study aims to address the knowledge gap related to the experienes of Muslim immigrant women's mental health challenges and the intersecting factors in the context of migration to Canada.

# CHAPTER 2: LITERATURE REVIEW

This chapter provides a review of the existing literature on my topic to identify any gaps in the literature and define the importance of the present study. It provides the literature on mental health definitions, mental health in women, help seeking behavior in women, mental health in Muslim women, and factors influencing the experience of mental health challenges in Muslim women. Finally, the theoretical framework that informs the study is explained.

## Mental Health Disorders

According to the World Health Organization (WHO), mental health is "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community" (WHO, 2014). Mental health is not only the absence of mental disorders but also the presence of a positive contribution to community and society. Even someone with a mental disorder can have a meaningful, fulfilling life. In fact, similar to the WHO's definition of health, mental health is not defined dichotomously as healthy or ill; rather, it varies in range from flourishing and complete mental health to disabling mental disorders (Barry, 2009; Keyes, 2005; WHO, 2014).

Mental health disorders can be the result of stressors, but all life stressors do not necessarily lead to mental challenges. A large population experiences mental health challenges; however, all individuals with a mental disorder do not reach the threshold of diagnosis while they experience and suffer from the signs and symptoms (Barry, 2009; Patten, 1991). WHO stated that in 2019, one in eight or 970 million people worldwide suffered from mental disorders. According to WHO (2022), in 2019 the most prevalent mental

disorders were anxiety disorders with 301 million cases, depression with 280 million cases, bipolar disorder with 40 million cases, schizophrenia with 24 million cases, and eating disorders affecting 14 million individuals. Certain psychological illnesses are more prevalent in men than in women, for example, mood and anxiety disorders are more prevalent in women and substance abuse and antisocial personality disorder in men (Otten, 2021). Wittchen et al. (2011), in their review of the literature, reported mood disorders, including major depression and bipolar disorder, and anxiety disorders, to be more prevalent in women. Among anxiety disorders panic disorder, agoraphobia, social phobia, generalized anxiety disorder, specific phobias, post-traumatic stress disorder, and obsessive-compulsive disorder were also more common in women. PTSD (post-traumatic stress disorder) with 3.4 and agoraphobia with 3.1 times greater chance of occurrence in women, had the highest ratios.

Socioeconomic status (e.g., higher income and education) has a negative relationship with the occurrence of mental disorders in general. Social placement, by affecting an individual's stress and access to social and material support, is a contributor to mental disorders (Aneshensel, 2005).

Some mental illnesses become chronic, and in the face of life stressors, people may experience relapse and worsening of the symptoms for some periods of time; as a result, disability may occur. Disability caused by mental illness may be a result of cognitive impairment caused by the disease, a lack of motivation for life activities caused by symptoms, or stigma related to a change in their behavior (Bhugra, 2006). Ferrari et al. (2022), in their systematic review of data on 204 countries from 1990 to 2019, found that mental disorders were among the top ten causes of disease burden globally. No reduction in the

burden of mental illnesses between 1990 and 2019 was observed despite the possibility of interventions to reduce the burden for different age groups, genders, and geographic places (Ferrari, 2022). This implies the intensity of disabilities caused by mental illness, which has worldwide adverse impacts. Ferrari et al. (2022) also predicted the COVID-19 pandemic increased the burden of mental disorders yet to be studied.

### *Mental Disorders' Stigma and Stereotypes*

Encountering public stigma forms self-stigma in a person with mental illness. Self-stigma, along with social stigma, impacts a person's social and personal life (Corrigan & Rao, 2012). Individuals diagnosed with mental illnesses may experience symptoms that impact their self-esteem and ability to have a fulfilling personal life. Moreover, mental illness stigma impacts their ability to find a job, housing, social group activities, and social connections. Ultimately, mental illnesses affect a person's overall quality of life negatively (Ben et al., 2021; Corrigan & Watson, 2002). Both types of stigmas, whether related to an individual's identity or to their health, impact one's wellbeing negatively (Turan et al., 2019). In Lara Muñoz et al.'s (2007) study, close relationships and social life were the domains that were most affected by mental disorders. Depression, social phobia, and PTSD caused the most severe complications.

Stereotypes against people, who suffer from mental illness, portray them as threatening and blame sufferers for their condition. Consequently, people may avoid those with mental illnesses so that sufferers may not receive the help they need. The families of people with mental health disorders may also experience blame and shame. So, these families may try to hide their family member's psychiatric illness to avoid discrimination through avoidance (Ben et al., 2021). However, people belonging to different ethnic or racialized

groups can experience mental health stigma differently in terms of acceptance of mental illnesses or worry about them. This may be because of their previous encounters with the mental health care system or because they are suffering from various types of discrimination (Corrigan & Watson, 2002, 2007).

Intersectional stigma occurs when social, economic, and political power allows people with mental disorders to be seen as different and separate from rest of the society. As a result, these people are socially excluded and discriminated against (Taylor & Richards, 2019). Social minority groups frequently face disparities in mental health services. In fact, an individual's gender and socioeconomic status, as well as belonging to racial, ethnic, or sexual minorities, could affect their access to the available services. In this regard, people whose first language is not English are also affected in similar ways (Evans et al., 2016). Willging et al. (2006) found in their interviews with mental health providers that there were biases in providing services to sexual minority groups in the forms of not providing services to them, segregation from the rest of clients in residential homes, and being persuaded not to discuss their gender or sexuality (Willging et al., 2006).

Culture is also an important factor in the way people define mental illness and how, when, and where action is needed. A cultural definition of normal and abnormal behavior may both contribute to some people ignoring the symptoms of mental disorders or prevent mental disorders by providing support (Bhugra, 2006). Viswanath and Chaturvedi (2012) explained the role of culture as a significant contributor at different stages of mental illness formation and treatment. Culture plays an important role in the incidence or reporting of mental illness, potential reactions to the illness, the presentation of

symptoms within their cultural context, and cultural factors may also contribute to the intensity and frequency of reactions as well as illness perception (Viswanath & Chaturvedi, 2012). The significant role of culture in mental disorders is implied in research such as Tateyama et al.'s (1998) study, where they compared delusion patterns of schizophrenic patients, from two cities in Europe and Tokyo. They found poisoning, teasing, and sin delusion were more reported by patients from European cities, while Japanese patients had illusions related to slander that could be explained by group-dominated communities and social shame in Japan (Tateyama et al., 1998).

### *Mental Health in Women*

A gender-aware approach to health enables us to consider bio-psycho-social differences and how gender inequalities affect health. Gender interacts with other social labels to exert a cumulative effect on health (Afifi, 2007). Gender stereotypes define women as more prone to emotional issues (Chaplin, 2015), which in the context of the social stigma of mental health illness may cause some women to hide the issue and avoid seeking help because of the stigma around being emotional (Centa, 2020; Henderson et al., 2013).

There are different patterns in the incidence of psychological disorders between men and women. Women suffer more from internalizing disorders, and men suffer more from externalizing disorders. Women often internalize feelings of hopelessness, helplessness, and loss toward themselves, so depression and anxiety occur. On the other side, men tend to show outward behavior, and as a result, more aggression and antisocial behavior are prevalent in them (Kramer et al., 2008). Kramer (2008), in his study, reported

higher scores of internalizing mental disorders in women compared to men (Kramer et al., 2008).

Historically, emotions are connected to femininity and intellectuality to masculinity (Löffler & Greitemeyer, 2023). Caretaking, domesticity, and consumption became women's traits (Aarseth, 2021), while assertiveness, independence, and production are linked to masculine identity (Arrindell et al., 2003). A variety of factors have influenced the process of shaping these gender stereotypes. The process of socialization starts in childhood, with the first interactions impacting boys' and girls' social behaviors. Parents give boys more independence and freedom, and there is less control over them, but girls are more restricted, controlled, and given less autonomy (Kelly & Worell, 1976). As a result, boys develop more risk-taking behaviors and independence, which are needed for production, while girls show more dependency on others and are discouraged from risky behaviors, preparing them for domesticity. These differences in treatment of boys and girls are also evident at school and in childhood play, giving more control and dominance to boys compared to girls (Archer, 1992). The stereotypes that are formed and internalized in childhood are applied in adolescence. As physical changes occur in adolescence, boys and girls are more expected to fit into the predefined images of a whole man or woman (Galambos et al., 1990; Leszczynski & Strough, 2008). The male and female roles started in adolescence continue in adulthood; for example, women are often hired in jobs with less authority and decision-making compared to men (Ganesh & Paramasivam Ganesh, 2014). Women's social experiences tend to result in lower self-esteem, less dominancy, higher emotional reliance on others, and a lower sense of worth and control. Perez (2012), in her study on the wellbeing of college students, found that female students

had higher scores in relationship domains while male students reported higher autonomy compared to female students (Perez, 2012). Traditional role expectations of women to provide support for family members and give priority to others' needs over themselves put women under psychological pressure and contribute to the development of depression and anxiety in women (Rosenfield, 1999). In today's world, women are working as much as men do outside the home while still doing an unequal share of home duties. Gender expectations also put more pressure on women as the caretakers of their families (Rosenfield, 1999; WHO, 2002).

The interaction between gender and other social determinants of health worsens women's biological vulnerability to illnesses (Afifi, 2007). Some studies have found relationships between lower social status and HIV and lower socio-economic status and physical and mental illnesses, in women (WHO, 2000; Zierler & Krieger, 1997).

Bio-psycho-social factors affect the types of mental health challenges women experience. Depression and anxiety are more prevalent in women. Mood swings resulting from hormonal fluctuations are also documented in some studies (Bloch et al., 2005; Larsen et al., 2023; Ossewaarde et al., 2013). In Bloch et al.'s (2005) study, women with a history of premenstrual dysphoric disorder (PMDD), postpartum mood symptoms, depressive symptoms, and mood symptoms during their last time taking oral contraceptives were at high risk of postpartum mood disorders (Bloch et al., 2005). Larsen et al. (2023) in their study, emphasized the role of postpartum hormonal fluctuations as a contributing factor in postpartum depression. Ossewaarde et al. (2013), by examining morphological changes in the amygdala during the premenstrual phase, captured enlargement of gray matter in the amygdala in relation to experiencing stress-induced negative mood changes,

implying that negative mood changes before menstrual period are in line with internal chemical changes in the brain. Hormonal causes, along with biosocial factors, enhance antenatal and postnatal depression incidence. Women's reproductive health complications (e.g., infertility, hysterectomy, and unwanted abortion) may also be sources of distress for them. Women are also targets of sexual violence more than men (Afifi, 2007). Souter et al. (2002) assessed the mental and general health of 507 infertile women using a survey which included the 12-item General Health Questionnaire (GHQ-12) and three multi-item scales from the Short Form Health Survey Questionnaire (SF-36) scales. Their findings showed that nearly 32 percent of infertile women may be at risk of developing mental health problems (Souter et al., 2002). Laughlin-Tommaso et al. (2020), in their study on women who underwent hysterectomy, found that hysterectomy at all ages increased the incidence of depression and anxiety. Depression rates were significantly higher in younger patients at the time of surgery (Laughlin-Tommaso et al., 2020). In Fergusson et al.'s (2008) longitudinal study of 500 women who had abortions, the risk of developing mental disorders in these women was 30 percent higher than in other women (Fergusson et al., 2008). In fact, faced with life difficulties, women are more vulnerable than men and this may result in mental health challenges, especially depression (WHO, 2002).

**Help-seeking Behaviors in Women**

Gender differences in help-seeking behavior have been extensively investigated in the literature (Galdas et al., 2005; Mackenzie et al., 2006). Women are more willing to seek professional help while experiencing psychological symptoms, especially when their symptoms were worsening, compared to men, who have less desire to seek medical help for mental challenges (Rickwood & Braithwaite, 1994). These gender differences in

seeking help are believed to be related to gender stereotypes and role expectations. Women's identity, portrayed by historical images of women as caretakers, nurturing, sensitive to emotions, having lower confidence and autonomy, being dependent, and relying on others for help, makes women more open to seeking help (Ashton & Fuehrer, 1993). These studies do not take other intersectional factors into account. However, some factors, such as the stigma of a mental illness, may affect help seeking negatively (Zartaloudi & Madianos, 2010). Cultural barriers may also delay women's help seeking for mental challenges (Shin, 2002). Ting & Panchanadeswaran (2009) interviewed a group of African Muslim women, who were abused by their parents, and found that cultural ideas on gender inequality and acceptance of violence against women were the main barriers to seeking help in this study (Ting & Panchanadeswaran, 2009). Some women may not seek help because of gender stereotypes and expectations of women, such as placing family needs before their own. A number of studies have also reported that women did not seek help because of the fear of losing their house and children, not having enough economic resources, shame, and stigma (Fugate et al., 2005; Saint Arnault & Woo, 2017; Saint Arnault & Zonp, 2022; Saint Arnault et al., 2018). Women from minority groups may also not reach out for formal therapy or services because the services provided are not prepared to serve diverse people with different cultural, linguistic, and racial backgrounds and needs (Saint Arnault et al., 2018). Wamwayi et al. (2019) explored African immigrants' views on culturally appropriate mental health care for them in Australia. African immigrants described current services as culturally inappropriate and stated that was a need to change mental health services in order to serve immigrants linguistic, spiritual, and cultural needs (Wamwayi et al., 2019).

## Muslim Women's Mental Health

Muslim women's mental health is in danger due to pressure and experiences in their home countries and within Muslim communities, making them prone to mental health challenges. Although Muslim women live in different regions of the world and have distinct cultural and social backgrounds, they have Islam in common, which positions women in an inferior position compared to men and promotes gender inequality. According to the Quran, good women are obedient (Douki et al., 2007).

## Gender Inequalities

Unequal treatment of Muslim girls starts at their birth because they cannot transmit family names. A woman's social status also diminishes if she gives birth to a girl (Arfat, 2013; Douki et al., 2007). There are incidents of gender-based abortion if the fetus is a girl. Qayyum & Rehan (2017) investigated the reasons for induced abortion in a group of Pakistani women. Of the 968 women, more than 20 percent reported having had an induced abortion at least once, and 338 out of these 968 women, nearly 35 percent of them, decided to pursue abortion after the fetus' gender was identified as female in ultrasonography (Qayyum & Rehan, 2017). In some cases, even girls' malnutrition in childhood can impact mental and physical development (Qasmi et al., 2022). Makinson's (1994) study about discrimination against female children found that female children's death rate increased after one month, which may be because of intentional neglect and gender-based discrimination. Prevalence of malnutrition in female children was around 54 percent, which was 10 percent higher than in boys, and male children were breastfed for longer compared to girls (Makinson, 1994).

**Sexual Relationships and Virginity**

In terms of contact with the opposite sex, girls are restricted and banned from such contacts, especially in adolescence. They may be prevented from going to school in adolescence to prevent sexual arousal in potential contacts with boys, or because of early age marriage (Douki et al., 2007). In some countries, girls are not allowed to attend school, and they remain illiterate. In 2016, more than 750 million people were illiterate globally, of whom nearly two-thirds were women (UNESCO, 2017). Women's illiteracy is still a consistent problem in some countries where the main religion is Islam, such as Yemen and Afghanistan, with 52 percent and 77 percent of women illiterate, respectively (Countrymeters, 2023).

In Muslim countries, there is pressure on girls to avoid premarital sexual relationships, while such expectations do not exist for boys. Girls are expected to remain virgins before marriage. Girls' sexual affairs and loss of virginity before marriage bring shame and dishonor to their families. Losing virginity, or its belief, results in psychological challenges for Muslim girls. Depression, isolation, fear, identity confusion, and running away from home are some of these challenges (Becker, 1999; Douki et al., 2007). Premarital affairs or pregnancy outside of marriage may be a cause for suicide, domestic violence against girls, or even homicide (Ahmed et al., 2004; Lester, 2006). If a girl is not virgin at the time of marriage, it can have serious consequences for her, such as being rejected by the groom's family as well as her family's loss of fame and honor (Bekker et al., 1996). In some countries, the bride's family gets paid for the bride, but in some other parts, like Iran, the bride receives "Mahrieh" from the groom at the time of divorce, so the bride has to be virgin as the groom's family is paying for it (Kaivanara, 2016). Hymenoplasty

surgery is helpful in reducing some consequences of losing virginity in Muslim girls, but it also helps perpetuate sexual inequality and endorses male dominance in Islamic societies (Bekker et al., 1996; Kaivanara, 2016).

**Sexual Mutilation**

According to WHO (2024) sexual health is physiological, emotional, psychological and social wellness in the context of sexuality. Sexual health is not living free from disease, dysfunction or weakness. Sexual health requires that the individual has a positive and respectful view of their sexual life, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. In order to have a healthy sexual life individuals must have the right to enjoy their sextual relationships and be free from discrimination, judgment, and violence (WHO, 2024). So, sexual health is meaningful throughout the lifespan and there is a mutual connection between mental health and sexual health (Hensel, 2016).

Sexual mutilation of women, including partial or full cutting of the external genitals of a female is widely done in Africa, the Middle East, and Asian countries. According to WHO, more than 200 million women worldwide have undergone female genital mutilation (FGM) (WHO, 2023). FGM is practiced in Islamic countries, but there is a lack of accurate data on the prevalence in some of these countries. In Egypt, 90 percent (UNICEF, 2020), Kurdistan of Iraq, 40 percent (Shabila, 2019), Yemen, 20 percent (Al-Taj & Al-Hadari, 2023), and Saudi Arabia, 18 percent (Almeer, 2021) of women had undergone FGM. Despite the fact that FGM is against human rights and banned in many countries, it is still practiced in some regions and cultures (Knipscheer et al., 2015). FGM has immediate consequences such as bleeding and pain as well as long-term

complications in the urinary and genital organs (WHO, 2023). FGM has intense impacts on women's psychological wellbeing because of the pain these women experienced, their fear of the unknown, their genital deformities, and their mental torture during the experience (Ahmed et al., 2017; Toubia, 2018). In the Knipscheer study (2015), circumcised women suffered from PTSD, anxiety, and depressive symptoms (Ahmed et al., 2017; Knipscheer et al., 2015). Somatization, impaired self-image, phobia, and hostility are other psychological challenges associated with FGM (Abor, 2006; Ahmed et al., 2017).

Early marriage and pregnancy, which still exist in some Muslim countries, are associated with increased mortality and morbidity in the mother and the child. It also increases the risk of intimate partner violence causing mental harm (Dadras et al., 2023). Muslim women are expected to be fertile after marriage, are under pressure to get pregnant as soon as possible, and preferably give birth to sons (Asghar et al., 2014); if they are infertile, they may be divorced or forced to consent to polygamy; this way, infertility impacts their mental health negatively (Zuraida, 2010).

**Polygamy**

Polygamy, or marriage between one man and more than two women, is allowed by Islamic rules. Though it is illegal in some Western countries, minorities still practice polygamy in a couple of countries (Hassouneh-Phillips, 2001b). Polygamy has detrimental impacts on women's mental health, which are documented in multiple studies. In Naseer et al.'s (2021) study, unfair treatment by husbands caused women in polygamous marriages to experience jealousy, psychological distress, and poor marital satisfaction. There was a negative relationship between jealousy and psychological wellbeing (Naseer et al., 2021). In Hassouneh-Phillips's (2001) study, women experienced emotional abuse,

injustice, being witnesses to other wives being abused by husbands, or experiencing abuse from other wives (Hassouneh-Phillips, 2001b). Even children from polygamous marriages are reported to have lower levels of self-esteem, experience compulsive and depressive symptoms, lower family function, behavioral problems at home, and poor academic performance at school (Al-Krenawi et al., 1997; Al-Krenawi et al., 2002). Muslim women who have experienced polygamy as wives or children of these families are at greater risk of mental disorders.

**Gender-based Violence**

Similar to other women in the world, Muslim women experience gender-based violence. The Quranic verse "good women are obedient" is the basis of many Islamic laws favoring men over women and giving them dominance. Moreover, it paves the way for domestic violence against women (Hassouneh-Phillips, 2001a). A Muslim woman should be compliant with her husband and his family as well. Muslim women experience violence from husbands or other male family members (Grace & Fleming, 2016).

Honor killing is another form of violence against women, which means the act of killing a female member of a family by her male family member(s) to regain the family's honor, when a female has pre-marriage or extra-marital sexual affairs. Though honor killing is not a phenomenon that exclusively happens in Muslim countries, as the interpretations of Islamic verses are the foundation for social norms in Islamic communities, what is shameful and what is honorable are impacted by religious beliefs (Doğan, 2011). The honor killing perpetrator may not face severe punishments or may even experience approval from police forces and society because of socio-cultural beliefs; thus, women feel helpless and hopeless when it comes to receiving help from authorities (Kulczycki &

Windle, 2011). Domestic violence against women is a persistent problem in Islamic countries because of the cultural and social norms that perceive and see domestic violence as a private and family problem rather than an issue needing authorities' intervention (Douki et al., 2003). Depression, anxiety, and suicide have been reported in various studies as consequences of wife abuse (Ali et al., 2013; Douki et al., 2007; Vung et al., 2009).

Muslim women who work outside of home may face conflicts with their husbands at home and be subject to sexual abuse at work, which turns working into a stressor rather than progression and gaining autonomy (Hossen, 2020). In Islamic verses, women are not banned from working outside the home, and men are responsible for the economic needs of their families. Though women are allowed to work outside the home, their first responsibility is to take care of their families, and working is not banned as long as they are fulfilling their duties as a mother and wife at home (Achour et al., 2014).

**Muslim Immigrant Women's Mental Health**

Migration is the act of population movement to a new country or region to live there, and an immigrant is someone who moves to a new region as his or her place of residence (Perruchoud & Redpath-Cross, 2011). Immigration can have different motivations, but women may choose immigration because of socio-economic factors like greater social and political freedom or better employment and education opportunities (DeLaet, 1999). Immigrant women's mental and physical health is affected by the difficulties they face establishing a new life in their new country (McAuliffe et al., 2020).

**Factors Putting Muslim Immigrant Women's Mental Health at Risk**

Delara (2016) explains immigrants' psychological adaptation process in three phases. In the first phase, "the euphoria of arrival", immigrants' mental health is equal to or better than that of their native counterparts. During the second phase, referred to as "disillusionment and nostalgia for the past," the mental well-being of immigrants deteriorates. However, in the subsequent phase of "adaptation," immigrants achieve mental health levels comparable to those of the native-born population (Delara, 2016).

Immigrant women, regardless of their religious identity, are more vulnerable to certain mental health problems because of their gender. Women's reasons for immigration, legal migration status, and place in the immigration process impact their mental health (Virupaksha et al., 2014). Moreover, during their migration journeys, women are at risk of sexual and gender-based violence. Muslim women experience violence due to unequal power relations with males in their home countries; during the process of immigration, they may experience sexual assault, and like other immigrant women, they may be subject to such violent acts in the destination country (Davies et al., 2009; La Cascia et al., 2020).

Cultural differences are a further source of distress for immigrants, especially immigrants from Islamic countries who have a unique cultural and religious background. Saroglou's (2007) study on Muslim immigrants found that lower religiousness was a predicting factor in integration into the new society. He also found that stronger religiousness was associated with a greater sense of belonging to Muslim immigrants' country of origin and that this impacted acculturation negatively (Saroglou & Mathijsen, 2007). Other studies such as Gattino et al. (2016), Şafak-AyvazoĞlu et al. (2021), and Stuart and

Ward (2011), investigated difficulties Muslim immigrants and refugees had in the process of acculturation and accepting the social norms of the host country; findings from these studies further support the link between religious beliefs and acculturation levels. They also acknowledge that Muslim immigrants have to maintain balance between their cultural and religious ideas and their new country's traditions and culture to be able to accept them (Gattino et al., 2016; Şafak-AyvazoĞlu et al., 2021; Stuart & Ward, 2011).

Acculturation is defined as the transformative process of cultural modification and adjustment that takes place when individuals from diverse cultures interact with one another. Immigrants who share the same race and religion as the majority in the host country undergo an easier acculturation process than Muslim immigrants because their race and religion share fewer commonalities with white Christians, who are the dominant group in most Western countries (Al Wekhian, 2016). This way, Muslim immigrants are among groups with difficult acculturation experiences. In fact, because of the profound cultural differences accepting the new cultural norms could be challenging for Muslims. As Islam and traditional ideas impact nearly all aspects of Muslim immigrants' lives, potential conflicts between the two cultures of their home country and the host country make modifying or replacing existing ideas more complicated for Muslim immigrants (Croucher, 2013).

Language is also a factor impacting acceptance of the new culture. Knowing the language of the host country facilitates communication, and as a result, feelings of exclusion diminish. In fact, there is a correlation between knowing the language of the host country and adjusting to the new culture (Masgoret & Ward, 2006). Muslim immigrants often experience discrimination in the host countries because of the negative portraits of

Islam as threatening and Muslims as terrorists. Al Wekhian (2016) argues that it is not easy to imagine "Muslim" as a single word without connection to the word "terrorist" after the September 11th terrorist attacks (Al Wekhian, 2016). Islamophobia, which is another notion connected to Muslim identity, has adverse impacts on the psychosocial well-being of Muslim immigrants as it provokes a feeling of being dangerous and unwelcome in them (Randeria & Karagiannis, 2020). Such notions about Muslims affect Muslims' ideas about their new country as well as their life perspectives (Croucher, 2013). Discrimination experienced by immigrants impedes acculturation since it produces hostile feelings in Muslim immigrants who were hopeful to call the host country their new home (Al Wekhian, 2016). Losing social connections and support in their home country and visible differences originating from cultural norms in their host country make Muslim immigrants feel isolated and disconnected with their new country; however, if immigrants are successful in making new social connections, it eases integration into the dominant culture and brings a sense of belonging for them (Cicognani et al., 2018) and the ability to communicate in the language of their receiving country can facilitate this.

In Muslim immigrants, women experience the acculturation process in completely different ways than Muslim men because they are exposed to new freedoms and roles not experienced in their home countries; thus, they have to balance these new experiences with their traditional submissive roles to their male family members. For some women, who did choose to immigrate independently and who followed their husband’s lead in immigration acculturation, accepting the norms of the host country may be difficult (Boyd & Grieco, 2014).

In Baird's (2012) study, Muslim refugee women explained immigration as living between two cultures, one from their home country and the other from the host country. They gained new skills and roles, reached a new definition of themselves, and could stand on their own feet, which prompted a feeling of hope for their future (Baird, 2012). The new roles and independence experienced by immigrant Muslim women became a matter of conflict with their husbands because it required a change in their traditional gender roles (Ataca & Berry, 2002; Hyman et al., 2008; Jibeen & Hynie, 2012). As both men and women have to work in the new country, this new reality is in conflict with their traditional roles, as women in Muslim communities are mainly housewives with men being responsible for work outside the home. Living in a western country where women have equal rights and power like men gives Muslim women a sense of power, and male immigrants' dominance falls under question, so men may oppose losing their place in and outside the home (Connor et al., 2016). Whether Muslim women adopt the new country's cultural practices, or refuse to accept them, both situations can be challenging and stressful since the former produces isolation and loneliness and the latter results in marital discord.

Gender and power dynamics contribute to intimate partner violence and male dominance in social life, norms, and interpersonal relationships (McCarthy, 2018). Muslim women who are in abusive relationships may not seek professional help while they face domestic violence. Some Muslim women may believe that violent treatment of them is not an issue that needs external interference, and sometimes it is needed. Muslim women may not leave an abusive partner because, according to Islamic verses, a wife has to obey her husband, or they may stay for their children, economic needs, or because of

risk of exclusion from the Muslim community (Gharaibeh & Oweis, 2009; Haj-Yahia, 2000). Remaining in an abusive relationship induces feelings of helplessness, hopelessness, and depressive symptoms (Ali et al., 2020).

Some countries like Palestine, Syria, Iraq, Afghanistan, Yemen, and Somalia, where the majority of people are Muslims, have faced conflicts and people are displaced because of war (Amr & Ferris, 2009). Thus, another source of stress for Muslim immigrants is war in their home countries. Muslim women may have fled the country with their children, leaving their husbands to fight in the war, or they may seek refuge as a whole family. These women as well their family members may suffer from PTSD or anxiety disorders (Kulwicki & Ballout, 2015; Norris & Aroian, 2008). Refugee families may experience higher levels of violence because of their past history of witnessing violence at war combined with unstable life circumstances in their new country. One of the factors contributing to family conflicts may be financial issues especially in refugees who may have difficulty finding a job (Esmaeili et al., 2022). As in Muslim communities, men are dominant and most of the victims of domestic violence are women, Muslim women may become targets of intimate partner violence that impacts their mental health (Fineran & Kohli, 2020; Snyder et al., 2005). Muslim women who experience intimate partner violence may not seek professional help because in Islam wife must obey their husband and some Muslim women may believe it's man's right to beat their women (Esmaeili et al., 2022). Moreover, the wife may be threatened by her husband, or she may have to tolerate the situation because of her immigration status if her husband is the main immigration applicant (Fineran & Kohli, 2020).

Muslim women's intersecting identities related to their gender, religion, immigration status, culture, and appearance put them in lower hierarchies of social power. These intersecting identities result in discrimination against Muslim women, conflict between expectations and reality, and social exclusion (Aziz, 2012; Bilge, 2010; Yeasmeen et al., 2022). Social exclusion leads to psychological distress, which can occur when immigrants face challenges in establishing new social connections and integrating into their new society, which is often influenced by their proficiency in the local language (Uteng, 2009).

**Barriers to Seeking Professional Help in Muslim Immigrant Women**

Muslim women face both personal and religious barriers when they need mental health services (Alharbi et al., 2021). A very prevalent issue related to this can be that Muslim women prefer female health care providers to male ones due to religious and cultural modesty beliefs (Vahabi & Lofters, 2016). Cultural and religious ideas about health and illness may impact Muslims seeking professional mental health care. Muslims may view pain and illness as sent by God to test their tolerance of life's difficulties. Muslims also believe that patience and prayer help them in periods of sickness (Rassool, 2000). In Islamic notions, suffering is elevating one's spirituality and will be rewarded in the next world (Fakhr El-Islam, 2008).

Some Muslims believe that mental illness is a medical issue, while others associate mental challenges with curses and sorcery, or as punishment for sins (Al-Adawi et al., 2002; Al-Habeeb, 2003). Thus, they may assume that by prayer and faith, a mental illness will be cured. In some cases, they consult people who provide charms in order to get rid of the evil that caused the illness (Okasha, 2001). Somatization of psychological

symptoms also frequently happens in Muslims. As Muslims put God at the center of all things, including their daily behaviors, some emotions and feelings are considered sinful in Islam, so Muslims may avoid explaining their feelings related to the disease if they are banned by Islam (Al-Krenawi & Graham, 2000).

Limited mental health care resources may also be one of the reasons Muslims turn to religious services rather than professional mental health care in many countries (Alharbi et al., 2021). Social stigma is a main reason people do not seek professional help for mental disorders, and willingness to pursue psychological treatment has a negative relationship with the intensity of social stigma (Vally et al., 2018). In many Muslim countries, especially the Arab ones, mental illness is defined as "insanity," thus it has a negative impact on a family's reputation (Lauber & Rössler, 2007) and affects family members' future or current marriages since people do not want to have social connections with them (Ciftci et al., 2013). Muslims who experience mental health challenges usually prefer to talk to family members or friends rather than reaching out to official services. This way, they do not have to deal with being labeled "insane" and may escape negative consequences for their families (Al-Krenawi & Graham, 2000).

Minority groups face a dual fear of rejection and mental disorder stigma. Immigrants may resist going for the treatment because they may be rejected by their own ethnic community and host community, leading to more isolation and exclusion (Latif et al., 2020). Fear of psychological disorders, which may adversely impact immigration status, is also documented to impact help-seeking behaviors (Cabassa & Zayas, 2007). In the Cabassa & Zayas (2009) study, nearly 40 percent of participants reported that they were

reluctant to seek professional help for their depression because they were worried it would negatively impact their immigration status.

Immigrants' histories of encounters with mental health services in western countries impacted their willingness to seek professional help. A sort of distrust and some confidentiality concerns play a role in this resistance to using mental health services (David, 2010; Kaltman et al., 2014). Amri (2013) explains the roots of this distrust as having origins in black people's interactions with white dominant citizens of the U.S.; thus, this historical conflict still has an impact on today's social inetraction between the dominant group of the host countries and immigrants (Amri & Bemak, 2013). Muslims, like other immigrants, may not have enough knowledge about mental disorders and are often not aware of the psychological signs and symptoms or when to seek professional help (Wu et al., 2009). They may not also be aware of the services that are available to them (Straiton et al., 2018). These factors are also assumed to help the development of mental problems or even worsen those that could be prevented and solved by professional care.

## Theoretical Framework

In my research I applied  intersectionality theory as my theoretical framework, which is further discussed in the following section.

### *Intersectionality Theory*

Intersectionality theory arose within the field of feminist legal scholarship and has been further expanded on in a variety of social sciences (Crenshaw, 2013). At the core of intersectionality theory is the understanding that ones social location and access to power in multiople spheres intersect to shape one's experience and opportunities (Crenshaw,

2013). The United Nations describes intersectionality as "the structural and dynamic consequences of the interaction between two or more forms of discrimination or systems of subordination. Intersectionality specifically addresses the manner in which racism, patriarchy, economic disadvantages, and other discriminatory systems contribute to creating layers of inequality that structure the relative positions of women and men, races, and other groups.

Racial discrimination causes inequality in accessing opportunities, resources, power distribution, and some special groups of society, including religious and ethnic minorities, may suffer from the consequences (Yeasmeen et al., 2022). Historically, in feminist literature, Kimberlé Creshaw introduced the intersectionality concept, and two usages were defined for intersectionality: the first is the interplay of different components of an individual's identity as overlapping classifications and that each individual is made up of various identity components. The second usage refers to social power relations and hierarchies. In this usage, individual characteristics like race, gender, and sexual identity are more like forces dominating our social structures than merely personal traits. Today, these two usages are merged, and intersectionality is related to power structures in societies (Vakulenko, 2007). According to Vakulenko (2007), "intersectionality aims to provide an account of a whole person whose subjectivity is shaped by different discourses, always in a particular social historical context" (p.186).

In Muslim women, three core factors add to the layers of intersectionality that they experience; their race or ethnicity, religion, and gender (Yeasmeen et al., 2022), and these factors may further intersect with additional social locations and markers of status such as: socioeconomic status, immigrant class, education, and others that may be

relevant to an individual case. Muslim women wearing hijab are now facing violence not just because they wear scarves but because of anti-Islamic ideology and prejudice (Aziz, 2012). Vakulenko (2007) argues that social and historical contexts influence social power hierarchies. The September 11th attacks in the US affected Muslims' image adversely. However, Muslims were even depicted negatively before September 2001. According to Kumar (2021), in U.S. culture, Islam has historically been used to label a social group characterised as "other" and "uncivilized". In fact, the September 11th attacks smoothed the way for politicians to take actions against Islam and Muslims under the “protecting U.S. citizens from terrorism” flag (Kumar, 2021). Aziz (2012) argues that Muslim women wearing the hijab experience a unique type of discrimination that is different from the one that another woman of color with a different religion would experience (Aziz, 2012) which illustrates the importance of considering intersectional aspects of these women’s experience.

Intersectionality is neither the result of discrimination against race, gender, or religion, nor the sum of them, but the combined effect produced by the interaction of all the contributing factors (Bilge, 2010). Thus, the discrimination a hijab-wearing Muslim woman experiences is not what a woman, a Muslim, or an ethnic minority individual experiences but a unique type of discrimination formed by the interaction of these intersecting factors (Bilge, 2010). In the U.S., both Muslim women and men face the image of a Muslim as a threat to national security, but Muslim women wearing hijab experience a unique kind of discrimination because different layers of intersectionality, including race, gender, and religion, apply to their identity (Aziz, 2012). Intersectionality theory proposes that different types of discrimination based on race, gender, and other social traits

compromise and collaborate in producing inequality (Viruell-Fuentes et al., 2012). Social inequalities and racism, in conjunction with other forms of oppression, impact immigrants' health. In fact, daily exposure to racism and belonging to a minority group affects immigrants' health (Viruell-Fuentes et al., 2012). Being "othered" makes immigrants feel marginalized, socially excluded, and powerless. This way, they are placed in the ethnoracial hierarchy (Viruell-Fuentes et al., 2012). The intersectionality theory provides a framework to understand how health problems are perceived and how social inequities are presented in different social groups. Moreover, based on this theory, health status is not merely determined by individual traits but is influenced by oppression and privilege systems (Mandelbaum, 2020).

Immigrants' socioeconomic status is also a determining factor in the place they have in social hierarchies of power (Iyer et al., 2008). Though immigrants come from a variety of backgrounds, they may all experience oppression and discrimination depending on their socioeconomic position in the new country. Limited social connections, educational level, work skills, and experience, as well as the language proficiency of immigrants, restrict their access to economic resources (Waldinger, 1997). Many immigrants' education and professional skills and experience are not recognized in the host country, so they have to work in jobs with lower social standing and pay (Chen & Hong, 2016). Due to limited social resources and connections, immigrants have fewer chances of finding a job in their professional field, even if they have enough language proficiency skills and meet the job requirements. In some cases, the prestige of a job may seem inappropriate for a native-born person; so, immigrants may be a better fit for a low-skilled job. In some instances, immigrants from backgrounds sharing common cultural and religious

affiliations to the employer were given preference in employment compared to those from distant cultural and religious backgrounds (Dancygier & Laitin, 2014). Muslim immigrants may experience more discrimination while seeking a job or even after employment. Muslims may be rejected by their resume even before an in-person meeting because of their names, or their resume may reveal their religion (Forstenlechner & Al-Waqfi, 2010). Language skills are another source of discrimination against immigrants (Ramos-Gomez & Kinsler, 2022). Generally, immigrants who have a better knowledge of English, professional skills and are white appear to have more privilege in a Western host society. Immigration status can also act as an intersecting factor; immigrants based on their status, like asylum seekers or refugees, and an immigrant who has legal documents or is undocumented are treated differently (Verkuyten et al., 2018). Savaş et al. (2021) argue that all immigrants do not have the same image in the eyes of the host country's people and depending on the ideas that they have, they classify immigrants as more or less privileged, which places immigrants in the hierarchy of social power. Depending on the place an immigrant has in this system of categorization, their social opportunities may be limited (Savaş et al., 2021). People of color may be treated differently compared to white people. People of color are less involved in decision-making about their medical conditions and thus receive less patient-centered care (Johnson, 2004). Racialized health care by health care providers' is because of implicit biases against some social groups, especially marginalized and minority groups (Mahabir, 2021). The experience of injustices in health care is related to and impacts the health and mental health of racialized social groups. The people who face racial discrimination in the health care system may not be willing to reach out to health resources, so their health conditions

may worsen because of the delay (Benjamins, 2014). In Hall et al.'s (2015) study, there was a positive relationship between health care providers implicit bias and patient-provider interactions, treatment choices, adherence to treatment, and patient treatment results (Hall, 2015).

Due to a variety of reasons, immigrants may live in poverty in their host country; these include not knowing the language of the host country, having fewer social connections, and as their education, skills, and experience may not be recognized in the new country (Chen & Hong, 2016). Housing conditions for immigrants have a potential negative impact on their mental health (Shaw, 2004). Undocumented immigrants are among those who may live in poor housing conditions because of restrictions they have regarding their legal status. In Early's study (2006), undocumented farmworkers were reported to have fewer washing facilities at home, and the number of adults per room was higher than the average in the U.S. (Early, 2006). Working conditions are also a factor that may negatively impact immigrants' health. According to research, more immigrants are working in physically demanding, heavy jobs that are less desired by the natives (Benach, 2011). Sterud et al. (2018) found that immigrant workers experienced more discrimination and oppression at the workplace compared to native workers (Sterud, 2018). Immigrants health behaviors are also among the factors that impact their health. In some studies, immigrants who were accultrated more had more health problems than the ones who followed their original culture (Lopez-Gonzalez, 2005; Agbemenu, 2016); in fact, longer living in the new country was correlated with more health challenges (Singh, 2002). These factors add to the layers of intersectionality for immigrants and make their experience of intersectionality more complicated.

As in my research I aimed to investigate mental health problems in Muslim women, I had to be aware of these intersectional factors affecting immigrants' health in general. In fact, immigrants' health is influenced by individual and structural factors. So, how an immigrant integrates into the new country's social and economic system is a determinant of health.

Using the intersectionality theory helps to take all intersecting factors contributing to Muslim immigrant women's mental health into consideration. Acknowledging the interconnection between these factors is beneficial in the analysis of Muslim women's mental health challenges.

**Summary**

The review of literature shows Muslim immigrant women's mental health might be at

risk because of the life hardships they face related to the patriarchal and Islamic rules in their home countries. After immigration, Muslim immigrant women also face new challenges in Canada because of belonging to a minority group that is negatively portrayed in many Western countries. Muslim immigrant women may experience high levels of stress because of their religious and cultural differences with the accepting country (Gattino et al., 2016). Moreover, because of the stigma around mental health disorders (Ben et al., 2021), these women may not be willing to seek professional help (Latif et al., 2020). In some cultures, there is also a lack of awareness about mental health problems, which contributes to inappropriate interpretation and treatment of such conditions. Despite the fact Muslims are a growing minority group in Canada and make up nearly 5 percent of the population (Canada Statistics, 2021), Muslim immigrant women's mental

health challenges in Canada have not been well investigated and received enough attention. So, this research aimed to contribute to closing the research gap in the area by exploring Muslim immigrant women's mental health needs.

# CHAPTER 3: RESEARCH METHODOLOGY

The following chapter summarizes the research methods I utilized in my research to answer the research question: How do intersecting difficulties influence the experience of mental health challenges in Muslim immigrant women?

## Philosophical Orientation

In social science, research philosophy pertains to how knowledge is created and what that knowledge's essence is. Research philosophy consists of the assumptions on the researcher's perspectives about the social world and is related to epistemological and ontological perspectives. Moreover, research philosophy affects research methodology and the research process (Bryman, 2008). Epistemology studies the nature of knowledge and is related to what is acceptable knowledge. Epistemological assumptions are also about the nature of knowledge and ways to understand the world. Ontology is connected to the reality of social phenomena and the nature of social realities. Ontological assumptions are about what is inside the nature of reality and how different elements of a phenomenon interact (Bahari, 2010). This research is informed by social constructivist epistemology. The reason I chose this epistemology is that I believe that society, culture, religion, and environment impacts an individual's mental health status and how they perceive mental health challenges. As a result, how the phenomenon of mental health challenges is perceived and constructed will be different for each person. With this paradigm, I believe existing social constructions could influence my participants experiences about the stereotypes related to Muslim women. By choosing this epistemology I acknowledge that such stereotypes are socially constructed realities.

The interpretive position, believes that reality can be impacted by how we perceive and interpret the social world. So, knowledge can be created and affected by how we understand and explain events rather than what we directly experience. So, the researcher, as in qualitative research, is involved in creating the knowledge based on the participants' experiences (Al-Saadi, 2014). In the present study, the interpretivist ontological perspective enabled me to depict my participants lived experiences, who were Muslim immigrant women. By this perspective, the reality was constructed by how the participants perceived and understood mental health challenges. According to De Gialdino (2009), a researcher with interpretive perspectives wants to define a social action from actors' points of view. So, I collected data by semi-structured interviews with Muslim immigrant women to capture mental health challenges based on how each individual with their cultural, religious, and social backgrounds understood and explained them.

**Research Design**

An exploratory descriptive qualitative methodology was utilized to guide this study. The exploratory descriptive qualitative method is applied to understand a problem or find a solution for it. In this method, the person with the lived experience is the one who provides the information as well as explains it in the way they perceive it (Gray & Grove, 2020). This method is used when little is known about the topic of interest in the literature (Hunter et al., 2019). The outcomes of the exploratory descriptive approach help researchers to acquire a better understanding of the problem, identify barriers to reaching an educational goal, and explore the needs of their participants (Gray & Grove, 2020).

The exploratory descriptive approach helps the researcher understand "who was

involved, what was involved, and where the events took place" (Hunter et al., 2019, p.2). This method is suitable when the researcher aims to have a description of the topic of interest (Sandelowski, 2000). This research design adopted a holistic approach to the research and it throughly identified the details of the phenomenon while also understanding meaning ascribed to it (Creswell, 2014). In this study, I explored how the unique challenges Muslim immigrant women face impacted their mental health and how they perceived and described mental health problems. The results of the current study can be used as a foundation for future studies addressing this group's mental health needs. This research design is also aligned with my epistemology and ontology, as I believe that reality can be socially constructed and that my participants experiences of mental health challenges and intersecting factors are unique to each person.

## Theoretical Approach

I approached this study through the concepts of patient-centered research. In this approach, patients are considered experts in health-related research. I explain patient centred research approach here.

### *Patient Centred Research*

A patient is someone who has firsthand experience with a health problem or is a caregiver for family members or friends (CIHR, 2014). In fact, a patient is not merely someone who receives the care, but any person or organization, a family member, or a care giver who has lived experience with a health condition or the health care system (PCORI, 2016). They have experience in two ways; as someone who is living with a particular condition and as someone who has had interactions with the health care system (CIHR, 2014). Moreover, patients are the most important research partners because

research outcomes ultimately affect them (Natale & Gross, 2013). Patient engagement means the active participation of patients in different phases of research, like planning, implementation, finding, and interpretation (Manafo et al., 2018). Patient-centerd Research improves health knowledge and practice through active engagement of patients, and their main focus is the patient as a partner (CIHR, 2014). Patient-centered research influences research in three major areas, including how the patient perceives the provided care , healthcare results at personal and community levels, and average healthcare expenses (Manafo et al., 2018). In patient-oriented research, patients are involved in as many stages of research as possible, from planning to knowledge translation (Kendell et al., 2014). Better results are gained if patients are engaged in the early steps of research, like the planning phase of research (CIHR, 2014). Patient engagement in health research improves transparency and accountability of health systems to the public and bridges the gap between academia and the community (Ives et al., 2013; Kendell et al., 2014). In addition, the results of patient-oriented research can be more compatible with patients' and health system needs. Engaging patients also helps balance power relations in research. Moreover, it provides patients with the opportunity to have a voice in choosing in what and how research is done (Ives et al., 2013).

Since involving stakeholders at various stages of health research increases efficiency and relevance of outcomes for service users (Frank et al., 2014) patient-centred research eventually leads to care quality improvement as the latest research findings are employed in practice (Manafo et al., 2018; CIHR, 2014).

In this research, I engaged patients by forming an advisory group that helped me in different phases of the study, from participant recruitment to developing research

questions and data analysis. Another reason I found this approach specifically helpful is that by engaging a minority group in a patient-centered study, we give them a voice and value their points of view, allowing the health system to use resources to serve them appropriately and tailor health programs to meet their needs.

By involving my participants and putting them at the center of my research planning, the interpretation of our study findings can be closer to Muslim immigrant women's experience in real life since they played a role in interpreting and naming themes arising from these data. Engaging the target community in my research steps enhanced the applicability of my research results in future research.

**Research Setting**

Muslim immigrant women residing in Southern Alberta participated in this reaserach. The main location was Lethbridge, which is the fourth largest city in Alberta and the largest city in the Southern Alberta region, with a population of more than 106,000, of whom 1,810 people (1.9%) identify themselves as Muslims.

**Participant Recruitment**

Purposive and snowball sampling employed to recruit a sample of 10 Muslim immigrant women for individual interviews. The inclusion criteria for this study were being female, at least 18 years old, identified as a Muslim, resided in southern Alberta, and was to communicate effectively in either English or Farsi (was able to read, write, and speak), experienced a worsening of their mental health since their arrival in Canada (based on their self-perception), and were willing to provide informed consent to share their experiences with the researcher.

This research uses the term “mental health challenges” rather than a particular medical diagnosis or clearly defined mental (psychiatric) diseases because many Muslim immigrant women may not identify with a diagnosis like depression or anxiety, and because the stigma of such conditions is so pronounced in these communities that many participants would not wish to self-identify as experiencing a formally diagnosed mental illness. Therefore, this term is adopted for this study so that Muslim women’s experiences with altered mental health may be explored while respecting their dignity and seeking to avoid potential stigmatization. “Mental health challenges” includes a wide range of experiences and emotional states, from stress and anxiety to depression; so, by using this terminology, an inclusive and non-judgmental space can be created to understand and discuss Muslim women’s mental health.

Purposive sampling is a recommended method of sampling in qualitative research because the researcher needs rich-informants of a particular situation or experience to gain an in-depth understanding of the focus topic (Gray & Grove, 2020). Network sampling, also called “snowball”, “chain”, and “nominated” sampling, is utilized to access samples that are not easily accessible through other sampling methods, or who have not been recognized as participants in research (Gray & Grove, 2020). Network sampling is also a useful method to access marginalized social groups or those who are difficult to reach (Emmel, 2013). So, in the present study, the first participants were selected through the purposive method and after the few participants snowball method used to recruit the rest of participants.

***Advisory Group***

After the ethical approval of the research and before starting partcipant recuitement, an advisory group of three Muslim women was formed to assist in identifying the key areas to explore in Muslim women's lives relevant to their mental health. Furthermore, the advisory group assisted in the futher development of the research questions, the interview question guide (Appendix D), finalizing the research methodology, and developing a recruitment plan. Involving community partners in research increases research rigor and validity (Pinto et al., 2015). Advisory groups act as a bridge between researchers and communities. Engaging community members (advisory groups) who are experiencing the problem helps researchers conduct research that is more relevant to the target community and helps community members be involved in various stages of research (Delaney et al., 2012). The advisory group members were Muslim women, who were social and settlement workers. They also had experience working with immigrant and refugee services and were familiar with the socio-economic and cultural needs of Muslim immigrant women. The advisory group members were not research participants in this study, and were not involved in the direct recruitment of research participants to avoid the possibility of coercion or feeling obligated to participate in the study due to pre-existing relationships with advisory group members; however, the advisory group helped in indentifying potential sites for recruitment and in advertising the research study. To maintain anonymity of the participants only abstracted and anonymized findings of study were shared with the advisory group for feedback.

***Interviews***

The participants were interviewed at a place of their convenience that was comfortable and secure for them. It was their own home or any place they felt secure.

Participants could choose to be interviewed in person or virtually. A virtual version of the interview was done via Zoom. The Zoom link for an interview was emailed to the participant before the scheduled interview time.

The Muslim immigrant women participating in interviews, who met the inclusion criteria, and could share rich information on the topic of focus (mental health challenges) were asked to refer friends who had similar experiences; so, participant recruitment was maintained by snowball sampling for the rest of the study. Since migrant status and immigration type could influence immigrants' health (Nørredam, 2015), Muslim women with various immigration routes were included in the study in order to provide a better understanding of how they perceived and experienced mental health problems in the context of their unique migration experiences.

Participants' recruitment could occur through reaching out to partnering immigrant organizations and through immigrant associations. The researcher reached out to Lethbridge Immigrant Partnership, Immigrant Services Lethbridge, and Lethbridge Islamic Center by sending them an invitation letter (Appendix A) as well as the letter of approval from the ethics committee, upon approval by the University of Alberta Human Participant Research Committee. The research aims and necessary details were explained to the executives of these organizations through a virtual meeting over Zoom. After gaining their permission to advertise the study through their organizations, the poster (Appendix E) of the project were shared through social media platforms belonging to these organizations to invite eligible individuals to take part in the study. Some hard copies of the posters were also put on the noticeboards of these organizations. When an individual reached out to the researcher, the researcher determined if they met the study

inclusion criteria, and explained the purpose of the study to them. The researcher also informed potential participants of their right to choose to participate in or withdraw from the study at any time they desire, without any consequences from the researcher or the organizations' authorities. Moreover, the benefits, potential risks, ethical considerations, including respect for privacy and confidentiality, and utilization of collected data were specified for the participants. The participants were provided with a consent form including the study objectives and procedures, the researcher's and the participants' responsibilities, 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. Prior to the participant signing the informed consent form (Appendix B and C), the researcher made sure the participant fully comprehended the study objectives and their rights in the study. In virtual interviews, the contents of the consent form (Appendix C) were read to the participant, and verbal consent to participate was obtained.

Participant recruitment was monitored by the researcher in order to make sure that all individuals are participating voluntarily and that there was no pressure from participating organizations to take part in the research.

**Data Collection**

Individual semi-structured interviews were used to explore Muslim immigrant women's experiences in depth while providing a confidential and comfortable environment. A semi-structured or focused interview is a form of interview that is guided by a set of definite questions that the researcher has to ask. In this data collection method, the researcher is encouraged to share their experiences with the topics, openly (Polit & Beck, 2018). In semi-structured interviews, participants with lived experience share their

perspectives on the specific phenomenon or situation. This method is used when there is enough objective data on the desired topic but not sufficient subjective data (McIntosh & Morse, 2015) and is applicable to current research because the intersecting factors contributing to Muslim immigrant women's mental health challenges are not fully investigated and existing data in the literature is not sufficiently addressing the topic of concern.

A semi-structured interview guide (Appendix D) was developed by the researcher in partnership with the advisory group and approved by her supervisor based on his current knowledge of the topic. This interview guide helped the researcher remain focused on the main topic, while not necessarily requiring that all the questions were asked, thereby providing flexibility during the interview (Kallio et al., 2016).

In order to ensure the precision of the data collected during the interviews and to use these records in the data analysis phase, the interviews were audio-recorded (Al-Yateem, 2012). Audio recording of the interview started after the participant's verbal consent was obtained. The interviews lasted around one hour to avoid exhaustion for both interviewee and interviewer (Adams, 2015).

Interview questions consisted of main themes under inquiry and follow-up questions. Main themes centered on the main subjects of the research, and participants were encouraged to respond to the questions in each thematic area by expressing their feelings freely. Follow-up questions were used to probe or add explanations to the main theme questions as well as to remain responsive to the information that the research subject shares during the interview (Kallio et al., 2016). The interviews started with lighter and less sensitive questions to break the ice and establish trust and rapport; moving forward,

more sensitive questions were asked, and returned to lighter ones at the end of the interview (DeJonckheere & Vaughn, 2019; Kallio et al., 2016). Some probing techniques, including asking probing questions, were utilized to help the participant reflect deeper on their experiences with the topic. Questions such as "Can you tell me more?", "Can you give examples?", and "What do you mean by that?" were some of the questions asked (DeJonckheere & Vaughn, 2019). Probing techniques and questions must be integrated carefully in order not to affect the flow of the interview. So, there should be a thoughtful balance between using verbal and non-verbal techniques such as silence interviews (DeJonckheere & Vaughn, 2019; Kallio et al., 2016).

**Data Analysis**

A general inductive approach was utilized to analyze the data. In this approach, the researcher moves from specific to general and indentifies the themes through inductive reasoning (Polit & Beck, 2018). Interview transcripts were subjected to thematic analysis based on Braun and Clarke's approach (Braun & Clarke, 2013, 2021). Thematic analysis is a method of analyzing qualitative data to find, examine, and describe the patterns and themes in participants shared experiences and ideas.

Following the interviews, the researcher started analyzing the collected data. I followed Braun and Clarke's (2013, 2021) six phases of thematic analysis, including "familiarizing oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report". To familiarize myself with the data, I started reading the transcribed interviews, and then the transcriptions were imported into NVivo software (Version 12) for qualitative analysis. To generate the initial codes, I reviewed the data set in search of quotations related to the

study subject. The initial generated codes, notable phrases, and recurring quotations were identified and classified into different groups. Once all initial codes were placed in groups, each group of codes were reviewed and checked for relevancy and consistency. Potential themes that were related to study aims and topics were identified by searching through grouped codes and finding noticeable patterns. By putting similar groups together, categories and major themes were formed. Themes were reviewed by me and my supervisor to make sure that all the codes included were relevant to the major theme.

**Data Management**

I recognized my responsibility to protect the privacy and confidentiality of research participants during the whole study, as the participants who volunteered to take part in the study have trusted me as the main researcher of this project. The collected data in this research was only used for research purposes, and the only people who had access to the data were the graduate student researcher and project supervisor, who was involved in analysis and guiding the project. Pseudonyms were used for the participants throughout the whole research phase to ensure maximum protection of identity and maintain anonymity. No sensitive demographic data, such as names and dates of birth, were collected. All audio-recorded interviews were transferred to a password-protected computer, and the existing file in the recorder was deleted after transfer. The recorder device was password-protected and was kept in a locked place if not with the researcher. All soft copies of the transcribed interviews were password protected and encrypted to prevent access by third parties.

Hard copies of the transcripts, as well as interview notes and other research-related files, were kept in a locked file in my locked supervisor's office at the University

of Lethbridge. In case a participant's decision changed and asked to withdraw from the project, all the versions of the files and the data related to them, such as audio records, paper forms, the data under analysis, and the original files on the researcher's computer, were deleted/digitally-shredded and shredded as well. Hard copies of data, including all signed consent forms, were shredded and disposed of in the Faculty of Health Sciences Confidential Shredding.

The final research findings were returned to the advisory group to obtain their feedback before collaboratively developing practice recommendations arising from the research.

## Trustworthiness and Scientific Rigor

Trustworthiness refers to qualitative research's quality and shows how trustworthy the results of the research are and how much confidence the readers have in them. In qualitative research, conducting high-quality research is crucial; however, definitions of high quality and rigor are subject to debate. In the present study, I used the criteria from the Lincoln and Guba (1985) framework for the trustworthiness of qualitative research. Lincoln and Guba's four criteria include "credibility, transferability, dependability, and confirmability" (Polit & Beck, 2018).

### *Credibility*

Credibilty refers to the accuracy of the data and their interpretation, and it defines how precisely the experiences of participants are presented (Polit & Beck, 2018; Shenton, 2004). Shenton (2004) argues that credibility is one of the most effective elements of building research trustworthiness and is defined by answering the question "How much agreement exists between reality and the research findings?" The credibility of research

can be established by some provisions (Shenton, 2004). I sought to improve research credibility by co-constructing and utilizing a consistent data collection tool (the interview guide) and adhereing to consistent and rigourous methods of data analysis (thematic analysis), by gaining familiarity with the culture and organizations, by triangulating participant data with the perspectives of the research advisory group, and by seeking frquent support from my supervisor, who is an expert in the field, and consulting with the research advisory group.

***Dependability***

Dependability refers to the stability of research over time. The question of dependability would be "If the same study is repeated with the same participants, same methods, and in the same conditions, would the results be the same?" Dependability is an indispensable element in achieving credibility (Polit & Beck, 2018). To address dependability in the present research and audit trail with detailed reports of the research design and implementation as well as data collection, which were recorded throughout the research journal.

***Confirmability***

Confirmability is related to the objectivity of the research findings. It is concerned with the notion that the interpretations are inferred from participants experiences or are impacted by researcher biases (Polit & Beck, 2018). Gray and Grove (2020) define confirmability as "if the audit trail of the research is assessed by other researchers, how much do they agree the author's interpretations are objective?" (Gray & Grove, 2020). I tried to remain aware of my potential biases as a Muslim woman. I was born in a country where the country's constitution is based on Islamic rules, and where Islamic laws must

be followed. Growing up and living there, as a woman, I faced multiple social and cultural restrictions because they existed in Islamic rules. As an international student, I am also a potential immigrant to Canada. So, in this study, my positionality could have impacted my research findings, and I sought to mitigate this throug engaging in reflexive journaling and seeking feedback from my supervisor, committee, and advisory group members. I audited the decisions made in the research process and record them in detail, explained the details, and chose my research methodology to maintain confirmability. My supervisor also served to increase confirmability by reviewing this material, and by providing a second perspective on any interpretations I have made. Finally, by sharing generated findings with the advisory group and my thesis committee members at different stages in the analysis process, they also served as a means to confirm that the findings were representative of their experience.

***Transferability***

Transferability is the generalizability of research results to other situations and contexts (Polit & Beck, 2018). In fact, it is the researcher's responsibility to include enough details of the work and setting to enable readers to make a decision on how much the data from this study are applicable to another setting (Bassey, 1981; Firestone, 1993). A comprehensive description of the investigated phenomenon enables readers to compare it with their own research. In the prospective study, I included the details of the organization involved in the research, the characteristics of the participants, data collection methods, details of interview length and number, and data collection duration to ensure the transferability of results (Shenton, 2004).

## Ethical Considerations

Research ethics helps scientific researchers maintain standards of conduct in their research. Following ethical principles is a crucial factor in research to protect the dignity, rights, and welfare of research participants (WHO, 2016). In this study, ethical approval was sought from the Human Participant Research Committee at the University of Alberta, which serves as the human subjects' ethical review board for the University of Lethbridge. The ethics guidelines of the Tri-Council Policy Statement compiled for the Canadian Institutes of Health Research, the Social Sciences and Humanities Research Council, and the Natural Sciences and Engineering Research Council of Canada, including respect for persons, concern for welfare, and justice, was adhered to in this study.

### *Respect for Persons*

Humans are able to make decisions about their lives freely and without any pressure. So, their autonomy has to be respected (Burns et al., 2015). To respect participant autonomy, participants must be informed about the study, given the right to choose to take part voluntarily, and given the freedom to withdraw from the study without any penalties (Burns et al., 2015). In the present study, the consent form was informative of the patient's rights, research title and goals, a brief description of the research, the duration of and where the data would be kept, confidentiality, and potential advantages and risks.

I explained the precautions I took to protect the confidentiality and privacy of the participants. By storing their data and interviews in a safe place, I prevented third parties from accessing them. I also used pseudonyms for participants during transcription, analysis, and reporting of the data. No identifying demographic data was collected from

participants to maintain anonymity and respect their privacy. As my target population was Muslim women, throughout the research process in my inerations, I took religious and traditional factors into consideration (WHO, 2011).

### *Concern for Welfare*

The idea behind the concern for welfare is that people are expected to avoid harmful acts and try to change things for the better around them. In research, people may be at risk of emotional, social, economic, and physical harm. To protect participants from any potential harm, I explained the possible risks associated with participation in the study. I ensured the participants that they can withdraw from the study at any time before, during, and after the interview or at any phase of the project. Some questions may provoke feelings of shame and anxiety in the interviewee by reminding them of some memories; however, interviews are considered to cause temporary discomfort due to tiredness or headaches (Burns et al., 2015; WHO, 2011).

### *Justice*

The right to justice points out the right to fair treatment and having the same opportunities as other people in similar conditions (Burns et al., 2015). In research, the selection of participants and how they are treated should be fair and not influenced by the researcher's personal decisions and favors. In fact, in the recruitment section, it has to be explained why participants were selected, and the researcher should show that participant selection is based on the goals of the study and not on their availability or personal decisions (Burns et al., 2015; WHO, 2011). I made sure the eligible potential participants had similar chances of being involved in the study. With the guidance of my supervisor, I made sure that participant selection was not affected by my personal interests.

## Summary

In this chapter, I explained the research methodology, and the research framework that I implemented in the course of engaging in this study. I discussed my research design, research setting, recriutment strategy, data collection process, and instruments for data collection. I also provided an account of my approach todata management and data analysis, and explored the potential ethical concerns and trustworthiness of the study.

# CHAPTER 4: STUDY FINDINGS

In this chapter, I present my study findings surrounding my exploration of mental health challenges among Muslim immigrant women. These findings are based on ten interviews with participants. First, I report participants' demographic information. Second, I discuss the main challenges faced by Muslim immigrant women before and after migration to Canada, plus their articulated impact on the participants' mental health. Finally, I explain the coping mechanisms Muslim immigrant women utilized going through these mental health challenges.

These study findings were generated through the analysis of ten in-depth individual semi-structured interviews with Muslim immigrant women in Southern Alberta, Canada. One interview was conducted in-person, and the remaining (nine) interviews were conducted through online Zoom Video Communications meetings. Data saturation was reached after ten interviews, as responses to the research main question as well as codes and themes were repeated (Saunders et al., 2018), so further recruitment was suspended at that time. Following data collection the interviews were transcribed. I subjected the transcripts to thematic analysis based on Braun and Clarke's approach (Braun & Clarke, 2006, 2019, 2021; Clarke & Braun, 2013) using NVivo software. The central overarching theme generated by the data analysis phase was "Muslim Immigrant Women's Transnational Experiences of Mental Health" depicting the unique intersectional nature of the hardships that the Muslim immigrant women participants faced. Four main sub-themes were identified: (a) Pre-migration challenges; (b) Post-migration challenges; (c) Experiences of exile; (d) Bridges to resilience. The central theme, subthemes, and their elements are presented in Figure 1.

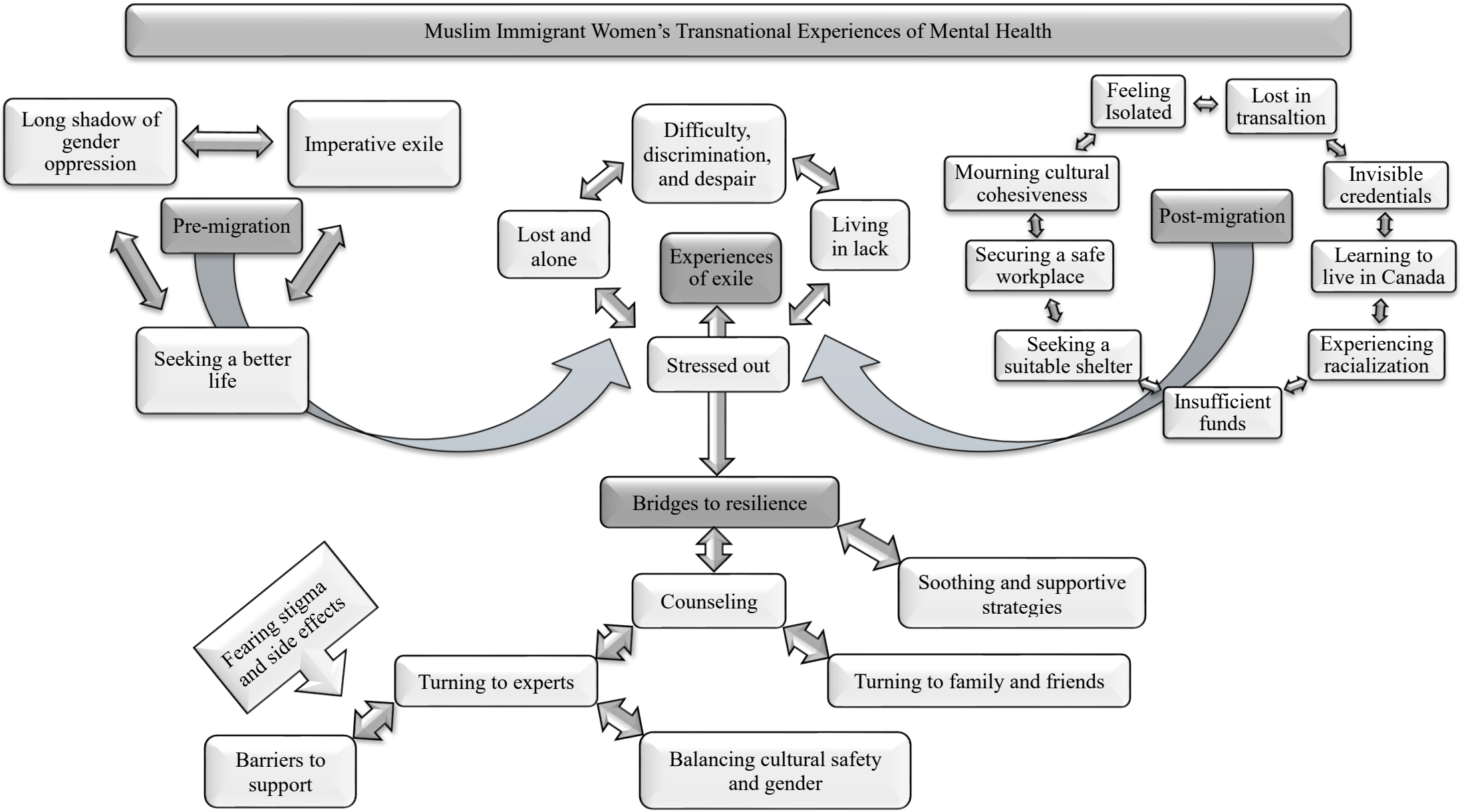


Figure 1: Intersecting factors impacting Muslim women's mental health throughout their migration journey

In Table 1 the central theme, the sub-themes, and their elements are presented. All the themes presented in this table are explained thoroughly in the coming pages, and related narrations from participants interviews' transcripts are provided to describe the relevant themes. Occasionally, some quotes are used more than once to illustrate the interconnected nature of the themes and sub-themes.

Table 1

*The Central theme, Sub-themes and Elements of Interviews' Transcripts*

| Muslim Immigrant Women's Transnational Experiences of Mental Health | | | | |
|---|---|---|---|---|
| Sub-theme | Pre-migration challenges | Post-migration challenges | Experiences of exile | Bridges to resilience |
| Sub-theme elements | Imperative exile<br>Seeking a better life<br>Long shadow of gender oppression | Seeking a suitable shelter<br>Invisible credentials<br>Learning to live in Canada<br>Experiencing racialization<br>Feeling isolated<br>Lost in translation<br>Securing a safe workplace<br>Insufficient funds<br>Mourning cultural cohesiveness | Living in lack<br>Stressed out<br>Difficulty, discrimination, and despair<br>Lost and alone | Counseling (Turning to experts/ Turning to family and friends)<br>Soothing and supportive strategies |

**Demographic information of the participants**

Ten Muslim women, who were born outside Canada, over 18 years old at the time of interview, and able to communicate in English were interviewed. All interviews were conducted in English even though three participants' first language was Farsi, which is spoken by the researcher. Most of the participants were from Middle East and Africa and one was from India. Seven participants were married, two were single, and one was divorced.

Table 2

*Demographic Information of the Participants*

| **Participant** | **Age** | **Country of Origin** | **Level of Education** | **Marital Status** | **Years in Canada** | **Employment Status** | **Immigration Status** |
|---|---|---|---|---|---|---|---|
| Nasiib | 21 | Somalia | High School | Married | 5 years | Full-time | Citizen |
| Ati | 32 | India | University Degree | Married | 5 years | Full-time | Permanent Resident |
| Zeinab | 41 | Afghani-stan | High School | Divorced | 13 years | Full-time | Citizen |
| Noura | 30 | Iran | University Degree | Single | 7 months | Part-time | Temporary Resident |
| Zeenat | 24 | Mauritius | Some Uni-versity Edu-cation | Married | 2 years | Part-time | Temporary Resident |
| Ala | 34 | Egypt | University Degree | Married | 7 years | Not Employed | Citizen |
| Mobina | 24 | Syria | University Degree | Single | 8 years | Full-time | Citizen |
| Sha | 38 | Iran | University Degree | Married | 3 years | Part-time | Temporary Resident |
| Fatima | 36 | Morrocco | College Diploma | Married | 13 years | Not Employed | Citizen |
| Taj | 29 | Nigeria | University Degree | Married | 7 months | Full-time | Temporary Resident |

Participants' decision to move to Canada had various motivations. Three participants were in Canada to continue their studies, two came to accompany their spouses during their studies, two came to Canada as refugees because of the war back home, two were sponsored by their family members, and one came for better chances of employment. Five participants were Canadian citizens. Four were temporary residents; three were students, and one was on work permit because she was accompanying her husband who was a student. One of the participants was also a permanent resident of Canada, at the time of interview. Table 2 shows participants' demographic information in detail and a pseudonym for each participant.

**Central Theme: Muslim Immigrant Women's Transnational Experiences of Mental Health**

The central theme "*Muslim Immigrant Women's Transnational Experiences of Mental Health"* depicts the unique nature of the hardships that Muslim immigrant women face in an intersectional context, which have the potential to adversely influence their mental health across their transnational experience. Muslim immigrant women participants dealt with a variety of challenges in their home countries, such as gender discrimination, war, and displacement; and after migration to Canada, including learning to live in new circumstances, finding a house, racism, losing connections and building new ones, limited language skills, employment and financial challenges, and culture shock. Such encounters provoked feelings of despair, being stressed out, lost and alone, and living in lack, which will be explored later in this chapter. Facing life hardships on a daily basis led to some mental health challenges, but the interplay of these factors and their mutual impact ultimately shaped the experience of the mental health challenges

among the Muslim immigrant women participants. In fact, life was difficult for the participants back home and remained difficult in Canada because of different intersecting factors in each context. As a result, the participants struggled to find a place to call home. Mobina, who fled to Turkey with her family due to the war in Syria, explained how an incident in which a homeless person pulled off her friend's scarf deeply affected her. Mobina and other friends were scared of the same thing happening to them. She could not understand why this happened to her friend. She explained that her family's sole reason for coming to Canada was to find peace. She narrated,

> *I don't know why, and what's the reason, I don't know, but that happened … that was a big, big, like, affair for me and my family, … we came here to find peace, and like, you know, we don't want to, like, harm anyone and anyone, … we don't want to be killed or kill anyone, because if, if we are in our country, we have to define ourselves, defend, if someone come and attack your house, you have to, you know, do something, but that's the reason we want the peace. That's why we're here, and like, when we faced the situation, it was so sad.*

Gender, religion, race, financial status, language skills, social connections, and immigration status were among the intersecting factors that participants described as influencing their judgment and mental health. Participants' related experiences collectively illustrated these intersectional factors.

One example of the intersection between religion and social connections was present in Zeenat's interview. Zeenat, who was a university student wearing a hijab when she came to Canada, had a job in a coffee shop where she felt that she was not accepted at her workplace, and she was mistreated by the other co-workers. In fact, Zeenat felt alone in dealing with arising challenges. Zeenat stated,

> *… I am confusing between two drinks because sometimes they are … the ingredients are the same… And when I was going to ask, especially the supervisor, she was, like, what happened to your training? Where are your training notes? … one time, I was working night, and she told me I need to handle the kitchen. I'm*

> *going to show you everything in one hour. If you have questions, you ask in that one hour. After that you have to be ready to do the kitchen. I was like, how, how do you expect me to learn everything in one hour?... It was about me because everyone was friends. Like everyone was going to eat together. They talked; they joke around. It was me that was left alone (Zeenat).*

For Zeinab, who was a single mother, finding a house was difficult, but she was not sure which intersectional factor impacted her situation. She explained, "*I'm not sure about that one but since I went to look at different properties, first of all, so I went with hijab. Second, I am like a single mom, then like a job with not really good income kind of survival job."* The intersection of religion, marital status, and financial status seemed to impact her choices and her power in finding a house.

Other participants, Fatima, and Zeenat also shared similar experiences about renting a house. Fatima explained that when the landlord realized that Fatima's friend, who was not wearing hijab, was a Muslim, they rejected her friend's application. Fatima narrated,

> *She was looking for a house and then they were like, yeah, sure. She's not wearing hijab… then you went to the process. They were in the process and everything then something mentioned that they are Muslims, and it was like; Oh. I don't know. You know what? I have to think about it and something. And she was like why? We are doing the process. She's like I will let you know again and stuff. And then they just disappeared. They just didn't get the house (Fatima).*

Zeenat and her husband had the same experience when they met the landlord in-person. Zeenat stated,

> *… we were to look for a house. And then when the person saw us, she … told us no on this spot, we won't offer you the house. I'm sorry. Like, without any explanation, nothing. I think she was, she just had to wait for us, she was waiting for us for 15 minutes. We were late because of the bus. She waited … but then when we show up, no, I don't want you guys in my house."*

It seems that these Muslim women and their families' chances of renting a house were restricted because of their religion and race.

Mobina, who was school-aged when she first came to Canada, experienced racism because of wearing hijab. In fact, the intersection of religion and racism impacted her mental wellbeing so much that she did not want to go out. At "*... first when I came to Canada it was, I felt so like you know like I felt I'm different like I felt okay I don't when I wear hijab I don't want to go outside. I feel like more, I felt more discrimination."* Such experiences limited Mobina's perceived options and choices; if she went out, she would face discrimination, or she could stay at home to experience less stress.

Mobina also had another stressful experience when she had a job interview. She narrated,

> *... it was a group interview, and they said, well, you have to read the story and tell us what's right and what's wrong. And I said, I don't speak English. And they saw me, how I'm stressed… I felt when they saw my hijab, they expect, like, lower expectation of me… I don't speak English. It's okay, you know what I mean, like, they said, okay, that's what I felt, like, but they're looking at me, no one said anything, but when… someone look at you, you know what they mean, right? So, and they didn't accept me because of my, I couldn't. I could answer in another way, like, if they ask questions, I could answer, but I couldn't read the story. I was very, like, actually, I want to go back, and I was crying. I'm like, why I can't speak English and stuff like that, I couldn't be accepted, they didn't accept me*.

Mobina's job interview and her feelings about wearing a hijab is an example of the intersection of religion, racism, and language skills that affected her ability to find a job.

Financial challenges associated with moving to a new country was one of the common hardships Muslim women faced in Canada. The intersection between immigration and financial challenges impacted participants' everyday life choices and decisions. They had to work in jobs paying minimum wage to be able to cover their life expenses, especially at the time they were newcomers. Being a newcomer without any Canadian experience, the pressure to cover expenses, along with other factors such as

lack of knowledge about the new environment, limited language skills for some participants, and lack of social connections all intersected to limit their options while they were in search of jobs. Consequently, they had to take and stay in whatever kind of job was available for them. Zeenat, who was here as a university student, had to work as a dishwasher and other minimum wage general jobs. She explained that the fact that many employment chances are exclusively for Canadian citizens or permanent residents keeps immigrants in lower jobs.

> *… the biggest challenge [about employment] is I've seen a lot of work require, require your permanent residency, or citizenship even on campus … if you had a chance to go on my experience and they say preference will be given to students who have a PR or permanent residency, like why? Are we not people? Are we not paying? We are paying like five times fee that a normal student is paying. So, why are we not allowed this kind of jobs? … We are here to get experience, right? Many, many places … they all hire only PR or Canadians ... in my opinion is not good at all. The chances should be given to everyone that's why you see many immigrants and all working like Walmart, Tim Horton's, MacDonalds these kind of jobs.*

Taj, who used to be banker in Nigeria, had a hard time finding a job related to her experience so after moving to Canada she had to work in a store for minimum wage. She narrated,

> *… in one of these stores I met their boss, and she saw my resume and ask some questions and ask if I was willing to resume the next week. Then I was able to secure the job. It was a minimum wage job, but it was at least, it was covering some bills for me, and we were, comfortable. We were comfortable to some extent yeah. We were able to pay our bills.*

**Sub-theme 1: Pre-migration Challenges**

The participants experienced life difficulties before moving to Canada including gender oppression and life adversities, which forced them to leave their home countries for a better life. In other words, their exile in the context of these experiences was imperative. Muslim immigrant women participants' hardships began before migration, and they

dealt with a variety of life challenges back home that were potential contributor to mental health challenges they experienced after migration.

***Imperative Exile***

There were various motivations behind the participants' decisions for immigration. However, they all had to leave their home country, whether it was because of war, pursuing academic education, or the dream of a better life. The essence of immigration for these Muslim women was pursuing something that they could not have in their own countries. Some chose to immigrate to Canada for safety and protection, while the others might have had dreams of going to a prestigious university or having better opportunities. Some of them were displaced and had to live in different countries or in refugee camps before they could find their way to Canada. Regardless of the motivation behind migration, all these Muslim women felt forced to choose exile over staying in a place where they could not live the life they desired, freely and safely. Zeenat said, *"It was my dream to pursue my education in a university abroad ... I am from an underdeveloped countries, so we don't have like, prestige or prestigious universities as well as a good education back there".* Here are some narrations from Mobina and Zeinab.

> *Well, it was a family decision, but at the same time, we want to survive. We went to Turkey for five years. We couldn't go to schools and there was less education there, so we had to, so my mom decided to bring us to here to Canada, so we have education…We came here to find peace (Mobina).*

> *We had to go to Syria. And then almost at the end of the sponsorship process, Syria wasn't really safe to live…So, we had to go to Syria because of the migration. We lived together for two and a half years in Kuwait; but in Syria because he had business in Kuwait, I was with my sister-in-law (Zeinab).*

Safety concerns, living in poverty, and war were huge stressors in life that these Muslim women experienced back home, and exposure to these stressors had the potential to impact their mental health adversely.

***Seeking A Better Life***

Many participants chose immigration because of the poor economic conditions back home and hoped to access better life opportunities free of financial stress. Ati, who moved to Canada with her husband and children, explained that despite her husband's reluctancy to leave their country, they came to the decision when the life conditions got worse in India. In fact, economic instability and the hope for better employment forced them to move to Canada. Here is her explanation about the motivation behind her migration.

> *I go with opportunities, financial reasons, I would say to be more financially secure, back home, it wasn't going very well. And my sister was here ... she liked it here. So, we ended up with this idea. And then we had to, we did not decide it, like, immediately, but we thought about it. Like, it was a hard decision, because my husband is the only son in his family ... so, he wasn't very fond of the idea of leaving them alone there, and, you know, and coming here. But then, when things got tough, and you know, it's when really, we're looking well, we had to kind of think about it. And yeah, take that decision of moving here.*
> *Better employment opportunity here. Like for me, as an audiologist, it's in demand. Generally medical and paramedical professionals are wanted in Canada. So, because of that we decided to migrate (Ati).*

Some of these Muslim women shared stories about various life challenges in their home countries, or while they were residing in a second country on their migration journey to Canada. Other participants, who fled war and violence in their home countries, were also exposed to other threats. Some Muslim women experienced violence and organized crime in the refugee camps. Nassib, who fled from Somalia with her mother and 10 other siblings to Uganda, because they were subject to domestic violence at the hands of

her father's family, narrated the harsh living conditions they experienced in a refugee camp in Uganda. In the refugee camp, people did not have access to enough food and governmental resources were not distributed properly. She explained that her mother had to fight to get food for her children and women's rights were violated more.

> *My mom wanted to find an opportunity to move to another country. So, she went to a refugee camp. And then they used to offer foods. But the government will bring the food and money, and they would give it to leaders, the leaders would take almost everything. And my mom and other women more like 60 women, they barely get anything, like I have a big number of children, or whatever they're offering us is not even enough … so, my mom and those other women complained. And then they got in trouble ... there is gangsters, so they send some people to take these women's life because they're not supposed to say those things … They got beat up. She had a lot of bruises. She came back at home some of the nights and we were like this is not right. So, they took pictures of the bruises and sent to the government. And they were like, we want to protect this people. Like, I can say we moved to Canada for protection.*

Another participant, Mobina, was also one of the participants who were displaced to a second country before moving to Canada. Mobina and her family were forced to leave her country, Syria, because of the war. They moved to Turkey and remained there for five years, but since they had to work, she could not go to school in Turkey. She could not attend school in Syria as well because she was 11 years old when they left Syria. Mobina started going to school in Canada at the age of 16. In fact, Mobina and her family's initial migration to Turkey could not fulfill their hopes for a better life, so they sought asylum to Canada for prosperity. Here is her response to the reason for leaving her country,

> *Well, it was a family decision, but at the same time, we want to survive, like just we left because of war … because we had war in Syria and like we went to Turkey for five years there, we were working and we couldn't go to schools and there was less education there, so we had to, so my mom decided to bring us to here to Canada, so we have education, we have like more opportunities, so that's why we came here.*

Other participants sought to find refuge from ethnic and gender discrimination. Sha, who was from Iran and came to Canada for graduate studies, stated that living in a country where she had less rights and freedom compared to men was one of the reasons she left her country. She added that choosing Canada as her destination was also because it was important for her to live in country where she feels being supported and where women's rights are respected.

> *... I mean, that kind of governmental discrimination or governmental like somehow, it's like the country I was born ... one of the things that I choose Canada for education is having the rights and Canada is famous for, for supporting women (Sha).*

***Long Shadow of Gender Oppression***

For some participants, gender discrimination was a daily life challenge back home. Most of the participants were from countries with Islamic rules and patriarchal societies, which put more pressure on women. In such communities, men have more power, and women are expected to obey their male family members. As stated by the participants, they could feel that there is more equality between men and women in Canada compared to their countries. Zeinab stated "*You are not here like in Afghanistan just to give birth the kid, sit home and raise it."* Noura also narrated "*I think that it's more equal between men and women, compared to where I live in Iran."*

Sha shared her experience about how men in the Iranian community react to gender equality in Canada, and tell jokes about it, while interpreting gender equality as "spoiling women". Sha's lived experience of being a woman in a country where women are oppressed informed her choice to migrate to Canada, so she could experience the same rights as men, escape the oppressive patriarchal ideas about women's rights and freedoms that were held by men from her community, and to be herself. This illustrates

how a Muslim woman's experience of dealing with gender oppression does not necessarily come to an end after immigration.

> *Having the rights to express myself, to be myself is the main reason that I chose Canada rather than the other country and even the US ... I can like get the privilege and have the privilege to be a woman and be myself. But in our community, I can feel that it's not accepted to have those kinds of privileges. Some, I saw some, like, men from my culture and my country talk about this too much. It's not necessary. They're, they, like, spoiled women, something like that. It's having the same right as men do. Men from my culture and my country talk about this too much. It's not necessary…they explain and they talk about these things that Canada spoils women here. They go, they ruin the family. It's not good (Sha).*

The participants shared experiences of being treated unequally in their male dominant societies. Zeinab, who was forced by her father to marry her cousin, explained her feelings here.

> *… he [my father] like, told me one day that my sister is coming for her engagement party or something to bring a ring for you. So, my dad took me to the point that I couldn't say no, or I don't want it, or let me think. So, it was a really, really deep arranged marriage (Zeinab).*

Even after moving to Canada, where the participants were not subject to violence and where gender roles are different, gender discrimination continued to impact these Muslim women's lives. It also seemed that it was difficult for them to accept the new environment where they have equal rights with men. In their patriarchal societies, Muslim women were used to the fact that men are not expected to help their wives with house chores or be involved in taking care of the kids. So, when they witnessed Canadian culture and men and women's relationships, it was shocking for some. Ati shared her thoughts on facing this reality in Canada.

> *…back home, men are not really considered responsible to do any household chores, other than bring food in and they didn't have to take care about cleaning the house or doing laundry or taking care of children, like they would come play with the kids. But then other than that, they wouldn't really actively participate in parenting, they do other things to help the children. I think initially like, seeing*

*that it was, it was a shock to me like, okay, there are people who live, you know, differently than us (Ati).*

Fatima felt "horribly bad" when she saw her husband helping with house chores, which was something new for her because in traditional communities, house chores are women's duty.

*When I first came, even if like, I'm sick. And then my husband would like do dishes. I feel so horribly bad. I'm like, oh my god, you should not do the dishes… And if he comes home and the dishes are still in the sink, or I didn't prepare in the food because I'm sick … I feel horribly bad. You know, because that's how we grew up, (Fatima).*

For some participants, gender inequality was also visible in interactions with their family and relatives. For example, a husband's family often decides the future of their son and his family. Nasiib who witnessed lots of domestic violence from her father's family, narrated,

*… the plan was that my dad to marry another woman without my mom knowing. Then my mom was like you want to go okay, go, I can take care of the kids. My grandma had a plan… My uncle started beating us up. He started hurting us… So, my mom took us away. And then that's how we moved to Uganda (Nasiib).*

Nassib and her family's story illustrates the long shadow of gender oppression, which impacted a mother and 11 children's lives in a way that they were forced to leave their home country for safety. Even after settling in Canada, Nasiib and her family members were judged by the other Somalis in the community for seeking jobs. This shows how gender role stereotypes persist for women, even after moving to another country. Nasiib stated,

*Also trying to find a job back in Brooks was so hard, though it's a small city. And there's lots of Somali people. Somali women are not known to work. So, it was kind of a shame. They used to shame us to looking for a job (Nasiib).*

**Sub-theme 2: Post-migration Challenges**

Muslim immigrant women participants' migration journey entered a new phase after moving to Canada. While they had different reasons for leaving their lives and loved ones behind, they shared the hope for a better life in Canada. However, the reality of life in the new environment with a different culture, along with other challenges such as language barriers, employment, housing, connecting to people, and learning to live in their new country, seemed to impact their dreams of prosperity, which in turn affected their mental well-being.

***Feeling Isolated***

The participants lost all the direct support and connections they had in their home countries and had difficulty building new connections in Canada because of some barriers, such as language and culture. This contributed to these Muslim women feeling they were isolated in their new home.

By leaving their home country, the participants left their loved ones behind. They lost deep connections with family and friends, and they were missing those connections. Ati narrated, *"Then after coming here, we are alone. And we are all by ourselves. We have to do everything by you know, like, everything in the house ourselves."* Fatima and Taj shared similar experiences,

> *Yeah, the family piece of it is really missing. We do have friends like they are super nice and everything, but...back home, if somebody is working and then my kid is sick, right? I could go to... I could, like, anybody, like, my friend, my mom, my aunt… (Fatima).*

> *… we had to leave our loved ones back home it was a very difficult decision to make because we have a family, we have a family back home and leaving them just coming to start a new life on our own it's just a hard decision to make (Taj).*

In their new home, Muslim women cannot establish new connections easily due to

a variety of factors, including the fact that they do not know the social and cultural norms and realities in the new country. Fatima shared her experience when she was a newcomer.

> *They would invite all the neighbors to barbecue…my husband is just, like, just go, and then you will get used to it. I'm like, no, I don't want to, I want to stay with myself. I will stay with myself, because I have no idea what to say, or, like, to communicate (Fatima).*

Some participants doubted if they could form connections with new people in Canada as deep as those they had back home. For example, Noura stated *"I think that connection has different depths. So, I can't find the connection that I used to have with my best friend here with my co-worker, or with a friend that I made for two, three months".* Zeinab also narrated, *"I would love to make a friend, but we may not go that deep like going like having each other's over to spending time in we may go for coffee or something".*

A unique obstacle Muslim women faced as they attempted to form new connections in Canada was their Islamic dress code. The hijab served as a marker of Islam and an indicator of the difference between a Muslim woman and other women. Additionally, because the hijab identified them as Muslim women, their special dress code made them visible, recognizable, and easy targets of discrimination. Some participants experienced situations in which they felt they were not accepted in a social interaction because of their hijab. Mobina had some experiences at school where she felt that the other kids did not want to talk or play with her because she was wearing hijab. Mobina explained, *"she wears hijab that means okay we gonna leave her or like we don't talk to her… I found like few situations where my hijab was a barrier for, for like other kids to talk to me."* Nassib also had a similar experience like Mobina at school. She felt that she was different, and she was not welcomed by the other children at school. She was

left out of the groups because she was dressing differently. Nasiib stated,

> *... So, their dress code was not surprising. But the fact that I was different. And I felt like, I don't want to dress like them. But at the same time, I want to feel like I'm welcomed. I just want to have friends; just want to have what they have. Because they joke around, they make they have fun together. They used to eat at lunch together. So, I didn't have all of that. It was only about me not being like them (Nasiib).*

Zeinab, who was a single mother, also indicated that even if she could make a friend who dresses up like western people, it might be a little awkward to go out together because they somehow would not match. She explained,

> *I believe like, still the whatever they have in her head, as a western culture will be a little bit different from me that coming from eastern with hijab. So, we are not kind of a matching going with someone with the tank top and with me with full hi-jab (Zeinab).*

All these feelings that Muslim women experienced because they could not make social connections may impact their mental wellbeing because they feel lonely, and sometimes they feel that they are rejected or that they do not belong.

***Mourning Cultural Cohesiveness***

For most of the participants, accepting and understanding the new culture in Canada was challenging. They had to learn new behaviors, norms, beliefs, and values. Most of the participants were from the Middle East and Africa, so they were from cultural backgrounds that are vastly different from Canada. Fatima explained, *"First and biggest one [challenge] was the culture shock ... it was culture shock because like it was totally different cultures".* Mobina stated, "*First challenge was the language ... Second challenge was like the culture, and everything here is completely different ... the dress, the clothes, and everything".* Zeinab described her experience as "*The other thing was, like a culture shock, because here is like a people looking different, at your appearance,*

*at your like a language barrier".*

Facing a new culture in Canada potentially induced feelings of being different in the participants, because they wore different clothes, spoke a different language, and behaved differently. So, for many participants, finding themselves in the middle of a society they felt they did not belong to resulted in missing the culture they were familiar with. Although these Muslim women had difficulties, such as gender oppression while living in their home countries, their familiarity with the rules, expectations, and cultural practices contributed to an overall feeling of belonging and safety despite these challenges. They felt that they were able operate in that society and they understood their place in that culture, which provided them a sense of stability and predictability, thatthey did not have in Canada.

A significant number of cultural differences originated from the different definition and perception of privacy. Noura explained this well. "*I believe that in Canada, people are more private. They don't want to come and, you know, cross your boundaries."* The other participants also referred to this concept. Ati discussed how back home people have to take into consideration what people and relatives think about your decisions in life, but here it is different.

> *When you took a decision, you also had to think about how others think about it, or how, you know, what do your neighbors say? In-laws would think? But here, you don't have to do that. In here I think culturally, that's the way to do something that you think is right. You don't have to prove it to anybody else or you don't have to, don't consider how others feel a lot (Ati).*

Fatima, who was from Morocco, described the cultural differences between her country and Canada in terms of social connections.

> *Our culture or like Moroccan culture is totally different than Canadian culture, right? For us like neighbors for example, would be like part of the family and us.*

> *They will just like come back to you and then, if they don't see you like going out and forth. Like you don't see your out of your house for like the whole day, they will knock on your door. Are you okay? Everything is fine? We didn't see you today. You know what I mean? It's a nice thing Like you feel but here, like it's just like you don't see anybody, right? And then, nobody barely knocks your door. My daughters when somebody come and knock my door. They're like Yeah, yeah, what? Someone is there?(Fatima)*

The major difference between these two types of interactions is that people have more private lives in Canadian culture, and as Ati explained, "*they don't have to consider everybody's feelings about their decisions*." So, for the participants who were from places where people have different levels of privacy in life, adjusting to Canadian culture was a challenge.

Taj and Zeinab, who were from Nigeria and Afghanistan, respectively, also compared the two cultures.

> *The environment in Iran and in Afghanistan, almost the same, people are gathering more. Like all the gatherings and environment is different from Canada is mostly Western culture here. People are not really warm, welcoming, like eastern side of the world (Zeinab).*

> *… the social life here it's really different from the one back home. Because back home we have a lot of, like, here also, they have social activities but it's just really different. Back home you get to attend a lot of parties like, um, wedding ceremonies, naming ceremonies, bed the ceremonies, but here it's just, like, they keep it cool. They, they don't … should I say, they don't do much on it. They, I don't think, they like it much here. They don't like the party. Everybody is looking towards, summer here. It's just…at that time of the year they get to enjoy themselves ... But in Nigeria we get, we have fun almost, any time, any day (Taj).*

Losing social connections back home had a psychological impact on the participants, and they felt it more intensely, because by comparing their own culture and Canadian culture, they realized that they could not make such connections in Canada.

An important element of Islamic practice is fasting in Ramadan. So, it became a part of Muslims' traditions, and it is a special time of the year for the Muslims. In fact,

Ramadan in Islamic communities is not about private praying. It is more about the atmosphere in the whole community and traditional activities that are common for Muslim people. So, by coming to Canada, even though some participants still did their religious practices and fasted during Ramadan, they had a hard time because they did not have that environment, and not everyone in Canada fasts. Going through different types of loss in their lives could affect Muslim women's emotional wellness. Here are some related excerpts from Fatima and Mobina's interviews.

> *Another thing was the first Ramadan here. It was so hard because and strange and because back home like everybody's fasts … and when Azan is there everybody will disappear. All like People are always the same thing Ramadan … you really feel it. Then after Iftar everybody would go and pray and then they would have like late nights at the mosque and then you, you feel that spiritual things back home…But here, all the stores are open, and people are just like drinking and they just like having a day normal and then it just is not feeling that (Fatima).*
> *…it's Ramadan, and everyone is like in my family, we fast, we don't eat food, and then when you go outside, we see other people, like they eat food and stuff, so even like the small details. You know, like if you're in Syria, everyone will fast, no, you can't see anyone…they will be fasting like you… In Ramadan, we give food to each other, you know, but here there's nothing like that, so this is, this is like, it's like challenging (Mobina).*

For Ati and her husband, who came to Canada with their children, adjusting to new cultural norms and roles was challenging. In the first days after they arrived in Canada, Ati realized that they had to keep children quiet because their landlords went to sleep at an earlier time that Ati's family were not used to it.

> *Parenting was stressful because of the jetlag and like here we are expected to go to bed by 6pm-7pm right according to the culture here. Yes. So, my landlords will go to bed by 6pm to 7pm, the kids would be down, then with my kids, they had to overcome this jetlag, and you know, they will stay awake till maybe 10pm 10:30pm. And I had to make sure that they were not making a lot of noise. I don't want to disturb my landlords (Ati).*

In fact, adjusting to a new country's cultural norms meant dealing with new social

interactions. So, as a newcomer, they needed to learn about those social interactions and adjust their behavior in the new environment to be acceptable, even if it was personal need of their landlords.

Some participants shared their experiences related to the difficulty they had finding dresses that Muslim women wear. Dress code is a part of culture, and for the Muslim women, it is impacted by their religion, so they are obliged to find ways to buy the type of clothing they traditionally wear. When these Muslim women could not find Islamic clothing, it could make them feel socially excluded because their clothing was not available. They may also feel social disconnection and cultural separation in Canada; as a result, they miss shared identity and cultural cohesiveness in their home countries. Sometimes, they must even order clothes from overseas resources. As a result, the costs will be higher. Mobina explained that sometimes they must pay double the real price for a dress.

> *like we can't find the, the dresses, the hijabs here … We have to order from Turkey, from like from Dubai, from those places, we order and we pay like extra, like if the, if the dress cost me like let's say $30, I have to pay shipping for $60, so like it's, it's double the amount… this is a bit difficult to like to get the stuff for like Muslim women (Mobina).*

Zeinab also stated that buying long dresses that Muslim women wear is pricey, so she cannot dress like a "real Muslim". Zeinab stated, "*Long dresses are really expensive in Calgary, it's really hard to be like a real Muslim."* When these women could not find the type of clothing they needed, they felt like they did not belong to the bigger society.

***Experiencing Racialization***

Muslim women shared their experiences of racial discrimination. Participants experienced different forms of disrespect, including verbal, non-verbal, and physical.

Many of the participants reported being treated differently in their social encounters, such as shopping for groceries, using public transportation, and even in academia, which induced feelings of rejection in the participants.

Ala explained how several encounters with her supervisor's ignorance impacted her emotions negatively in a way that she felt worthless and useless. She felt depressed after graduation. In Ala's case, her religious identity as a Muslim intersected with her education, and as a result, caused serious mental symptoms. She stated,

> *When I asked my supervisor questions, she responded like this is my project you don't need to know this information … whenever I needed reference, my supervisor refused to reference me … It happened exactly after graduation that I felt depressed; because my supervisor was not supportive at all; she never helped me; she even didn't give me comments to work better or know what's wrong. She only made me feel that I am worthless, I'm useless. She even told me to go back to Norway, but I refused (Ala).*

Zeenat also experienced different types of discrimination at school and at her workplaces. She explained that she was mistreated at the university on different occasions by other students. Those incidents included not being accepted as a member for group class activities or being accused of plagiarism for a draft version of a class assignment. Moreover, Zeenat worked in two general jobs which had environments that she called "*toxic*"; where she was subject to discrimination, and she was scolded multiple times. All these experiences accumulated, and she went into depression four months after her arrival in Canada. Zeenat's religion intersected with her education and financial needs and adversely affected her mental wellbeing.

> *My group mates [in a university course], they told me that we don't accept you, just weird, you are not Canadian. Yeah, and then they once reported me to the professor that I plagiarized the assignment but, in fact, I never, I've never wrote even the [final]assignment, it was just a draft that I sent for them to check, if that is the thing they want me to do. And then from there, I started feeling rejected … And also, I was working as Tim Horton and it was really hard there because the*

*atmosphere was very, very toxic. They were, they were like, they were very rude to me. They were scolding me in front of the customers, things like that. And all of these things pile up and caused that depression (Zeenat).*

Muslim women reported that they were racialized because of their Islamic symbols, such as their physical appearance as Muslims, and especially related to covering their heads. For Muslim women the experience of discrimination based on religious identity intersected with the discrimination they experienced based on their gender, immigrant, and racialized identities. They felt dismissed and devalued due to their presentation as a Muslim woman who wears a hijab. They were so easily othered based on their religious dress and gender, that even their Muslim husbands, who shared many of the same identities and exposure to discrimination, experienced a more favorable intersectional status when engaging in everyday activities such as renting a home. Ala narrated, "*It was actually like when they saw us in person, they refused to rent the place to us; then I suggested to my husband to go without me and yes after that we could rent a place".*

These women also experienced pressure from people, including co-workers to remove their hijab, and felt judged for their choice to wear a hijab because many Canadians view their religious dress as a form of oppression or as uncomfortably different.

*Lots of people like even at workplaces, encouraging me forcing me or whatever word you want to prefer to use, so for me to remove my hijab … (Zeinab).*

*Some people don't know what's hijab, why you're wearing this, do you have hair, or you don't have hair, why you're wearing this (Mobina).*

*Older man here he came and then he said like why do you put that scarf on top of your head? Just like remove it and just be like her another customer (Fatima).*

*They used to kind of make fun of the way I dress and sometimes pulling my hijab off. trying to bring my hair out, which I'm so sensitive of. It was one of the challenges we faced (Nasiib).*

***Lost in Translation***

A major source of concern and stress for the participants was language. The language barrier had a negative impact on multiple aspects of participants' lives. In everyday life, the participants had difficulty communicating with people. Even Nasiib, who said, "*I was familiar speaking English*", stated that the Canadian accent made it hard for her to understand them; *"But just the accent part was so hard. Canadian people speak really fast. When I was new It was so hard to keep up with them".*

For some participants, being in situations that required communication in English were stressful incidents. In fact, confronting such situations on a daily basis caused anxiety that impacted their mental health negatively. Zeinab, explained, *"The other thing was, like a culture shock, because here is like a people looking different at your appearance, at your like a language barrier".* Mobina stated,

> *The first challenge was the language actually, it was very hard for us to communicate with people… if I want to go to Dollar store or somewhere, you can't, like you couldn't, talk to someone or we cannot say, that was a very big challenge for us (Mobina).*

Even for the participants like Sha, who was a master's student, the language barrier was a challenge as she described language interconnected with culture and life.

> *I thought that I can face challenges really well. But language barrier is not only the ability to speak fluently or understand others like speech or conversation or something like that and to communicate. It's most about the culture, the whole way of life (Sha).*

Another aspect of life impacted by the language barrier for Muslim women was when they decided to seek professional mental help. Even if they were determined to go and talk to a counselor, their language skills stopped them from doing so. Mobina explained, *"I needed those stuff counseling and stuff but again the language barrier was*

*stopping me".* Noura stated, *"I thought there would be a communicative problem there… The language that they are talking".*

Some participants put more emphasis on language compared to their religion when considering the pursuit of counseling services. Nasiib stated,

> *It's more so of the same language. Religious can be sometimes 50/50. But if they speak the same language, so if I speak English perfectly, and she speaks English perfectly, which is from somewhere else, it doesn't matter… So, if they can speak the same language, whether it's English for all or another language for all you will help (Nasiib).*

Lack of English language skills was also impacting some participants' performances at work. Working as a cashier at Walmart presented Fatima with an opportunity to learn English, but she described it as "learning in a hard way". Moreover, Fatima states that learning English helped her to gain an understanding of the Canadian culture.

> *I went to that Walmart as a cashier and it was, I learned a lot of English a lot of good English, but it was uh it was in a hard way, you know. Walmart to be in a cashier don't know English you know and people that they're like just came and would come and like would scream and then like oh I got this like I sold this like for five dollars and now is 10, it's like 10 dollars and then like being really angry and I had no idea they were saying…I was like okay just calm down. just calm down. We need to figure it out. Then in the end they would call like a manager or something because I had like no idea what they were saying right but I learned English, and I learned communication in a hard way then I learned like lots of other cultural things (Fatima).*

The participants who started schooling in Canada had more difficulty at school. Learning new course materials and making connections and friends at school was tough, and the limitations caused by their language skills impacted their mental health negatively as they felt isolated. Mobina stated, *"I felt especially in high school because like I felt okay it's just me and this is another world so like how I'm gonna go to that world how I'm gonna really like learn their language".* Nasiib also narrated,

*Yeah, I think it was a language barrier. Because even the Somali friends that were attending the same high school as me, they all spoke like everybody else…when it comes to school first people will raise their hand. I mean, I don't even know what she's talking about. So, it will be so hard for me to answer a question (Nasiib).*

***Learning to Live in Canada***

The participants shared their experience learning to navigate their new life in Canada and how they had to experiment with various aspects of living to find and learn their own way. Muslim women had to deal with finding places to live, navigating public transportation challenges, and having no credit history in Canada. Here are some excerpts from Nasiib, Zeinab, and Taj interviews addressing these challenges.

*My mom found out about the city [Lethbridge]. We came as a tourist first. We saw everything. We were said it has a lot of opportunities. It made us want to move here and we moved to here and things got better in here… So, Brooks doesn't have financial support system. Lethbridge has a lot. There's a lot of opportunities that you can get (Nasiib).*

*I cannot go for vacation with my kids or having fun or joining different programs or sign up for the different activities for them. First of all, financial and the other thing is the commute. So, if I think about the commute and work, I needed to register myself for some activities. But during the rush hour time, if I get home, take my son it will be only half an hour remaining of the program which is there's no point (Zeinab).*

*… when we first came, we had nowhere to stay. The hotel we booked turned us down because we were unable to pay with our credit card and we had no cash on us, so someone was willing to use their credit card to pay for us and we could refund the person but they turn us down because they said the person that was supposed to book the hotel should be the one to pay for it (Taj).*

They even had to practice basic skills such as going to the grocery store or learning their own address. Nasiib stated: *"You have to know how to do it. you have to go out there, buy the groceries. Know what to say when you're buying everything".* Zeenat also explained,

*I don't know, I don't know what I should do, where should go, what I need to do, etc… I remember I was around the Scotiabank. And people were just going by on*

*the road. And I was lost because I don't know where my house is. And I don't have Wi-Fi even at that location (Zeenat).*

Another challenge the participants faced was the fact that they had to learn to live independently in Canada. In many countries that these Muslim women came from, women are more dependent on the male members of families for their everyday needs, so learning how to be self-reliant was a new thing for them in Canada. Fatima and Zeenat explained:

> *I grew up in a family that I was like my dad was doing everything for us like everything and then when I came here and then I had my husband and like a house that I could not be independent but my husband did have the idea of like independency like woman independency because he had been here for so long and … whenever we go somewhere and then he wants me to initiate something just talk (Fatima).*

> *I was prepared mentally to be in another country, prepared mentally, in the sense that I will be a win for my family, I won't have anyone here, I would have to stand on my own, I have to work… it was really stressful because no one prepared you, you know, for example, especially for looking at looking for a job. And here you work or not you have to pay. Right? And also … it's just because I did not have anyone to talk or chat or to ask that that's the thing that put me more, more stressful (Zeenat).*

***Securing a Safe Workplace***

Some participants stated that they were bullied at work. Muslim women were treated unfairly at work by the other employees or the supervisors. Some of these mistreatments were direct, while the others were indirect. For example, Nasiib was made fun of directly by the other Africans at work because of her skin color. Nasiib explained, "*They used to bully me just because I was lighter skin … So, they used to call me white-washed".*

Zeenat also experienced indirect bullying at work, where she was fired with a one-week notice. She was mistreated by the other employees and her supervisor. Zeenat

stated, "*one week before they fired me, they started acting really weird to me. Whenever I was having some questions. They were like, ignoring me, they don't want to see me".*

For some participants, like Ala, bullying by co-workers revealed the link between their religion, gender, wearing a hijab, and mistreatment. Ala stated, "*I remember once one of the colleagues in that training called me and … started shouting on me, we were in a training and in the same group, as I was the project manager it was like they couldn't tolerate that a Muslim hijabi woman be the leader of the group."*

Regardless of the type, bullying caused emotional distress in the participants. Zeenat, who had multiple encounters with bullying at work and called it "*traumatizing*". She narrated:

> *She [my co-worker] was like following me everywhere, even when I go to the toilet. She was like, she came to see how many minutes I was taking there. And these things were like these things was really traumatizing me because I never live in that kind of environment where people are micromanaging me and she was not even a supervisor or a team leader. Nothing she is just an employee like me. She scolded me in front of customers (Zeenat).*

Finding a job was another challenge for some of the participants. Muslim women had difficulty finding jobs for a variety of reasons. They could not fulfill some job requirements because of being a Muslim. Even small details, such as the type of clothing, could act as an obstacle. Nasiib shared her experience about jobs where wearing pants was a challenge for her. She stated, *"some of the jobs will require to wear pants, which I'm not used to. So, it's either you wear the pants, or you're not going to get the job".*

Some participants indicated that they had fewer chances of finding jobs because of their religion and appearance as Muslims. They could not work for certain companies unless they hid any Islamic identifiers, as Zeinab explained:

*It could be tough moments when you go to the company that they aren't really welcoming for the Muslim people unless you carry the Muslim tagless you but not showing the symbol like we have Muslim here.*
*They [Muslim employees] have hijab on head, but they don't wear longer sleeves. Yeah, so if I become one of them, I think it will be okay for them but with the full hijab I'm not sure.*

Zeinab shared the story of a Muslim woman who could not secure a job despite being a physician. Zeinab stated,

*people like around her kind of a suggested Okay, do you want to try? Just remove your hijab from your head. Have some color on your hair. Be a little bit like a Western culture. And after a few months, she got a job (Zeinab).*

Other examples not meeting the job requirements, included physical characteristics and lack of Canadian experience or training. All the above challenges impacted Muslim women's chances of getting a job negatively, and they were left with limited options that they had to choose from. Nasiib indicated, "*Trying to find a job back in Brooks was so hard. It was meat manufacturing. It was not for me; I was just a kid. So, it was so impossible to work there".* Taj and Ala also explained,

*I already started applying to banks because I was once a banker. I started applying to banks and all that companies, but I got no response. I was no response at all. I was, I didn't know what I was doing was right, but I just kept doing it, but none was coming no email, no rejection whatsoever, no interview. I was just so sad (Taj).*

*I registered in a program to help newcomers. I was not in the age range for the program, which was 18-29 years; however, they changed the range so I could register. Anyways, I finished the course, but three months of education was not enough to get a job (Ala).*

***Insufficient Funds***

All the participants experienced financial challenges after moving to Canada. Difficulty covering every day expenses was a major issue for the participants.

*… the money before we started working was so tough. We very barely ate three times. We just had whatever we come across so sometimes will be one meal*

*sometimes will be two meals and mostly one meal all day and that was going for like six months (Nasiib).*

*He [my husband] had to work more hours to kind of keep the family running. And as I told you, we had financial struggles. So, we had to take that from including my sister and brother-in-law. So, we had to pay them back and then my husband had a hard time. In those initial couple two, three years I would say it was only after those first three years that he started even get taking a break on anyone, like one day break weekly (Ati).*

*...So, for financial, it is that I should think about my income expenses and have some budget in between for emergency situations. Little bit of the saving that I can. So, this is too much pressure already for a person (Zeinab).*

Some of the student participants had their own financial challenges. Even graduate students had difficulty accessing the funds that were supposed to get. Ala said, *"I used to go to her lab every day, but she [my supervisor] didn't provide me with any funding, but I got a loan from Norway, I was determined to finish my studies".* Sha also talked about a similar experience, she said "*I have challenges with getting funds and from a supervisor".* Noura shared her experience as,

*At this semester I haven't been considered as a teaching assistant. As it was stated in my admission letter, but when I talked to the coordinator about the fact that as an international student, I can't live without this support (Noura).*

Financial needs and some factors, such as limited chances for better employment, kept Muslim women in tough and unjust working conditions. They had to work overtime and on weekends or had to deal with a heavy physical workload. Ala narrated, *"She told me so you must work overtime and work on weekends. I did so and worked in extreme weathers, weekends, even in minus forty, I went to lab, while my kids were with my husband or even with neighbours".* Zeenat also indicated, "*I don't know if you can imagine that I was I was washing more than 1000 things a day. And I was working 34 hours a week ... it was really, really tiring, especially when I have class afterwards".*

Muslim women's experiences implied that financial challenges, along with a lack of Canadian experience and education, forced them to remain in jobs with lower pay with poor working conditions.

> *I'm on a work permit. I can't go to school except I have to convert to student permits and I, cannot do a part of the conditions of my work permit says I cannot do any certification any, certification so it's pretty difficult for me like I was wondering like how can I get a good job, when I am limited to these things?*

> *… it was really like, do I have to do like, do I have to work in a store do some like small jobs or minor jobs before I can, for years, before I can like get a better job? Before I can go to school and get some Canadian experience? And when you're even talking about Canadian experience it's not experience working in store. It should be like they were talking about a good job you should have Canadian experience like, a good Canadian experience (Taj).*

Nonetheless, economic insecurity and restricted job opportunities infused feelings of helplessness and hopelessness in Muslim women. Zeenat, who was mistreated at work and scolded multiple times in front of customers, explained her feelings, *"I did not have anywhere else to go you know. So, I had I had no choice but to be quiet and stay there".*

***Invisible Credentials***

One of the advantages of being educated and having professional experience is that you can potentially work in your specific field rather than being a general laborer. One of the obstacles that Muslim women faced in their path of finding a job was the fact that their previous education and experience were not recognized in Canada, and they were not allowed to work in their area with degrees from back home or outside Canada. They must go through a long process of accreditation, and sometimes they must take courses or pass exams to be able to work in their professional field. This phenomenon led to disappointment and feeling that their education and prior experience were worthless. Ati and Sha explained,

*I was finally able to get work here because as an audiologist, we are not allowed to work until we have the registration or licensing body.*
*It was after coming here that I realized I cannot work until I got the registration …when I contacted the licensing body, they let me know that it's going to take a while because I had to do an online course. And then I had to pass an examination before I got registration. And then even after that, I had to find a supervisor to complete some supervised hours before I can be fully registered and work independently. So that was, that was a big challenge (Ati).*

*To be positive, you can think that, okay, my professor wants to support me, but the feeling by myself was, I didn't care about your experience, your previous experience. It's my lab and you should, like, do whatever I want. And it doesn't matter, you are a vet we have so many, like, doctors and physicians here. You are not more than that. And I feel that my, like, my ability to perform the experience was, was not considered, or they didn't pay attention to it (Sha).*

***Seeking a Suitable Shelter***

Finding a place to live, which is one of the basic needs of every human, was also a challenge for some participants. The participants tried to find a place to call home that was suitable for their family needs and their budget. Renting homes too small for family needs, limited financial resources, and proving their eligibility to rent a house were some of the challenges Muslim women participants faced. Financial needs were the main root of housing issues, so renting a smaller place with a lower rent was often more manageable for them. Ala and her husband, with three kids, had a tough time renting a place suitable for their family needs because of their limited budget. Ala explained, "*We had to rent small apartments and with a small space to live in Lethbridge".*

Cultural differences which influenced the number of kids in a family were also problematic for Nassib's family. When they first came to Canada, no one was willing to rent their house to an African family consisting of 11 children and a single mother.

*My family, it's a big number. We're 11 children plus my mom, it was so hard to find a place to live. We had to live in two different apartments. So, some of my siblings, were with my mom and the rest of us were in the other apartment and we were going back and forth, the neighbors complained a lot. And we just want to*

*be with my mom. Because the food is being prepared on other side of the house. So, we have to come out from here to there ... They started complaining and had to move from there to another house and that one had a lot of bugs. Oh, yeah. A lot of bugs. And we're not used to, so they started biting us ... There we couldn't live as well. So yeah, finding the house was so hard, so difficult (Nasiib).*

Zeenat came here alone as a student and had a general job. She also had a tough time finding a house because her bank account balance was not high enough to show she was able to pay the rent. Zeenat explained, "*I was having some difficulties, but I think it was because of the bank statement. Because most places look for a high, high salary"*.

Considering all the other issues that these Muslim women had to deal with, especially when they were newcomers facing a major challenge like not having a place to live in a foreign country, it was a major stressor for them.

**Sub-theme 3: Experiences of Exile**

Although the participants are not in an actual exile, exile became a necessity for them. No one forced them to leave their home country, but the life conditions and hardships forced them to choose voluntary relocation. The challenges and difficulties associated with this self-imposed exile had consequences for the participants and shaped their experiences. The theme "experiences of exile" captured what these Muslim immigrant women experienced on their journey to find a place to live, far from their country of origin. All the participants reported that they have experienced some kind of mental health challenges. Mental health challenges experienced and discussed by the participants can be categorized as living in lack, stressed-out, difficulty, discrimination and despair, and lost and alone. Considering the tough living conditions of these Muslim women before, during, and after immigration, showing some psychological symptoms is predictable and somewhat inevitable.

***Living in Lack***

Living in lack captured participants' feeling of not being adequate in their new life. The fact that these Muslim immigrant women needed to be dependent on other people for simple daily life tasks such as grocery shopping, or talking to people, could make them feel they cannot live independently, and they were "living in lack".

By facing life hardships, some participants reported feelings of disappointment and frustration. Fatima, came to Canada after marrying her husband, who was in Canada for nine years before Fatima joined him. So, when Fatima came from Morrocco, she needed help with everything because she did not know the English language and was totally unfamiliar with the new environment. She explained, *"It was, it was, yeah. Even, like, if you go somewhere, and, like, let's say shopping, you go, like, super store, I mean, I needed my husband there, right? It was hard. Like, it was kind of frustration, right".*

Nasiib also had a similar experience when she was a newcomer. She was 16 years old when she came to Canada, but because no one in her family knew the English language, they had a hard time in their social encounters like grocery shopping.

> *... people were so patient with us and trying to also break their English down to our level, to understand each other. Because we were made fun of, we were so uncomfortable. We were, we felt like we're not, we're not at the same level as everybody else was moving ahead but we are stuck (Nasiib).*

Fatima and Nasiib experiences implied that some newcomer Muslim women may feel that they cannot live independently, and they would constantly need help from others. It could be embarrassing for them to not be able to speak in public, and worse, being humiliated by some people in the society. It is likely that the participants may have never been in a similar situation in their lives, or in their home countries. All of a sudden, they

lost the most important means of communication because of migration to a new country, and this contributed to the feeling they did not have adequate skills to live independently.

For Zeenat, who came here alone as a student, the reality of not knowing anyone or anything in the new home was a huge source of distress.

> *... it was really stressful because no one prepared you, you know, for example, especially for looking at looking for a job. And here you work or not you have to pay ... it's just because I did not have anyone to talk or chat or to ask. That's the thing that put me more, more stressful because I don't know, I don't know what I should do, where should go, what I need to do, etc. ... It was frustrating. It was stressing on top of that, the homesickness everything it was, it was just like, everything ... It was frustrating just because I don't know anyone. I don't know who to seek help (Zeenat).*

Since all these Muslim women moved to Canada with the hopes for a better life and opportunities, facing these challenges immediately after arriving at their new home made them frustrated. In fact, they were overwhelmed by all the obstacles that they were not prepared for or had no prior encounters with.

***Stressed Out***

Muslim women stated that they suffered from constant stress and anxiety. Dealing with new problems and subjects that were not familiar was stressful because they did not know how to deal with the new life problems on their own. Another root of anxiety for the participants was traumatic mistreatment and the discrimination they experienced back home which elevated their stress level, and exposure to numerous intersecting challenges after migration which only perpetuated, replicated, and potentiated their feeling of stress and overwhelm in their new home.

Ala experienced a lot of stress and anxiety during her studies. She had a hard time working in her supervisor's lab. Her supervisor asked her to leave her lab, but she refused and promised to work better even overtime and on weekends. But her supervisor asked

Ala to do course-based work two months prior to her graduation. She ended up receiving a D mark for her thesis that worsened her anxiety symptoms, such as hand tremor and heart complications.

> *My supervisor gave me grade D which was shocking. I started having heart problems. I went to the doctor, and he told me I should not have stress; otherwise, you may develop serious heart disease … I suffered from anxiety and depression … I went to the doctor for my hands tremor, and he told me you need cognitive behavior therapy, and he only prescribed me a medicine for my heart and my anxiety. I had to go that doctor because my hands kept shaking whenever I was going to school in Calgary (Ala).*

Past-migration, many of these Muslim women needed to deal with a variety of stressful situations and work harder to overcome different hardships. For example, Ala's had to prove her competence to her supervisor because she needed her degree for a future job and a better life. When she realized that her hard work could not satisfy her supervisor, she was stressed out about her future, because for many participants, migration was for more opportunities in life.

For Fatima, who was from Morrocco, learning independence intersecting with the need to develop English language skills was a source of anxiety. Coming from a family where her father was responsible for outside interactions such as shopping, it was difficult for her to get comfortable with more social interactions in a new environment. This experience intersected with her limited language skills, which generated more stress and anxiety. While dealing with independence as a woman was new for her, she also experienced pressure from her husband, who had been in Canada for a longer time, to start having conversations; however, she found this very challenging. Communicating in English added to her stress, and she wanted to escape such situations. She experienced severe anxiety symptoms such as extreme sweating, elevated heartrate, and shaking, and

the only way to calm herself down would be to leave the situation. So, Fatima stayed at home a lot in first year to experience less anxiety.

> *I did have, have anxiety and um, depression … I was scared of everybody like I didn't know if I go outside. I am just scared of like even of the shopping we go to cashier, I, I don't want to talk. My husband has to do everything for me. Well because I grew up in a family that I my dad was doing everything for us … when I came here, I could not be independent. Whenever we go somewhere and then he wants to initiate something just talk … The first year I stayed at home 24 hours a day like without any social connection … I was like, when I go somewhere where I, like, people who look different than me, I would feel like sweating, my heart really beats and like my hands are really sweating. And then, like, my muscle shakes. I really have the kind of anxiety, and then I need to go. I don't feel like wash your face or something (Fatima).*

***Difficulty, Discrimination, and Despair***

The participants reported experiencing various life difficulties and discrimination before and after migration that could lead to losing their hope and despair. Most of the participants reported that they experienced episodes of depression and sadness after moving to Canada. Fatima said, "*I had some kind of depression, or I almost had depression then because in one time of my life I didn't go out of my house and I did not want to see anybody and things like that".* Noura also stated, *"I'm not being happy".*

Some participants had a history of rough living conditions back home. As they moved to Canada, new problems and life challenges started to show themselves. In fact, their life difficulties entered a new stage with immigration to Canada. On a daily basis, they experienced stress and anxiety. They were exposed to unpleasant life incidents that provoked negative emotions. Because of their race, religion, clothing, and language, they might be humiliated and rejected in the new society. Ala, who was a master's student, was rejected multiple times by her supervisor, and her supervisor gave her a "D" mark for her thesis. After graduation, she started having heart problems, and when she went to

doctor, she was diagnosed with depression. Ala said, *"My family doctor told me that I had severe depression ... I didn't want to talk to anyone ... it was like there wasn't anything, but I only wanted to sleep".*

Mobina, who was attending school, faced an incident where a homeless person pulled off her friend's hijab. Thereafter Mobina experienced anxiety if she had to go out because of the fear of the same thing happening to her. All her friends in the same group also had that fear of being attacked for their hijab.

> *I was so, like, so sad, they say that…sometimes I didn't want to come out, and especially we had to go to school. So, like, I live in west, and then we had to go to south side, take the buses, and you know how there is a lot of homeless people in downtown, we had to stop there and go walk and stop. So that was, like, a very hard time for me, yeah, and for my friends, like, friends, even in same group (Mobina).*

Taj, who used to be a banker in Nigeria, went through some life difficulties in Canada that caused depressive symptoms in her behavior. When they first arrived in Canada, having a place to stay, even booking a hotel, became a challenge for Taj and her husband, as she described it. "*it's just like you've been homeless the feeling because we were not so sure we're just like scared. this is the first time and we are having a bad experience already so it's wasn't fun".* Another impediment in their settling process was the fact that she could not find a job related to her experience and found a job in a store, which contributed to her depressive emotions. Taj explained,

> *... it's maybe a small argument and just trigger me; like those things I've been thinking about and those chills or those sadness that have been inside me. I know just maybe a negative saying to me can just trigger the moment and I'll just flare up ... I wasn't feeling well and those times. I just wanted to be alone, like even if even when my husband tried to like talk and tried to cheer me up ... I tried to make him happy like maybe just fake smile or something.*
> *I just wanted, I wanted it to be alone like just maybe cry out to myself and cry out to myself... I was really sad then I, I didn't want to meet anyone (Taj).*

Zeinab, who was displaced because of the war in Afghanistan and who went to Syria and Kuwait before coming to Canada, also suffered from depression. Zeinab had conflicts with her ex-husband, who had extramarital affairs in the middle of their immigration process. She came to Canada sponsored by her ex-husband's family, and because of different conflicts, divorced her husband. Zeinab stated,

> *… when you come under the umbrella of ex's family, it's not really a comfortable feeling. I wasn't able to manage my life, manage the timing, what should I do to improve my life improve my English…no one was able to take care of my young daughter. I had to stay home for a year until I got a spot [in a kindergarten]. So, in meanwhile, I was at home kind of feeling depressed … it took me to a level of depression but I kind of got motivation from my daughter, okay, my daughter is young, I need to make a better life for her… I got so depressed that I asked my doctor for some pills (Zeinab).*

***Lost and Alone***

All the participants reported that they felt they did not have any support in their new environment. Losing social, emotional, financial, and all other types of support, was a tremendous challenge for these Muslim women, and left them feeling lost and alone in their new home. A variety of feelings, such as loneliness, social isolation, disconnection, not belonging, being lost, being stuck, being ignored, and having no one's help, were examples that the participants used to refer to the lack of support in their new life.

Most of the participants had no one in Canada when they first came here. So, as they do not know anyone in Canada and were also losing all their connections from back home, they started feeling lonely. Zeenat stated, *"I came here alone as a student. I was alone. I don't have anyone here. I don't know anyone from here".* Zeinab also said, *"kind of being lonely, so I didn't have any family member with me".* Taj, who called herself an introvert back in Nigeria, was also overwhelmed by the amount of loneliness in Canada.

> *I used to be an introvert … I like my personal space a lot when I was in Nigeria*

*but when I got here it was far more than I assumed, the isolation, I think it was, really being, like, I wanted to be alone, I wanted to be alone but not like to be lonely at this point. The extent of being lonely here is too much (Taj).*

Another factor contributing to the feeling of loneliness were the cultural differences between Canada and Muslim women's home country. Moreover, the language barrier was an obstacle to connect with people. So, in fact, lack of connections and communication provoked a feeling of loneliness in the participants. As Zeenat stated, "*connection would like, would like decrease that loneliness."* Zeinab and Fatima also reported a lack of social connections. Zeinab narrated, *"People are not really warm, welcoming, like eastern side of the world. So, I felt kind of lonely".* Fatima said, *"... it was just hard for me to integrate ... when I came here I could not like communicate at all ... the first year I stayed at home 24 hours a day like without any social connection anything at all".*

For some participants, failure in making new social connections, along with the uncertainty of the unknown world ahead of them, resulted in feelings of social isolation. The first challenge in establishing new connections was the language barrier that these Muslim women had to face on a daily basis. As a result, it impacted their ability to establish connections with new people in Canada. Nasiib stated, *"I felt like isolated because I have nobody to be classmates with. I don't have anybody to do the same homework with me. So, it was I was isolated".* Fatima and Mobina shared their experiences of social isolation.

*I still remember in lunchroom, like, there were like all of them sitting in one table, talking, I would sit, like, just, like, one table or in my phone, just, like, relaxing. Not because I want to relax, because I have no idea what they are saying. Especially, like, like, slang language. It's tough (Fatima).*

*... when I was 16 and I felt a lot of like social isolation ... in high school because*

*like I felt okay it's just me and this is another world … I felt so alone because like you know environment around me is completely different thing (Mobina).*

Sha also experienced social isolation due to a lack of knowledge and connection to Canadian traditions and celebrations. As a Muslim immigrant, she was not familiar with Canadian customs, and this made her feel that she could not be involved in Canadian gatherings and events.

*In the Halloween or some other events or ceremony that people have, it's not a specific place that all people can gather. I mean, from the different background and culture… it's not our tradition and we don't know how to celebrate it … if you don't have friends, you should stay home and something like this. But I think in a, like metropolitan or larger city, there are some opportunity for this. In this case, I feel so many times I feel isolated (Sha).*

After coming to Canada, some participants realized that they did not have any information about the new environment, culture, language, people, traditions, religious rituals, and everyday life. In fact, all the hardships that they experienced after moving to Canada might have played a role in the development of their feelings that they did not belong in Canada as Muslim women. Multiple negative experiences such as constant rejection was also a contributing factor. As expressed by some participants, they were more emotionally safe back home, but they did not have that same sense of safety and familiarity in Canada. Consequently, they were often unable to feel that Canada was a place that can be called home. Noura said, *"I'm not sure that it's specific to Canada, it's more related to leaving your safe space, and, you know, leaving your support circle and moving somewhere alone, maybe".* Sha and Mobina stated,

*The disconnection between my culture, my hometown and my country and the new place*
*There are so many challenges but the most vivid and challenging and kind of bothering things that I had faced was about this disconnection between being in a safe and like the new environment…there isn't any connection and feeling belonging to that culture for me to share (Sha).*

> *I don't feel like I am in home, like, I don't feel I am in somewhere that I'm belong to. This is something I feel like I have to leave, it's not something, I feel like I belong to, or I will stay forever here (Mobina).*

For some participants, being in an unfamiliar new country was a big challenge. Some of these Muslim women felt that they were lost, especially when they first arrived in Canada, because they did not know what to expect and what they should do in the new country. They often did not know where to start because there was a whole new life and new world in front of them. Mobina explained, *"I felt okay it's just me and this is another world so like how I'm gonna go to that world"*. Zeenat also narrated,

> *When I first came here, I was lost. So, it was totally new, everything was new to me. There was no guide, there was nothing … it was really difficult… to manage, to know where, to know what you have to do, where you have to go to manage, to know where, to know what you have to do, where you have to go… you are just not knowing what's happening around. You are just like, a kite in the air; like, wherever the breeze is, you're going to that direction you just don't know if the breeze is in the South. You are flying to the South. In the next 15 minutes. It's in the north. You're flying to the north. Like that (Zeenat).*

Moreover, the participants had to deal with a variety of issues in different aspects of their lives, such as language barriers, dealing with a new culture, and learning about the new environment. Being overwhelmed by all these emotions, Sha, who was here to study her master's, felt she was lost, but she also did not have enough time for this transition to learn about the environment because she was expected to start working for her supervisor and prove her capabilities.

> *I felt that I was lost in so many emotions and in between I should prove myself to my supervisor in university and study and things like this … immediately the surrounding that you don't know anything about them. Being in the middle of the society is totally different from the imagination or studying (Sha).*

On some occasions, the participants felt that their problems were ignored and that no one cared about them. Being alone in a new place felt like losing all the support

systems that these Muslim women had back home. Zeenat and Noura shared some experiences about situations in which they felt their problems were ignored and they had to deal with problems on their own. Zeenat had a tough situation in which she could not find her way to her house. Noura was not given the TAship she was assigned, so she talked to the university office, but to her, it sounded like they did not care about her situation. Noura said, *"They just hear me and said that I know bringing money from your own country would be hard, but our condition for now is what it is".*

Zeenat recounted her experience.

> *... I don't have Wi Fi even at that location. And no one's stopped to like, help. They just, they were just going, and no one stopped by to see what's happened. Because I was so lost. I was standing for a long time just figuring out where I am. I just felt no one was caring about me (Zeenat).*

After moving to Canada, some participants experienced having no one's help and support in real life. Coming from different cultures and countries that are more collectivist to a place where they do not know anyone, and do not have anyone, was challenging for these Muslim women. This reality was something the participants had to face on a daily basis but showed itself more intensely at times when they needed emotional support, such as giving birth to a child or being sick. Noura explained, *"I had medical emergency, and I needed to go to hospital, I seek for help. And the fact that I was alone here, and I had no trusted relationship".* Here is Ati's related experience.

> *... I had a pregnancy here as well. I got pregnant in 2021. February, I'm gonna give birth in October. So, you know, as a woman, those feelings are hard away from family. So, like, we always have a lot of people around us. But coming here, like it's us and our family, And it's very, again, that we don't have all that people all around us, so sometimes it's sad (Ati).*

**Sub-theme 4: Bridges to Resilience**

Participants used a couple of mechanisms to cope with life difficulties after

moving to Canada. Coping mechanisms acted as a bridge helping the participants to build resilience in face of the life challenges. The main coping mechanism was pursuing counseling in both informal and formal ways.

***Turning to Experts***

Turning to experts captured the participants experiences of accessing formal counseling services. Some participants found seeking professional mental health help more effective than talking to family and friends, considering the number of hardships they had to overcome in Canada and the severity of their mental symptoms. Sha stated, *"I use the counseling center at the university is so useful because I myself couldn't cope with those kind of mental health".* Fatima and Nasiib narrated,

> *So, one thing that helped me hugely was the counselor that I saw. I saw two. We did all the paperwork he said Ok what brings you to here? And I'm like, okay, it's like very stressful. I'm tired of that. … I have stressful job. And he's like, what do you for living? I said I'm a cashier at Walmart and he goes, oh, cashier at Walmart is stressful? I was like, no, he is not the one. He could not understand what I mean … I felt that he minimized my fear … And then another counselor was there. He was excellent … that's when I know, I knew that, like, integration is a thing. And I need to take it seriously. And then I need to do something about it. And then he brings me with all the resources. And then he taught me about immigrant services (Fatima).*

> *I know some people that are close to me, they go see a therapist, every now and then…. they tried Muslim therapist, but somebody that is so religious, they gonna think everything is about faith. Faith is important. But also talking to someone outside of your faith, for them to see another perspective of your issue will help (Nasiib).*

***Barriers to Support***

One of the key barriers to reaching out to formal counseling were service fees. Most of the participants were newcomers or university students, who had limited financial resources and were also dealing with financial challenges. Therefore, taking on additional expenses related to counseling was often prohibitive or meant that they would

have trouble dealing with other expenses. So, the cost of services was a significant determining factor for Muslim women. Sha who used formal counseling, stated, *"I didn't find somewhere that it's affordable or all the clinics are really expensive".* Zeenat also indicated,

> *Interviewer: I believe you reached out to some mental health services, as you said Counseling Services at the University. And why did you choose that Services?*
> *Zeenat: Because that's the only free service they have here (Zeenat).*

Some participants also mentioned that lack of free time was an obstacle for them to reach out for counseling services. This was especially the case for the participants who had to take care of their children, as making time for counseling was not easy. Ati, who came here with her husband and children right before the pandemic, could not leave the children alone at home because her husband was working full time for the first two or three years without taking a break. So, if she wanted to go and see a counselor, she had to coordinate it with her husband's busy schedule. Ati stated,

> *I think there were barriers, like, you know, my, my husband was always working, and I had to, like it should be the times that were possible should match where he was available. And since I didn't drive, I had to depend on him, like whenever he was available…*
> *And I couldn't really go because you know, having kids we cannot go like that. So yeah, I would say there were barriers for me to kind of reach out for help, and you know, be, go and get help (Ati).*

Zeinab, who was a single mother, shared that working, commuting, and taking care of her children, one of which had special needs, left no time for her to attend any counseling sessions. Despite feeling the need for some professional mental health help, she could not go for those services because of the tiring and overwhelming conditions in her life. Zeinab explained, *"I need to get rid of some issues; by taking medications and adding the sessions my time will be loaded, and I will get frustrated and exhausted".*

For some participants, lack of awareness about mental health problems in their communities was a barrier to using counseling services. In fact, in some cultures, people traditionally do not have any information about mental health problems. Nasiib and Taj shared their experience on this. Nasiib, who lost her friend due to suicide, explained that her Muslim Somali friend had talked about her depression and mental health with a couple of people around her, including Nasiib, before she committed suicide; however, no one in Somali culture knew about depression. So, no one helped her friend, and she died. Nasiib narrated,

> *In Somali culture we just don't know what depression is. And nobody just, there is no awareness of it. There's nobody that gives any attention to it… We don't know depression. She told almost everybody. They weren't familiar with it. I myself was not familiar with it (Nasiib).*

Taj, another participant from Nigeria, also had a similar experience. She said she could not share her feelings and suffering from mental health problems with her family. She explained, "*I think it's a bit difficult for me to tell my family like, I mean, I have some mental health issues because I don't think they will understand, because they're, quite traditional."* Taj further explained that in their culture, they may assume that depression means a temporary feeling of sadness.

> *They just understand the expression, okay, you're sad at the moment, maybe it's, you're not feeling, you're not happy, they just know, maybe you're just, maybe you're not happy, or you're happy. They don't know about you being depressed, like, when you're mentally depressed, I know, are you needed to seek help? I don't think they understand to that extent (Taj).*

In some cultures, people are expected to react in certain ways when they suffer from mental health problems, as some of the Muslim women explained. Those reactions might be in favor of ignoring the mental symptoms. Ala and Nasiib explained that some Muslims may traditionally believe that religious practices, such as reading the Quran, are

a solution to all problems. But both of these participants criticized such a viewpoint. Ala and Nassib both suffered from some mental health challenges as immigrants. They experienced a mental health state that was not a temporary feeling, and they felt that religious activities could not help them to feel better. Here are some related narrations from Ala and Nassib.

> *I believe for some issues reading Quran is helpful but sometimes I need a friend. I need help. So, it is not like reading Quran is helpful for all the problems and it is not going to be helpful for all the problems (Ala).*

> *You have to stay strong. You have to find people that make you feel comfortable. You have to find strong people that will make you forget the panic attacks. We don't know what depression is, it may be something like, you just want somebody to recite the Holy Book on you. And so, you should be fine. That's correct It's something good to do it. But also it's a real thing. They should know it's a real thing. It can take a person's life (Nasiib).*

**Balancing Cultural Safety and Gender**

The participants' two main concerns when using formal counseling services were the counselor's gender and cultural safety. While some participants preferred a female counselor, the counselor's cultural awareness was also an important factor for these Muslim women. In fact, a balance between the counselor's gender and cultural safety could ease participants reaching out to formal counseling services.

Muslim women had different preferences about the counselor's gender. For some participants, the counselor's gender was not an influencing factor while choosing services. As Fatima explained, some Muslim women may prefer to wait and see a female counselor, but when the person is in a critical situation and they need help, gender may not be the most important factor in choosing a counselor. Mobina indicated, *"I don't because we interact with different men and stuff. So, it's okay for me".* Here is Fatima's related experience.

> *… some women would be like … I would, I would rather wait for the woman to be available. It's like most of Muslim women they think. Maybe because of the religion is like, has the preference of like a woman to see a woman. A woman doctor or a woman to see a woman counselor. They prefer that. So, they themselves prefer that ... If I was me. If I was struggling, I don't care who I would see (Fatima).*

On the other hand, some Muslim women expressed that they preferred to see a woman they needed to see a counselor. Mobina, who was from Syria and a member of the Kurd ethnicity, did not have a gender preference for a counselor but stated that most Arab women may prefer to talk to a woman. "*I feel like for other women especially a lot of Arab people they prefer having like just women and like whoever serving them is woman."* But in her Kurdish culture, she explained, women are not restricted in their interactions with men who are strangers to them. She explained, *"for me my culture is more, higher than the religion, honestly".*

Taj and Zeenat were among those who preferred to talk to a female counselor. Some women may be more comfortable talking to a female counselor because of the hormonal changes they go through, which may impact their feelings and emotions. So, a counselor of the same gender could relate more to their concerns. Taj said, *"I care about the gender. Uh. A female counselor, talking to a female counselor than a male counselor but I don't care about the religion".* Zeenat explained,

> *I would prefer gender like female just because, you know, sometimes when we are on our menses, and our period, which is good for something, and that's why I chose the female because she will be much more understanding of what I'm talking about (Zeenat).*

Some participants, like Sha and Noura, suggested that when the counselor has experience with immigration, or they are immigrants themselves, it could positively affect how they perceive an immigrant's issues. In fact, lived experience of immigration

may be more helpful than possessing the theoretical knowledge. Sha explained, *"I have so many experience, on campus. And on campus counseling center is really good, but if there are experts who can understand immigrant students".* Noura shared her similar experience as, *"I think if in such services they include all of these people. I mean, if there is a Muslim woman as a consultant or international person, I think including all of these would be beneficial".*

While cultural differences between the client and the counselor can be a barrier to counseling, cultural awareness can facilitate the process of counseling. As participants shared that cultural factors were one of the key barriers to counseling. As stated above, in some cultures people do not understand mental health challenges well and are not used to talking about them. Consequently, someone who was born and raised in such an environment may have a difficult time figuring out how to confront the situation when they need professional help. For Muslim women, their cultural traditions and religion are often interwoven. So, if the counselor is not culturally competent and familiar with Islamic communities in general, or has limited knowledge about the rules, traditions, and expectations surrounding Muslim women, they may not have a comprehensive understanding of the needs of Muslim women. Fatima explained,

> *There is a culture, culture aware, awareness that like the counselor or any worker; they need to be like aware of the culture that they are dealing with like indigenous or like Muslim people or Arabic people, they need to be aware. First to do this like little history of like asking. What's your expectation? Like what do you need from, from there? And then how do you want this service to be done? You know what I mean? Yeah. Because it's not only the religion, but it's where they we were raised (Fatima).*

Zeenat, one of the participants, suggested a combination of religious and professional counseling in order to serve Muslim women clients better and cover their

needs.

> *I would suggest Islamic counseling which can give you both Islamic advice as well as what a normal counselor can give you.*
> *For example, if you're in depression, like, you need to connect, like do some everyday prayers … that will help you to reboost your connection with God, something like that (Zeenat).*

**Fearing Stigma and Side Effects**

Some participants expressed doubts while considering formal counseling as a coping mechanism. Two main concerns discussed by the participants were the fear of stigma around mental health illnesses and side effects associated with medications. They were skeptical because they might be judged for seeking help and seeing a counselor. Muslim women were afraid of being judged, especially in their community, because seeking professional mental help is a taboo in some cultures. In fact, in some communities, seeking professional help for mental health means living with the stigma or being labeled as "crazy" or "insane". Such notions about seeking help for psychological symptoms put the person under more pressure; they did not want to be judged. At the same time, delay in addressing their mental health needs might worsen their symptoms. Sha stated, *"It's a kind of taboo to use the counseling or psychological approaches or even medicine".* Zeinab indicated, "*If I told at the time before separation, they [my ex-husband's family] would like to tease me a lot".* Here are Ala and Mobina's related narrations.

> *I cannot think of going to cognitive therapy, because in our culture it is unacceptable for someone to go a psychiatrist, it means the person is seriously ill or like she/he is crazy.*
> *I am from a small city. My hometown is a small city, and everyone knows each other there and no one wants to seek help for mental challenges. It is kind of shame if someone has mental illness (Ala).*

> *I feel it's something awkward to go to mental health, like they say, you're crazy. It's something you know, it's not something normal. Like a lot of people don't go to mental health and stuff with services because of the community will judge them (Mobina).*

Muslim women were not sure about the effectiveness of counseling in another culture and language. Since talking about emotions and deep feelings in English was hard for the participants, they were doubtful about their ability to explain their problems and get the help they needed. Coming from cultural backgrounds different from Canada was another factor contributing to Muslim women's uncertainty. Our culture and traditions impact the way we see the world. So, for a counselor and a client with a distinctly different cultural background, it may be hard to understand each other. Zeinab stated, "*I don't want to like go for it. I don't want to use any pills… But I know I should work on myself… So, the mental health or something lonely doesn't work for me; except services for my son".* Noura explained,

> *I know they [counseling services] exist and I even thought about it. But I have all in this in my mind that talking with specialists in other countries, in other language and culture won't be as beneficial as, you know, your own culture (Noura).*

One of the participants, Fatima, experienced a lot of stress working as a cashier in a store, so she went to a counselor for the first time at her husband's suggestion. She was not satisfied with the counselor, as she explained. *"I was like, no, he is not the one. He could not understand what I mean, you know? Because he, like, I felt that he minimized my fear."* After this unsuccessful experience, she was reluctant to go and see another counselor. She added, *"[my husband] was like, just like, let's do this… step. And then if it's not working, then I'm not going to tell you to do something else. That's right. So, I did it just to prove that nothing would be good".*

Finally, some Muslim women were afraid of taking medication for their mental

health condition for fear that they would experience adverse side effects. Zeinab explained that she suffered from depressive symptoms, but she did not take any medications because she was worried about the medical complications.

> *All I needed like a not to get used to medication, I know it has lots of side effects and like mentally, I am so weak I don't wanna add something to make it worse, and if I want to quit the medication, I have to face new issues and challenges (Zeinab).*

Another participant, Ala, who was diagnosed with severe depression, also did not utilize antidepressants because of concerns about side effects. Ala said, *"I was prescribed depression medication. My husband told me not to take the medication to avoid the complications".*

***Turning to Family and Friends***

Turning to family and friends was another coping mechanism that the participants used to deal with life difficulties after moving to Canada. Turning to family and friends for the participants consisted of talking to family members and friends when they faced challenges. They found that sharing their thoughts and feelings surrounding their everyday life concerns with someone like a family member or a friend was helpful. Mobina stated, *"I talk to my family about it. I talk to my sister about it. I tell her okay this, this is happening. So, that's like all overwhelming go away".* Noura also shared her experience as, *"It's always helpful talking back with my family and friends".* Taj also narrated, *"I talked to my husband, ... I talked to him and we, we work through it together".*

***Soothing and Supportive Strategies***

Participants reported a series of soothing and supportive strategies other than turning to experts, family, and friends that they used as coping mechanisms to conquer

the mental health challenges they were facing. These activities included going for a walk, taking a break, religious practices, such as praying or reading the Quran, and planning something fun. Some participants stated that keeping themselves busy was beneficial for them. Activities such as working, volunteering, and joining social groups. Zeinab stated, *"So that's why I started to walk along the river. It was like a 15-20 minutes' walk from my apartment".* Zeenat narrated, *"I was working most of my time just to, just not to let this things take impact on me".* Ala explained, *"It happened a lot that I felt lonely and isolated. So, I kept trying to be in different groups in Lethbridge".* Fatima also recounted her similar experience, *"I start praying again, because I wasn't praying, I think. So, I start praying again and start praying to do something that, like, spiritual things that would bring me back to myself".*

**Summary**

In this chapter I presented the findings generated from the thematic analysis of interview transcripts with Muslim immigrant women study participants. I have presented the themes which emerged from these data using related quotes from participants' experiences. The central theme, four sub-themes and their elements are also discussed respectively. The central theme "*Muslim Immigrant Women's Transnational Experiences of Mental Health*" illustrated the multi-layer and intersectional nature of the factors which impacted Muslim immigrant women's experience of mental health challenges in Southern Alberta. The first sub-theme, pre-migration challenges described the hardships Muslim women faced in their home countries including imperative exile, seeking a better life, and long shadow of gender oppression. The second sub-theme, post-migration challenges, discussed life difficulties after moving to Canada, including seeking a suitable shelter, the

perceived invisibility of previous credentials, the challenges of learning to live in Canada, experiencing racialization, feeling isolated, feeling lost in translation, struggling to secure a safe workplace, insufficient funds, and mourning cultural cohesiveness. The third sub-theme was inclusive of the difficulties associated with participants' experiences of exile. Finally, the last sub-theme discussed the bridges to resilience that Muslim immigrant women used to overcome the mental health challenges that they faced.

# CHAPTER 5: DISCUSSION OF FINDINGS

In this chapter, I discuss the findings of my research in relation to the existing literature. My study findings showed that Muslim immigrants women's encounters with intersectional adversities could impact their mental health and identified the mechanisms they used to overcome these adversities. Here, I discuss these findings in the context of intersectionality theory as the framework of my research.

## Overview of the Inquiry

This thesis aimed to explore the experiences of Muslim immigrant women and the various intersecting factors of their mental health in Southern Alberta. Muslim immigrant women are at risk of experiencing mental health challenges due to patriarchal rules in their own Islamic communities, restrictions for Muslim women, and discrimination against Muslim women outside of their communities (Alimahomed-Wilson, 2017, 2020; Aziz, 2012; Mir-Hosseini et al., 2014). This research focused on the factors that could contribute to mental health challenges in Muslim immigrant women before and after migration. These factors were analyzed through an intersectional lens while their interactions and interconnections were also considered. Moreover, the mechanisms that Muslim women utilized to cope with these challenges were also identified.

Ten Muslim immigrant women from nine different countries were interviewed. They shared their lived experiences of migration to Southern Alberta and how they navigated their new lives in Canada while coping with mental health challenges. I recorded and transcribed all the interviews, and these data were analyzed by generating codes and themes using Braun and Clarke's approach to thematic analysis (Braun & Clarke, 2006, 2019, 2021; Clarke & Braun, 2013). Table 1 presents the central theme,

sub-themes, and elements generated from the analysis of these interview transcripts. The interactions of pre-migration and post-migration factors and their influence on participants' mental health, as well as the coping mechanisms used by Muslim women, are represented in Figure 1. The central theme generated by the data analysis phase was *"Muslim Immigrant Women's Transnational Experiences of Mental Health,"* which portrays how the intersection of hardships experienced by Muslim immigrant women back home and in Canada could contribute to the development of mental health challenges. Four main sub-themes were identified: (a) Pre-migration challenges; (b) Post-migration challenges; (c) Experiences of exile; and (d) Bridges to resilience. In the following sections, I discuss my study findings in the light of existing literature to provide a better understanding of the generated themes. In my discussion, I also use the intersectionality framework to further illustrate the interplay of these factors and their potential cumulative impact on Muslim immigrant women's mental health.

**Muslim Immigrant Women's Transnational Experiences of Mental Health**

Immigrants' adjustment to their new home is often a difficult process, and they need to mentally adapt to their new environment and adjust to the new socio-cultural norms (Berry, 1997). Muslim immigrant women's mental health is potentially at particular risk due to the intersection of their race, religion, and gender identities (Ahmed & Mao, 2024).

Although there are a variety of Muslims with different cultures and belief systems, in Western societies Muslim women are frequently depicted as a homogenous group who are oppressed, submissive, and powerless (El Sayed, 2023; Lajevardi & Oskooii, 2018). Islamophobia refers to the discrimination against Muslims because of

their religion (Hunt et al., 2020). Muslim women are often subject to more discrimination compared to Muslim men because of their clear Islamic identifiers, such as the hijab and niqab. Muslim women are frequently at greater risk of being targets of verbal and physical attacks (Meer & Modood, 2013; Perry, 2014). Gendered Islamophobia is related to discrimination against Muslims based on their gender. Hence, Muslim women may face a unique type of discrimination that intersects with sexism and Islamophobia (De Nolf & d'Haenens, 2024).

Negative stereotypes of Muslims in the media form a general picture of Islam, often position Muslims as a threat to Western countries, and can lead to social vulnerability, loneliness, and anxiety among Muslims. Islamophobia can lead to hate crimes towards Muslims, and negative mental health outcomes such as helplessness, lower self-esteem, anxiety, and depression as a result of islamophobia are reported in multiple studies (Akram, 2020; De Nolf & d'Haenens, 2024; Samari, 2016; Zempi & Chakraborti, 2015). In the current study many of these feelings and mental health outcomes were reported by the participants, which suggests a link between experiences of Islamophobia and mental health challenges.

Facing discrimination on a daily basis impacts Muslim immigrant women's lives at all ages and in different ways and locations, from school and playgrounds, to academia, and in workplaces. Muslim girls are frequently bullied at school, and they are exposed to gendered Islamophobia as a component of their daily life (Davids, 2009; Farooqui & Kaushik, 2021). Muslim women's employment and economic conditions are also impacted by direct and indirect discrimination related to their ethnicity, religion, and gender (Akram, 2020). There is evidence of fewer employment opportunities,

underpayment, and unequal treatment of Muslim women in the literature (Nazari, 2022; Tariq & Syed, 2017, 2018). In the current study, the participants' multiple identities as Muslims, immigrants, women, and as racialized minorities, intersected with other social identities like their socio-economic status to shape participants' social locations (Avraamidou, 2020; Crenshaw, 2013). Social locations are dynamic, so the power and importance of intersectional factors vary at different points in time and in different places; for Muslim immigrant women, their dynamic social positions are uniquely constructed in relation to the combination of social inequities they experience. The study participants experienced different hardships, including violence, displacement, gender inequality, economic challenges, and lack of freedom back home, which were captured under the theme of pre-migration challenges. Furthermore, the intersection of participants' pre-migration identities with post-migration life difficulties in Canada potentially reduced their hopes of finding a new home, which was their motivation for moving to Canada.

## Pre-migration Challenges

The pre-migration sub-theme's elements are discussed in the following sections.

### *Imperative Exile*

Displacement can have multiple causes, including environmental incidents, international war, socio-economic crises, internal war, violent conflicts, political tensions, and situations when a breach of human rights happens. Regardless of the cause, displacement has detrimental mental health impacts on the victims (Migration Data Portal, 2018). War-displaced people may suffer from some psychological complications such as PTSD, psychological trauma, depression, and anxiety disorders, which could be consequences of forced displacement (Morina et al., 2018). Displaced people may face

economic problems and poverty because of losing their jobs, which makes it hard to cover their basic needs. They often face discrimination and violence in refugee camps, and they may have to wait for a long time if they seek asylum (Admasu et al., 2021). Some Muslim women immigrant participants experienced war and violent conflicts back home, and they had to leave their home country because of life-threatening conditions. Others had socio-economic motivators for migration and chose imperative exile. Despite the reasons for their migration, many of them experienced psychological distress, which made them vulnerable to mental health challenges.

### *Long Shadow of Gender Oppression*

Women are generally expected to uphold religious and cultural rules regarding public appearance and clothing, behavior, and family roles more than men in many religions. Patriarchal religions are responsible for obliging women's obedience, honor killing, intervening in women's marriages, and their sexual and reproductive matters (Harding, 2019). In Islam women face more restrictions than men, and Muslim women are taught that they should be obedient to their husbands. In the Pew Research Center survey (2013), 85% of participants in different Muslim countries believed that Muslim women should obey their husbands, and around half of them acknowledged women's right to choose what to wear in public (Lugo et al., 2013). According to Islamic rules, women's share of an inheritance is lower than men's; female testimonies are valued at half of one man's testimony; they often get married at a very young age, and their main purpose in life is childbearing (Mir-Hosseini, 2003). In Islamic patriarchal societies, women are not considered an independent person by themselves, but rather partners for men, and consequently it is the man who culturally makes important decisions in life.

Muslim women accept gender inequality because they believe it is God's will (Ridwan & Susanti, 2019). Ongoing exposure to these perspectives may eventually evoke feelings of helplessness and powerlessness in Muslim women's lives; therefore, gender discrimination is among the factors that could adversely impact mental well-being (Carod-Artal, 2017). Links between sexual disparities and depression, anxiety, alcohol and substance abuse, lower self-esteem, and mental distress have been reported in the literature (Perry et al., 2013; Swim et al., 2001; Szymanski & Stewart, 2010; Zucker & Landry, 2007). Based on participants' narrations and as illustrated by the central theme, Muslim women's experiences of gender oppression frequently continued in Canada, and they were often discriminated against and judged even more than Muslim men in their new home (Perry, 2014; Steele et al., 2023). These current findings align with previous studies that have highlighted the potentially detrimental mental health impact of patriarchal rules in their home countries and the retention of these rules post-migration.

***Seeking a Better Life***

Constant exposure to stressful situations in childhood, such as domestic violence, financial constraints, and childhood sexual abuse, increases the risk of mental health conditions such as anxiety, depression, drug abuse, and posttraumatic stress disorder (PTSD) (Green et al., 2010; McCabe et al., 2022; Zhao et al., 2022). Adults, especially those with a history of traumatic incidents, who further experience life adversities, including financial challenges, social distress, and inequalities, may be more susceptible to chronic and severe mental health disorders (Frankham et al., 2020; Vargas et al., 2020). Muslim immigrant women in their home countries often face harsh living conditions due to violence against women, war, unstable socio-economic circumstances, poverty, and

unequal rights with men. One common occurrence in Islamic societies is domestic violence against women, and Muslim women may experience violence as a wife, child, or female family member (Alfitri, 2020). Many Muslim countries are among the poorest countries in the world, and in the latest ranking in 2024, two Muslim countries, Yemen and Sudan, were in the top ten list (Sudanese American Physicians Association [SAPA], 2024; Ventura, 2024). Low income and high population growth rates combined with political and structural obstacles, contribute to Islamic countries economic struggles (SAPA, 2024). Therefore, Muslim women's collective exposure to violence, war, discrimination, and financial challenges serve as motivators for migration to Canada, while also contributing to their risk of mental health challenges. In the current study, participants migrated to Canada in search of a better life, free from prior experiences of economic crises, adverse life events before immigration and during migration journeys, violence and crimes in refugee camps, governmental discrimination, and violation of women's rights. In other words, this theme captured a key motivation for migration that emerged from pre-migration adversity.

**Post-migration Challenges**

The post migration sub-theme's elements are discussed in the following sections.

***Seeking a Suitable Shelter***

Housing is one of the challenges all immigrants face in their new country. Successful integration of immigrants is dependent on settlement facilities available to them, such as affordable housing (Drolet & Teixeira, 2022). Other factors that impact immigrants' options in finding a house are their immigration status, language skills, and having family members or friends to help them. Some immigrants and ethnic minorities have fewer choices and resources, which disadvantages them in the housing market

(Simone & Newbold, 2014). Some common barriers in the housing market for immigrants, especially those who are newcomers, include financial instability and a lack of social networks (Teixeira, 2009), which further intersects with racialization and racism. Because of their cultural and religious practices, Muslims may prefer to live in neighborhoods close to mosques and halal supermarkets to reduce the chance of discrimination. In particular, Muslim women may feel more comfortable living in neighborhoods with a larger Muslim population to avoid people's judgmental looks at their hijabs (Mensah & Williams, 2013). In Mensah & Williams (2013) study, Somalian Muslim men and women often changed traditional ways of dressing when searching for a house. Other minorities avoided talking over the phone to the landlords because their accent would reveal their ethnicity. For some immigrants, especially newcomers, proving their eligibility to rent a house through references, Canadian credit history, employment contracts, and a good bank account balance was difficult, and failure to providing these documents could lead to rejection of their application (Wenyeve, 2014). All these elements affect minority immigrants' options in finding a house.

Consistent with the literature above, in the findings of the current study, finding a house that was suitable for participants and their families' needs was a challenge for the participants in terms of affordability, and due to racial discrimination from landlords, and the cultural differences with Canadian society. In Wenyeve's study (2014), participants, who were newcomers to Toronto, faced discrimination while searching for a house and suffered from anxiety, stress, and lower self-esteem because of prolonged periods of house-hunting. Some mental health challenges have been previously reported in immigrants and refugees, including increased stress and anxiety, and eating and sleeping

disorders related to housing issues, (Flatau et al., 2015; Hanley et al., 2019; Kaur et al., 2021; Pruegger & Tanasescu, 2007). This was consistent with what the participants overviewed.

### *Invisible Credentials*

Immigrants' foreign educational qualifications and professional experience are frequently not recognized in Canada. Despite the fact that the Canadian immigration system prefers skilled immigrants, no specific office is responsible for foreign credentials assessment nationally, and the routes for assessment of foreign education are complicated and take a lot of time (Guo, 2009). Every discipline's assessment process is different, and immigrants must take courses, pass exams, take language tests, and sometimes do practicums in Canada (Fulton et al., 2016; Lee et al., 2020). Many immigrants are obliged to work in jobs that are not in their professional field because of the complexities related to recertification of their previous education. Even those immigrants who pass the accreditation process may face another obstacle on the way to finding professional employment, and this creates discrimination in the employment process (Said, 2023). For some immigrants, facing the reality that they cannot find a job related to their skills and social dislocation may result in sadness, disappointment, frustration, depression, anxiety, and mental distress, especially when it intersects with other life hardships after migration (Guo, 2009; Nwandu, 2023). Social exclusion and low integration into the host society may consequently contribute to negative mental health outcomes (Raihan et al., 2023). Immigrants may feel that their professional and academic qualifications are devalued. Underemployment, which is employment in less skilled jobs with lower wages, often results in financial difficulties which can impact their settlement journey negatively

(Fulton et al., 2016). In the current study, Muslim immigrant women participants reported similar issues surrounding the lack of recognition of their foreign education in Canada, and those who attempted the accreditation process found the experience to be long, slow, and tough. Education is a key determining factor in social power and an important determinant of health. For immigrants whose education and experience are not valued in Canada, their social location is impacted because they cannot be hired in professional occupations and are forced to take lower-skilled jobs to just make ends meet. Participants reported feeling sad and being left with very limited options, such as working in a store. Dealing with such disappointing realities along with other intersecting factors may further exert a negative impact on an individual's mental well-being.

### *Learning to Live in Canada*

According to Immigration, Refugees and Citizenship Canada (IRCC), immigrants' settlement in Canada is a brief time in which a newcomer adapts to the new country and their new society welcomes the newcomer by providing some support and services. In some studies, learning about the school system, navigating healthcare, finding houses, making appointments, accessing public transportation, finding employment, paying taxes, and learning the laws of the host country are emphasized as key tasks for newcomers (Suleman & Whiteford, 2013; Ungar, 2021). The Government of Canada provides some settlement services to newcomers who arrive with permanent residency or refugee status (IRCC, 2024). However, some newcomers are temporary residents, including international students and temporary foreign workers, who do not have access to any such supports. Despite receiving some support from the Government of Canada, some participants found navigating some aspects of life in their new home to be challenging.

For those who were temporary residents, starting life in a place they didn't know anything about provoked fear, and they struggled to learn the life skills needed to live in Canada on their own. Newcomers' settlement experience is a determining factor which can impact immigrants' mental health. In fact, access to sources of support for immigrants, whether from the government or from family and friends in the host country, can positively impact their resilience against life hardships (Chadwick & Collins, 2015). In the current study, some participants had limited language skills and access to social support; therefore, living independently along with a lack of knowledge about the life in Canada added their psychological stress.

***Experiencing Racialization***

Due to Canada's proximity and close cultural and economic ties to the United States of America, the social climate for Muslims in the U.S. frequently influences the social climate for Muslims in Canada. Muslims in U.S. history used to be defined as an insignificant uncivilized minority group, but in the post-9/11 era, Muslims became a more visible community, and they were often portrayed as terrorists and anti-Americans (Abdullah, 2015). The intersection of religion and race plays a significant role in shaping biases against Muslims. Muslims are subject to racialization based on their Islamic religious garb and appearance and although Islam is not a race it has evolved as an ethnic attribute which is racialized by some observers (Al-Saji, 2010; Phillips & Lauterbach, 2017b). In fact, there is evidence that some people, such as Latinos, Christian Arabs, Greeks, and Indian Sikhs, were attacked, and their places of worship destroyed, because of their resemblance to Arabs, and the offenders falsely assumed they were Muslims (Abu-Ras & Suarez, 2009). Muslim women are often subject to more discrimination than

Muslim men, and the nature of discrimination against them is both Islamophobic and sexist (Mason-Bish & Zempi, 2019). The Hijab, a visible symbol of Islamic faith, makes Muslim women vulnerable to prejudice and hate crimes (Dana et al., 2019). A major category of hate crimes against Muslim women is street harassment. Although street harassment victims are more often women, gender intersects with other identities such as race and religion, potentiating the detrimental effect on marginalized social groups in lower hierarchies of social power (Mason-Bish & Zempi, 2019). Abu-Ras and Suarez (2009) discussed Muslim women's complex identity shaped by their gender that presents more obstacles and inequality in accessing community resources, due to their cultural identity, which is shaped by patriarchal rules and gender bias, immigration to a Western country and consequent social and economic exclusion, language barriers and religious identity. This cultural identity separates them from men and the Muslim community, and their dress code not only distinguishes them from non-Muslims but also makes them easy targets of hostility and racism (Abu-Ras and Suarez, 2009). In multiple instances, Muslim women have been attacked because of their hijab, with the attacker attempting to pull off their hijab. So, some Muslim women had to change their dress code for their own safety (Dana et al., 2019). In research by Mason-Bish and Zempi (2019), their exclusively Muslim women participants, who wore a niqab, reported concerns about street harassment because of previous encounters with verbal and physical assault. These facts and research evidence are consistent with the present research findings, as many participants faced discrimination and disrespect in various forms of verbal, behavioral, and physical mistreatment in their daily lives, including while shopping for groceries, using the public transportation system, attending college or school, and at work. A unique

kind of prejudice against Muslim women is that they are persuaded to remove their hijab and practice Western women's moral values. It is a violation of their sense of agency while Western countries and modern societies value personal autonomy and freedom, but it seems that the same standards are not applicable to a Muslim woman's choice of what to wear (Zempi, 2016). In the literature, some links between experiencing discrimination and poor mental health are identified in Muslims. Anxiety, depression, decreased life satisfaction, higher psychological distress, and lower self-esteem were all reported in Muslims who faced religious and racial discrimination (Chowdhury & Okazaki, 2020; Kathawalla & Syed, 2019; Murtaza, 2020; Sidat, 2021; Yeasmeen et al., 2023).

### *Feeling Isolated*

Social support is a crucial factor in immigrants' post-migration adaptation and mental health because when people feel they have a support system consisting of their friends, family, and community members, it can help them adjust to their new home easier (Newman et al., 2018). When an individual feels connected to their social group, it can also improve their self-esteem and help the individual to cope with racism (Sheikh et al., 2022). Immigrant women's social connections after immigration can be dependent on their social location and power. Language skills and level of education may facilitate social connections and their ability to reach out to available services for immigrant women (Guruge et al., 2015). Other intersecting factors impacting social connections can be financial, cultural, and family-related obstacles. Immigrant women who are from marginalized groups may suffer more from lack of social support because they experience social exclusion (Alvi et al., 2012). Feelings of loneliness, anxiety, substance abuse, depression, and poor mental health have all been reported in immigrants who have less

social support (Kearns et al., 2015; Leong et al., 2013; Williams, 2018). In Bulut and Gayman's (2020) research, social support was an important mediating factor that could impact mental health, and a positive relationship between lack of social support and depressive symptoms, acculturation stress, and mental health was found (Bulut & Gayman, 2020).

In the current study, almost all participants reported losing the connections they had back home and reported that connecting to Canadian people was hard for them. Similar to previous findings in the existing literature, the participants reported that lack of English skills, cultural barriers, religious identity, and their appearance as a Muslim woman contributed to their difficulty in making new connections in their new home. Cultural differences often made Muslim women hesitant to approach people in Canada. Muslim immigrant women participants were also often excluded in multiple social situations, which could have been related to their various intersecting identities. Ultimately, social exclusion and loneliness potentially placed participants at risk of mental health challenges.

### *Lost in Translation*

In the current study, most of the participants expressed that their language barrier was the first and most difficult challenge after migration because it impacted their daily lives. Muslim immigrant participants reported stress, anxiety, and isolation because of their limited language skills in social interactions, such as grocery shopping, school, work, and mental health counseling. Immigrants' language skills are a determining factor in their social location because language skills profoundly affect their ability to work and their financial status (Isphording & Otten, 2014). Moreover, language skills can impact

immigrants' social connections and challenges with communication can place them at increased risk of discrimination (Zhang et al., 2012).

Since lack of language skills can limit socio-economic resources and lead to negative health outcomes, learning the dominant language in the host country is crucial in the process of acculturation (Isphording & Otten, 2014). If immigrants cannot communicate with local people and service providers, they may have limited life opportunities and higher levels of stress in daily life activities. As a result of constant exposure to stress, they may experience anxiety, disappointment, sadness, and insecurity (Zhang et al., 2012). Immigrants with limited language skills are also at increased risk of social isolation in their new home (Nawyn et al., 2012). Some studies have identified potential relationships between limited language skills and mental health problems, including discrimination and depressive symptoms (Hamrah et al., 2021; Kim et al., 2011), anxiety (Kartal et al., 2019), and PTSD symptoms (Kindermann et al., 2020).

Cultural racism is defined as discriminating against certain social groups, not based on their race and ethnicity, but because of existing, unreal, or made-up cultural differences, including language skills, religious affiliation, immigration status, social well-being, and criminal history (Chua, 2017). Muslim immigrant women may experience cultural racism because of their culture, religion, immigration status, and their level of English proficiency. Similar to other challenges that immigrant Muslim women face, language barriers intersect with other identities and social power (Chua, 2017). Generally, accessing English learning resources may be harder for immigrant women, but Muslim women have a specific barrier because they may prefer an instructor with same gender. In addition, because of their gender and religious roles, Muslim women may be

doubtful about learning the new country's language and assume it is more beneficial for their husbands and children for school and employment purposes (Ali, 2021). So, they may not pursue learning the host country's language and may remain dependent on their spouse and children (Ali, 2021). Language skills are crucial for social and daily interactions, and limited language skills after immigration may cause constant anxiety in social interactions, which in turn can affect mental health adversely.

### *Securing a Safe Workplace*

Immigrants' employment is perhaps the predominant factor in their integration; however, immigrants are often disadvantaged in terms of access to employment in Canada because of both social and personal barriers. Immigrants may be subject to discrimination in the hiring process (Cooray et al., 2018; Esses, 2021). Although immigrants, especially skilled workers, possess huge social capital, their contribution to their new country's economy is often less than their optimum potential due to the barriers they face (Kaushik & Drolet, 2018). It is frequently difficult for skilled worker immigrants to find a job in their field because their expertise and experience do not exactly match Canadian job market requirements, and credential recognition is a long and complicated process (Murphy, 2010). One important impediment to immigrants' employment, regardless of job type, is Canadian experience (Sakamoto et al., 2010). Muslim immigrant women participants in the current research faced the same obstacles in employment. Their professional experience back home was not recognized in Canada, and some who had Canadian certificates still needed Canadian experience to secure jobs which has been identified in many previous studies (Guo, 2015; Lightman & Good Gingrich, 2018; Prasannakumaran Nair & Changadiparambil Satheesan, 2024).

In the present study, Muslim women also reported bullying at the workplace by their supervisors or other co-workers. Religious harassment at work can be related to religious stereotypes against religions, and Muslims are often stereotyped as threatening and fanatics (Ryan & Gardner, 2021). Religious harassment, unlike the other forms of bullying, is less prohibited at workplaces, and since religious bullying is about one's belief system, it is more accepted to criticize the person's religious identity, which can be changed, compared to sex or race, which are static (Ryan & Gardner, 2021). Workplace harassment can also be a result of other forms of social inequities and power relations. The impact of one's religious status on their social location is also dependent on other social power sources, such as education, wealth, professional position, and even the opinions on religion held by political parties in power (Soylu & Sheehy-Skeffington, 2015).

The workplace experiences of Muslim immigrant women are influenced by their multiple intersecting identities because their gender, religion, race, and immigration status. Limited language skills, unfamiliarity with the new country, and wearing hijab may further add to the complexity of their employment opportunities (Khattab & Hussein, 2018). Some companies and organizations may prefer to hire individuals based on their expectations in regard to appearance rather than purely based on an evaluation of the candidate's qualifications. Some companies' dress codes may not match Islamic dress codes so Muslim women are often not accepted for such jobs, or if they are hired, they are at risk of losing their position if they cannot follow clothing rules (Ahmed & Sardar, 2012). Another obstacle in Muslim women's employment or promotion can be cultural and religious differences related to topics such as alcohol and partner relationships, or

attending gatherings where alcohol is served. As a result, some Muslim women may need to moderate their religious practices to fit the Western lifestyle norms, or they may be excluded (Tariq & Syed, 2017). In the present research, some participants reported similar experiences where removing their hijab would increase their chances of employment. In certain companies, only a moderated hijab was acceptable, not the full hijab with a head covering, long sleeves, and a long dress. Unemployment elevates the risk of mental health problems by increasing the chances of poverty and less access to health services, developing serious mental health conditions due to exposure to constant stress, and using negative coping mechanisms such as drug and alcohol abuse (George et al., 2015).

### *Insufficient Funds*

The positive relationship between economic status and mental health is found in multiple studies (Alegría et al., 2017; Chow, 2010; Islam, 2013; Kemmak et al., 2021). However, immigrants are among the racialized groups in Canada who face financial challenges because of low income and poverty, recent immigrants have more difficulty covering their expenses (Statistics Canada, 2024). Financial challenges are a major source of distress for immigrants, and higher rates of unemployment or underemployment in immigrants could at least partially explain why many immigrants experience financial difficulties. Immigrants, regardless of their skills, have limited options in the labor market, and their financial needs often force them to work in survival jobs (George & Chaze, 2012). Some skilled immigrants, who are not able to work in their professional field, may also lose motivation to return to their field. The difficult process of acquiring accreditation provokes frustration and disappointment in skilled workers which could

affect their mental well-being negatively (Kaushik & Drolet, 2018).

In the present study, all Muslim women reported financial challenges, especially when they first arrived in Canada, which is consistent with a Statistics Canada report (2024) which noted that newcomers often experience financial hardships. There were some cases where limited financial resources made parents work to the extent that it impacted work-life balance, contributing to stress, fatigue, and potentially mental health challenges.

### *Mourning Cultural Cohesiveness*

The participants felt their social behaviors, clothes, religious practices, language, and environment were different back home compared to Canada. In fact, their social connections and shared cultural identity back home gave them a sense of belonging. However, in Canada, they missed those cultural and social similarities and feelings of being part of the larger society. Similarly, in Abuzahra's (2004) study, the participants, who were immigrant Muslim women, shared experiences of missing their familiar environment, losing personal connections, and their social lives in their home country, especially in the transition period. Bhugra & Becker (2005) argue that immigrants may experience grief in the post-migration phase because of multiple abstract and material losses, as well as losses of the familiar. Other studies have also documented grief, bereavement, and mourning that immigrants go through after immigration (Achotegui, 2019; Casado et al., 2010; Casado & Leung, 2002). Acculturation in the immigration context is the psychological process of adopting the dominant culture while keeping one's culture of origin, and acculturative stress, formerly referred to as cultural shock, is an emotional response to first contact with the new culture norms (Bekteshi & Kang, 2020).

The extent of divergence between an individual's original culture and their adopted culture may predict the degree of acculturation and the level of acculturation stress the person experiences. While newcomers are in the acculturation process, they simultaneously experience significant changes in their lives, including losing connection with home, detachment, isolation, and anxiety about living in a new country (Chung & Epstein, 2014). Minority groups who are discriminated against and subjected to racial prejudice may experience more acculturation stress (Tineo et al., 2024). Immigrants, especially newcomers, may also experience self-discontinuity because of interruptions in past, present, and future self-images (Talhouk, 2023). Immigrants whose home country is remarkably different from their new home may have more identity-related issues. Moving from a country where the individual belonged to the dominant religion to a new country as a minority impacts social location and sense of identity (Camia & Zafar, 2021).

Because of their social, cultural, and religious characteristics, Muslim immigrant women, are among the minority groups with the most distant cultural norms from Western countries, which are frequently the immigration destinations for Muslims. The huge number of cultural dissimilarities between Muslims' culture and Western countries can be a major source of psychological distress for Muslim women. Bisin et al. (2008) reported that in the U.K., Muslim integration was less than that of the other religions, and that their integration was also slower than that of the other religions. Muslims' religious identity in the first and second generations was also stronger than non-Muslims. Because of the negative picture of Muslims in Western countries and the associated discrimination they face, Muslim immigrants may resist adopting the host country's culture and keep their cultural and religious ties with the Muslim community as a coping mechanism.

Muslim immigrants may seek culturally homogenous connections to protect themselves and as a source of social and emotional support (Khawaja, 2016).

In the present study, a majority of the participants were from Middle Eastern and African countries with distinct cultures and social norms influenced by Islamic principles. For the participants, the definition of privacy and its application in social relationships, social closeness, gender roles in families, Ramadan practices, and even buying Islamic dresses were culture-related challenges they navigated. Acculturation stress can cause some mental health challenges, including depression, anxiety, and somatization (Balidemaj & Small, 2019; Yoon et al., 2013). In Muslims isolation, adjustment problems and family disputes were also reported (Abu-Bader et al., 2011; Amer & Hovey, 2005; Asvat & Malcarne, 2008)

**Experiences of Exile**

Harlem (2010) describes exile in immigrants as a mental state in which psychological immigration does not occur. He further explains that sometimes immigrants leave their home country physically, but psychologically they never reach the host country, and some parts of immigrants' selves may be lost during their relocation journey (Harlem, 2010). In the present study, the participants shared feelings of living in lack; being lost, alone, and stressed-out; and experiencing racism and sadness. Immigrants live two parallel lives, even those who immigrated by choice, and life adversities along their dual identities may make them feel they do not belong to either place (Boulanger, 2015). According to Boulanger (2015), people feel belonging in places where they are understood, which can explain the reason for these Muslim women's psychic exile. In Brance et al.'s (2024) study, participants who were first generation

immigrants and lost connection with their original country; could not feel at home after immigration because of the barriers such as being othered, inability to make deep connections, discrimination, and limited language skills. Similarly, in Elsayed's (2023) study, Muslim participants who were first and second generations of immigrants suffered from mental exile and alienation in a place they called home.

### *Living in Lack*

Social support can impact immigrants' mental health by impacting their self-efficacy, social integration, and sense of belonging. Immigrants need support from their community and the host society in order to integrate in the new environment. Women who lose their social support by immigration may experience some consequences, such as feeling they are not valued or do not belong to the new country; by experiencing discrimination, social exclusion can also occur (Delara, 2016). Social locations, based on factors such as immigrants' language skills, socio-economic status, and education, are also a determining factor in the extent of social support immigrant women receive (Guruge et al., 2015). The longer immigrants live in the host country, the more their language skills improve; they learn about the new culture which can increase their self-esteem compared to when they were newcomers (de Saissy, 2009).

Muslim immigrant women participants in the current study reported that they needed assistance for simple tasks in their daily lives, they felt they were inferior to others, were unable to connect to people because of their limited language skills, were humiliated, and experienced living in an unfamiliar environment without any support, which can be interpreted as living in lack. All participants' essence of motivation for moving to Canada was seeking a better life by facing challenges, but they may have lost

hope for about achieving it. These Muslim women might have held a better social position in their home countries because they used to be accepted there, communicated with people, and had social support. But after immigration, many participants' senses of self-efficacy and self-esteem decreased in the settlement period because these Muslim immigrant women experienced multiple intersecting factors that, lowered their access to power and their social locations in the hierarchy (Guruge et al., 2015). In research by McDermott-Levy (2011), failure to connect to the people in the new country because of racial and religious differences and limited language skills caused feelings of disappointment in Muslim women students. Feelings of hopelessness, worthlessness (Labys et al., 2017), impaired self-concept, and powerlessness (Echterhoff et al., 2020) are also generally reported among immigrants and refugees in the post-migration period.

***Stressed Out***

Although pre-migration hardships play a role in immigrants' experiences of psychological distress, recent research shows that post-migration stressors can exert a significant impact on the development of adverse mental health outcomes in immigrants (Labys et al., 2017; Li et al., 2016). Limited language proficiency is one of the post-migration challenges that frequently causes anxiety in immigrants. In research by Sevinç and Backus (2019), pressure and blame from family members and fear of social exclusion was a cause of language anxiety in the participants (Sevinç & Backus, 2019). Acculturation stress, perceived discrimination, isolation, and low socio-economic status in the host society may also contribute to increased stress and anxiety in immigrants (Mindlis & Boffetta, 2017). In Ahmed et al. (2005)'s research, immigrant women identified losing social supports, experiencing financial instability, and decline in their

social location as stressors in their post-migration lives (Ahmad et al., 2005).

In the current study, participants reported experiencing constant stress and anxiety, and for some participants it felt overwhelming and included somatic symptoms such as tremors and excessive sweating; exposure to life challenges before and after migration could be contributing factors to this stress, anxiety, and overwhelm. After moving to Canada, these Muslim women had to navigate a new life in a new geographic location, with a different culture, and many felt alone in the process. Possessing limited language skills, experiencing racial discrimination, acculturation stress, and losing social location could explain some roots of their excessive anxiety and feelings of being stressed out.

***Difficulty, Discrimination, and Despair***

In the current research, the participants reported suffering from depressive symptoms, and some were diagnosed with depression due to their exposure to life adversities and discrimination before and after migration. Similar results and predictive relationships between negative life experiences and the development of despair in immigrants exist in the literature. There is some evidence in the literature that discriminated minority groups experience higher levels of acculturation stress (Cervantes et al., 2019); in turn, perceived discrimination and higher acculturation stress were also associated with increased anxiety and depression symptoms (Jardin et al., 2018; Tineo et al., 2021). Financial problems, unemployment or underemployment (Kamperman et al., 2007), experiencing life challenges on a daily basis (Aroian et al., 2017), dealing with different kinds of loss before migration, such as losing loved ones, and cultural and social losses after migration can also trigger depressive symptoms in immigrants (Cantekin & Gençöz, 2017; Kirmayer et al., 2011).

The acculturation process is a psychological stressor because it may lead to a variety of outcomes, from rejection to deculturation, and it can impact immigrants' personal and social lives. Unfamiliarity with the new culture, and expected social reactions and behavior, can cause frustration and anger in immigrants, and they may feel inadequate in social interactions. Similar emotional reactions may happen in relation to unfamiliar language, food, clothing, social behaviors and norms, and the weather in their new country (Bhugra & Ayonrinde, 2004). Immigrants' inevitable encounters with the new culture can cause the person to rethink their identity and may lead to a new definition of self, which is also potentially stressful for them. Another factor that can contribute to despair in immigrants is when immigrants do not reach the accomplishments they expected in the new country; it may lead to hopelessness and social detachment (Bhugra et al., 2021) and this was also experienced by some participants in the current study.

***Lost and Alone***

In the current study, all participants reported feeling lost and alone without any support after migration. They described these feelings as loneliness, social isolation, and feelings of inferiority. In other studies of immigrants, similar experiences of loneliness and social isolation are reported (Aran et al., 2023; Hurtado-de-Mendoza et al., 2014; Zhao et al., 2023). Immigrants may feel they have lost their social and personal skills after migration because of unfamiliarity with the environment, language, and culture. Feelings of incompetence and inferiority in social interactions can decrease their self-confidence. As they doubt their abilities, they may also distance themselves as a coping mechanism, which can further lead to feelings of loneliness (Ponizovsky & Ritsner,

2004). The same strategy may also be utilized in the face of discriminative and unpleasant social incidents. Some Muslim women may use isolation to protect themselves from repeated assault, which in turn exacerbates their social isolation, and they may lose the opportunity to access resources available to them (Abu-Ras & Suarez, 2009). Immigration stressors without access to social support, which can ease the transition process in immigration, may also induce feelings of loneliness in immigrants (Wu & Penning, 2015). Some participants shared feelings of being culturally disconnected and not belonging to Canada, which is also in line with other studies on Muslim immigrants (Giuliani et al., 2018; McCoy et al., 2016; Stockemer & Moreau, 2021).

Cultural conflict between immigrants' original culture, which was often based on collectivist notions, and individualist-industrial Western life and culture can impact immigrants' lives negatively. Moreover, racial discrimination and socio-economic issues may also worsen feelings of being alone and having no support (Wu & Penning, 2015). Some Muslim immigrants may feel culturally homeless after migration. They may feel like they are losing their sense of self and being worthless. Discrimination can impact the acculturation process negatively. Experiencing discrimination may make immigrants' ethnic identity stronger. In fact, racial discrimination can worsen marginalization and worthlessness. Experiencing discrimination reminds immigrants that they do not belong to the new place (Lyons-Padilla et al., 2015). Islamophobia as a form of discrimination further affects Muslims' sense of belonging to their new country (Allen, 2014; Mirza, 2019).

## Bridges to Resilience

Life hardships after migration can put immigrants' psychological and even physical well-being at risk. In order to adjust to the new life and to overcome life adversities, immigrants need to become resilient (Gonzales et al., 2013). They use their knowledge to adopt behavioral strategies that assist them to manage their negative emotions (Garcini et al., 2022). Muslim immigrant women's culture, religion, family structure, and gender are factors influencing how they adapt to the host country and the type of coping mechanisms they employ (Abuzahra, 2004). In Ahmed and Mao's (2024) study, Muslim immigrant women preferred to cope with mental distress on their own or take advantage of religious practices rather than seek professional help because of their cultural and religious beliefs about mental health. In Aldawsari's (2024) study, Muslim women used internal and external coping mechanisms, based on their needs and rooted in their religious beliefs, that helped them to become more resilient. Udah et al. (2019) argue that to build resilience, immigrants assess and learn how to use available physical and psycho-social resources to them.

### *Turning to Experts/ Turning to Family and Friends*

Resilience is defined as the ways in which individuals learn how to adapt and cope with life adversities and trauma using the resources available to them (Windle, 2011). Immigrants, including Muslim women, draw on their own abilities, cultural and social resources, and support systems to cope with life challenges after migration and to foster resilience. Talking to friends and family members when facing life challenges was one those strategies that helped the participants in the current study. A similar strategy was used by the Muslim women participants in other studies. In Maideen and Goel's

(2022) study, participants narrated that talking to family members and friends from their ethnic community was helpful to overcome their difficulties after migration. In Hosseini et al.'s (2017) study family and friends support acted as a protective factor against post-migration stress. Muslim women's support acquired through ethnic societies also helped them because they felt they had a mutual understanding of each other, and their social network served as a source of support in building resilience, sometimes through referrals and help with finding jobs. Islamic notions and faith provided Muslim women with hope and strength and acted as a source of emotional support. (Maideen & Goel, 2022). Maideen and Goel (2022) argued that social workers can play a significant role by referring new immigrants to their communities and informing them about the available services, especially those services that are culturally safe. In the current study, some participants also preferred talking to a professional who was familiar with Islam, or who had an immigrant background because they felt professionals with these qualities were more likely to understand their experiences and challenges.

Another strategy that Muslim women in the current study used in face of severe mental health conditions was turning to experts and seeking professional help. In Weatherhead and Daiches's (2010) study, Muslim participants discussed their religious and non-religious mechanisms to deal with mental health challenges. They shared experiences of religious practices useful in managing problems, but if there was a serious case, they thought professional help would be the best. However, Muslims may not seek professional help unless there is a serious problem because of the stigma around using mental health services (Weatherhead & Daiches, 2010). In the current study, even if some Muslim women wanted and needed professional help, some barriers made it hard for

them to reach out to mental health services. In Saleem and Martin's (2018) study, mental health professionals believed that Islamic culture and gender roles put a lot of restrictions for Muslim women about seeking professional help. Fear of rejection in their Muslim community and by their family can result in more isolation for Muslim women. Language barriers, life difficulties, financial problems, transportation issues, and making time for counseling were also reported as factors that could impact Muslim immigrants' access to mental health services (Merhej, 2019; Rassool, 2015) which is in line with the current research findings. So, on one side, Muslim women face cultural and life obstacles; and on the other side a lack of information about mental health problems and the counseling process (Ciftci et al., 2013), and doubts about being able to explain their problem in another language (Weatherhead & Daiches, 2010) could contribute to the skepticism about seeking professional help which aligns with the findings of the current study. Saleem and Martin (2018) explain that if Muslim immigrant women receive psychological services in a Western style without considering their cultural differences, they may feel isolated. Considering the multiple intersecting identities that a Muslim woman may be navigating in a Western country, it is important to provide culturally safe mental health services that acknowledge these identities. Awareness about the heterogeneity of Muslims and the subdivisions of Islam is also helpful to inform mental health professionals' cultural preparedness (Saleem & Martin, 2018). Lack of information about counseling could make Muslim women hesitant about using these services because they did not know about counseling and how to access it and did not want to accept mental health symptoms in themselves or their family members (Ciftci et al., 2013). Lack of awareness on the process of counseling is also a contributing factor as to why Muslim

women do not continue their therapeutic sessions (Saleem & Martin, 2018). Counselor's religious and cultural awareness can help Muslim women to build trust in the counselor and the counseling process (Amri & Bemak, 2013; Saleem & Martin, 2018; Weatherhead & Daiches, 2010).

Generally, the literature suggests that a Muslim woman is advised to be treated by a health care provider of the same gender unless it is not possible, which aligns with Islamic principles (Saherwala et al., 2021). In the current study, a preference for a counselor of the same gender was not the case for all the participants. Some participants said that they preferred to meet a professional who is culturally competent, and the counselor's gender was not the most important factor in choosing a counselor.

Some participants did not want to take medications for their mental health conditions because of the fear about side effects. Fear of psychiatric medication complications may be rooted in the stigmatization of taking pills for a mental illness. By taking medication for a mental problem, people may feel they are seriously ill and may lose control over self and life (Berna et al., 2017).

***Soothing and Supportive Strategies***

In the present study, Muslim women reported employing a variety of soothing and supportive activities, including walking, religious practices, and keeping themselves busy as coping mechanisms. There are multiple studies in the mental health literature examining Muslim immigrants which have documented religious coping as to be beneficial for Muslims, such as reading the Quran and prayers, (Adam & Ward, 2016; Ahmed & Mao, 2024; Javaid et al., 2024). For Muslims, Islam is a comprehensive life guide, and Islamic faith provides Muslims with individual and social support through

personal prayers and group rituals (Adam & Ward, 2016). So, religious coping can buffer against stress and improve adaptation and mental well-being in immigrant Muslims (Ahmed et al., 2011). Other activities used by the participants included keeping themselves busy, taking a break, or even sleeping for one participant. The essence of such activities seems to be having some time to forget about the life hardships, which is evidenced in the literature. De Nolf et al. (2021) argue that Muslims may use strategies such as avoidance and ignorance to cope with racial discrimination and Islamophobia. However, De Nolf et al. (2021) emphasize that how Muslims react in the face of racial and religious discrimination is different based on individual characteristics. Engaging in social activities and volunteering were also among the participants' soothing strategies. In Agrawal et al.'s (2019) study, Muslim participants found taking part in group activities and volunteering to be helpful as coping mechanisms. Volunteering can impact mental well-being by creating feelings of being productive and improving self-esteem and self-efficacy (Nichol et al., 2024). Involvement in social activities, especially within ethnic groups, can also increase feelings of belonging and reduce stress, social isolation, and negative emotions (Kim et al., 2012).

**Limitations of the Study**

This study is one of the few studies to explore Muslim immigrant women's experiences of mental health challenges in Southern Alberta and shed light on the intersecting factors that affected Muslim immigrant women's experiences of mental health challenges. However, this study has some limitations.

The first limitation was the small sample size, and the research location was Southern Alberta. The participants were from Calgary and Lethbridge. This limits the

transferability of findings to other settings. Despite the small sample size, participants were from different cultural backgrounds; however, their ideas cannot necessarily be generalized to other southern Alberta contexts. Other Muslim women may have different perspectives about mental health challenges compared to those of this study's participants, which limits the transferability of findings.

The second limitation was that in this research, experiences of mental health challenges by Muslim immigrant women were explored. So, Muslim men or other genders, whose intersecting identities may marginalize them and impact their mental health negatively, were not included in this research. As a result, the findings of this research cannot be transferred to other genders.

The third limitation was losing one of the advisory group members during the analysis phase. The advisory group consisted of three social workers, and one of them was not present in the country at the time that I consulted my advisory group about the study findings. However, despite the loss of this advisory group member, I was able to obtain feedback from the other two members, who felt that these findings were consistent with their lived experience and knowledge of the phenomenon of interest.

The last limitation is my personal experience as a Muslim woman and the potential role my biases, beliefs, and philosophical assumptions may have played in different phases of my research, including data collection, data analysis, and interpretation; however, I limited the impact of my personal biases by remaining reflexive and engaging in reflexive journaling throughout the research. I minimized the impact of my biases by acknowledging the fact that I am involved in this study. I constantly examined how my lived experience of the topic as a Muslim woman and a potential

immigrant may influence my thoughts and personal perspectives and impact my research throughout the whole process. Involving my advisory group in different stages of the research, especially checking the results with them, was also helpful in maintaining reflexivity (Ahmed, 2024).

**Recommendations for Future Research**

Considering the limitations of this study, some recommendations are presented for future research on immigrant Muslim women's mental health challenges. Future research with increased sample size and increased intersectional diversity, including recruitment of participants from different geographical locations is recommended.

Mental health services need to be culturally tailored to serve Muslim immigrant women's needs and sensitivities. Therefore, maintaining a balance between culturally safe services and mental health care providers' genders as explored in this study is recommended. Consequently, research evaluating the implementation and effectiveness of culturally safe mental health services to Muslim women immigrants is essential in improving the quality and cultural safety of mental health services moving forward.

Once a comprehensive body of qualitative findings related to Muslim women immigrants and their mental health exists, developing quantitative survey methods to assess patterns in the larger population of Muslim immigrant women in Canada could also provide helpful data to inform advocacy efforts and decision-makers.

**Significance of the Study and Implications for Practice**

This study aimed to address the knowledge gap on Muslim immigrant women's mental health challenges. Stakeholders such as policy makers, mental health professionals, healthcare providers, and Muslim community organizations could benefit

from this study's results and conclusions. One important stakeholder is Immigration, Refugee, and Citizenship Canada (IRCC) and their southern Alberta office, Lethbridge Immigrant Services, and the Lethbridge Local Immigration Partnership (LIP). Lethbridge Immigrant Services provides settlement services to the newcomers, and this study's findings can assist their program planners to take Muslim immigrant women's unique cultural, religious, and psychological needs into consideration while designing services for them. Such considerations can help Muslim women by decreasing psychological and emotional pressure on them in the post-migration phase and facilitating their integration into Canadian society.

Moreover, this study's findings can help health care professionals and service providers, especially counselors, to understand Muslim immigrant women's reactions in the face of mental health challenges. It can also help them to know how Muslim women's cultural and religious ideas may impact how they see and interpret mental health challenges. Understanding how pre-migration and post-migration hardships intersect and shape a Muslim woman's identity can also help mental health care professionals to have a holistic view while providing services to these clients.

Muslim associations, such as mosques and Muslim religious leaders, play a significant role in informing newcomer Muslim women about mental health. Immigrant services organizations' close cooperation with Muslim organizations and Muslim leaders can help plan suitable programs that best fit Muslim women's requirements and address their concerns.

**Knowledge Mobilization**

A copy of this thesis will be available through Open ULeth Scholarship (OPUS),

which is the University of Lethbridge's open access research repository. Sharing study findings with the Muslim and immigrant settlement organizations would be helpful to support Muslim immigrant women with proper services to ease their settlement journey and promote their general well-being.

**Reflection**

As a novice researcher in the field of qualitative research, conducting this research helped me to expand my qualitative research skills. Interviewing participants helped to improve my communication and interpersonal skills. By transcribing interviews after each individual interview, I learned how to approach the next interview, and how to ask probing questions when further clarification was needed. With my supervisor's help, I also expanded my qualitative analysis skills using NVivo software in data coding, categorizing codes, and generating themes.

Throughout all stages of my research, including data collection, analysis, interpretation, and presentation of my findings, I tried to remain reflexive and transparent about my personal biases, which is a limitation of qualitative research methods (Polit & Beck, 2018). Researchers' various strategies to control their biases may not fully eliminate the impact of their personal judgments but can minimize and control them to increase the rigor and validity of the research findings, which is the optimal result of reflexivity (Wadams & Park, 2018). I kept close contact with my supervisor and my advisory thesis committee; their consistent evaluations during different phases of my research and their constructive feedback improved the precision and comprehensiveness of my study.

## Conclusion

The present study aimed to explore the experiences of Muslim women and the various intersecting factors that affected their mental health. Study findings revealed that life hardships before and after migration, such as gender inequality, war, socio-economic difficulties, and racial discrimination intersected with gender, religion, and race to shape the unique experiences of Muslim immigrant women surrounding their mental health challenges. Muslim immigrant women's race, gender, religion, immigration status, limited language skills, and their appearance as a Muslim subjected them to intersectional inequality and prejudice in social encounters. Negative stereotypes about Muslim women and gendered Islamophobia impacted their life opportunities related to housing, employment, and education negatively. Muslim immigrant women also faced gender oppression in pre-migration and post-migration phases of their lives. All participants described how these experiences put their mental health at risk and how it also helped them to develop and implement strategies, which ultimately helped them to build resilience.

In the post-migration phase of their lives, Muslim women had to deal with loneliness, the fear of the unknown, and social isolation. Facing various life difficulties throughout their migration journey and new challenges in their new homes, they utilized some coping mechanisms that helped them build resilience against mental health challenges. Muslim immigrant participants used a wide range of soothing and supportive mechanisms to overcome emotional and psychological distress. Informal counseling, which was talking to friends and family, and formal counseling, which consisted of talking to experts and seeking professional help, were among participants' coping

mechanisms. Muslim immigrant participants addressed deficiencies in available services to support Muslim immigrant women's mental health. Acknowledging structural and personal barriers in reaching out to mental health care and employing culturally safe practices would be advantageous for health care providers.

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# APPENDICES

## Appendix A: Participation Invitation Letter

To the Executives,

**Subject: Invitation to participate in a study to explore Muslim immigrant women's mental health challenges in Southern Alberta, Canada.**

Dear Association President and Executive Members:

My name is Zohreh Hosseinpour, a Master of Science student in the Health Sciences at the University of Lethbridge, Alberta. In connection with my master's thesis, I am reaching out to your association, kindly inviting its members to participate in my study on a voluntary basis. I would be extremely grateful for your support in disseminating information about my research and its recruitment materials through your bulletin boards, social media platforms, or at any cultural and religious events organized by your association. Your cooperation would be highly valued.

It is hoped that participants' experiences provide an opportunity to investigate and gain a deeper understanding of the mental health challenges experienced by Muslim immigrant women and help policymakers as they plan for meeting the mental health care needs of this community. Participation in the study is entirely voluntary, and each participant retains the freedom to withdraw from the research at any stage, and for any reason, without facing any penalties or consequences. If a participant decides to withdraw, all their provided information will be promptly destroyed to ensure the preservation of their confidentiality.

Interested participants can reach out to me using any of the contact details provided below. The interview duration will be between 45 and 60 minutes and will take place at a location that ensures maximum safety, security, privacy, and confidentiality, as agreed upon by both parties. To accommodate the participant's preference, the interview can be conducted in person or through virtual platforms like Zoom or Microsoft Teams. If the participant chooses a virtual interview, a convenient meeting link will be sent to them. It's important to note that interviews will only be digitally recorded after obtaining explicit consent from the participant in order to accurately capture their experiences.

The data collected, including digital recordings and any notes, will be safeguarded through encryption and stored on a password-protected computer. Hard copies of the data will be kept in a locked filing cabinet, securely housed within a locked room at the University of Lethbridge. Access to the research data will be limited to the researcher and the research supervisor only, ensuring strict confidentiality.

To respect participants' privacy, all digitally recorded interviews and related documents will be securely destroyed after a period of 5 years. This practice ensures the highest level of confidentiality for all participants involved in the study. All participants will receive a $15.00 gift card, which they are free to keep even if they decide to withdraw from the study at any point. The collaborating associations and participants will have the option to

receive a copy of the findings if they want. To contribute to the existing body of knowledge in relevant fields of study, the Thesis will be made available through the University of Lethbridge Library and the ProQuest Thesis Database. This will allow others to benefit from and build upon the research conducted during this study.
If you have any questions pertaining to this study, feel free to contact me (phone: 403-635-6081 or email: zohreh.hosseinpour@uleth.ca) or my thesis supervisor, Dr. Peter Kellett, at the Faculty of Health Sciences, University of Lethbridge (email: peter.kellett@uleth.ca), or the Office of Research Ethics, University of Lethbridge (Phone: 403-329-2747 or Email: research.services@uleth.ca).
Thank you.

Zohreh Hosseinpour

## Appendix B: Informed Consent Form for In-person Interview

Dear Participant:

I would like to invite you to voluntarily participate in a study that aims to explore Muslim Immigrant Women's Experiences of Mental Health Challenges in Southern Alberta, Canada. Muslim women may face difficulties prior to migration in their home countries and as immigrants to Canada. Despite all the difficulties and barriers, they immigrate for a better life in a new home; however, facing obstacles every day and experiencing social isolation may not only put their mental health at risk but also prevent them from thriving in their new society. This research is important because Canada's Muslim population is rapidly growing. Supporting immigrants to promote their mental health and well-being not only helps them to thrive but also has the potential to inform mental health practitioners of this population's unique context so that practices, programs, and policies may support this growing population's mental health.

My name is Zohreh Hosseinpour. I am a Master of Science student in Health Sciences at the University of Lethbridge, Alberta, Canada (E-mail: zohreh.hosseinpour@uleth.ca). I will conduct this research under the direct supervision of Dr. Peter Kellett, Assistant Professor of the Faculty of Health Sciences, University of Lethbridge (E-mail: peter.kellett@uleth.ca, Work phone: 403-329-2643 Office: M 3071).

Prior to making a decision about participating in this study, the researcher will review this form with you. If you have any uncertainties or require further clarification, feel free to ask questions. Additionally, a copy of this form will be provided to you for your own reference and records.

**What is the reason for doing the study?**

This study aims to explore immigrant Muslim women's mental health challenges. By understanding the difficulties Muslim women experience after immigration to Canada, we hope to help policymakers plan programs and practices to meet Muslim women's unique mental health needs.

**What will I be asked to do?**

The researcher will conduct an interview with you to discuss your experiences after migrating to Canada. The location and time of the interview will be agreed upon by both parties. The interview is expected to last approximately 45 to 60 minutes. Should you provide your consent, the interview will be audio recorded for transcription and data analysis purposes. However, it's important to note that you are not obligated to answer every question during the interview.

In the following step of research your interview will be transcribed and analyzed. You will have the opportunity to review the initial findings, a process known as member checking, to ensure that they accurately represent your experiences. If any feedback or suggestions for changes arise during this review, you can share them with the researcher at that time. This ensures that the study remains respectful of your perspective and allows for potential adjustments based on your input.

**Risks**

While the study itself is not expected to pose significant risks, it is important to acknowledge that discussing unpleasant experiences and responding to sensitive questions may potentially cause emotional distress. In such situations, you always have the right to decide not to answer a particular question or even to terminate the interview if you feel uncomfortable or overwhelmed. To ensure your well-being, a list of counseling services will be made available to you. Every effort will be made to minimize any potential risks during the study. The safety, security, and privacy of each participant will be important and taken seriously throughout the research process.

**Benefits**

The study may not directly offer personal benefits, but sharing your experience will contribute to generating knowledge on the factors contributing to mental health challenges in Muslim immigrant women. This knowledge, in turn, can shape future intervention programs and policies aimed at promoting the well-being of this particular group.

**Confidentiality**

Due to technological advancements, privacy is less assured. While complete confidentiality can't be guaranteed, especially when the data are kept digitally, I will safeguard your data in a secure filing cabinet or encrypted on a password-protected computer. All the electronic data collected and stored will be encrypted. The information will be used solely for this study, and after 5 years, the raw data will be shredded. All paper data as well as digital data will be deleted/digitally-shredded. Your identity will be protected using a pseudonym during analysis and reporting. When your interview is transcribed, we will assign a pseudonym (fake name) to protect your identity. If you would like to choose your own fake-name, please say so in the interview. If you would like us to use your real name, please indicate this on the signed consent form on the last page of this document. As you will be interviewed virtually the recording of your interview will be downloaded and stored on a local computer and it will not be stored on internet clouds.

**Participation**

Participation in this study is voluntary. You can stop the interview at any time during the interview. You can change your mind and withdraw at any time, until one month following the completion of their initial interview, or within two weeks following the completion of a member checking interview; whatever date is the latest will hold as your withdrawal deadline. Withdrawing from the study will not have any negative consequences or restrictions on future research opportunities. You are not obligated to answer any uncomfortable questions. If you decide to withdraw, your interview responses will be destroyed unless they have already been published or presented. As a token of gratitude for your participation, you will receive a $15 gift card. Even if you don't complete the interview, you can keep the gift card.

**Dissemination of the Study findings**

The study's findings will be published in scholarly journals and conferences. Additionally, the thesis will be accessible through the University of Lethbridge Library and ProQuest Thesis Database, contributing to the existing knowledge in related fields of study.

**Agreement to be in this study**

By signing below, you understand:

- That you have read the above information and have had anything that you do not understand explained to you to your satisfaction.
- That you will be taking part in a research study.
- That you may freely leave the research study at any time.
- That you consent to be audio-recorded.
- That you do not waive your legal rights by being in the study.
- That the legal and professional obligations of the investigators and involved institutions are not changed by your taking part in this study.
- That you agree to the data being stored as part of a data repository (where applicable)

**Signature of the Study Participant**

_____ Pseudonym (if necessary)

Name of Participant

_____ _____

Signature of Participant Date

**Signature of Person Obtaining Consent**

_____ _____

Name of Person Obtaining Consent Contact Number

**Contact Information**

If you have any questions about the research now or later, please send an E-mail to zohreh.hosseinpour@uleth.ca or contact my supervisor at peter.kellett@uleth.ca or 403-329-2643, Office: M3071.

If you have any questions pertaining to participation in this study, feel free to contact the University of Alberta Research Ethics Office at reoffice@ualberta.ca or 780-492-2615 and quote Ethics ID Pro00135230. This office is independent of the study investigators.

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

University of Lethbridge

## Appendix C: Informed Consent Form for Virtual Interview

Dear Participant:

I would like to invite you to voluntarily participate in a study that aims to explore Muslim Immigrant Women's Experiences of Mental Health Challenges in Southern Alberta, Canada. Muslim women may face difficulties prior to migration in their home countries and as immigrants to Canada. Despite all the difficulties and barriers, they immigrate for a better life in a new home; however, facing obstacles every day and experiencing social isolation may not only put their mental health at risk but also prevent them from thriving in their new society. This research is important because Canada's Muslim population is rapidly growing. Supporting immigrants to promote their mental health and well-being not only helps them to thrive but also has the potential to inform mental health practitioners of this population's unique context so that practices, programs, and policies may support this growing population's mental health.

My name is Zohreh Hosseinpour. I am a Master of Science student in Health Sciences at the University of Lethbridge, Alberta, Canada (E-mail: zohreh.hosseinpour@uleth.ca). I will conduct this research under the direct supervision of Dr. Peter Kellett, Assistant Professor of the Faculty of Health Sciences, University of Lethbridge (E-mail: peter.kellett@uleth.ca, Work phone: 403-329-2643 Office: M 3071).

Prior to making a decision about participating in this study, the researcher will review this form with you. If you have any uncertainties or require further clarification, feel free to ask questions. Additionally, a copy of this form will be provided to you for your own reference and records.

**What is the reason for doing the study?**

This study aims to explore immigrant Muslim women's mental health challenges. By understanding the difficulties Muslim women experience after immigration to Canada, we hope to help policymakers plan programs and practices to meet Muslim women's unique mental health needs.

**What will I be asked to do?**

The researcher will conduct an interview with you to discuss your experiences after migrating to Canada. The location and time of the interview will be agreed upon by both parties. The interview is expected to last approximately 45 to 60 minutes. Should you provide your consent, the interview will be audio recorded for transcription and data analysis purposes. However, it's important to note that you are not obligated to answer every question during the interview. You will have the option to choose to turn off your camera during the interview.

In the following step of research your interview will be transcripted and analyzed. You will have the opportunity to review the initial findings, a process known as member checking, to ensure that they accurately represent your experiences. If any feedback or suggestions for changes arise during this review, you can share them with the researcher at that time. This ensures that the study remains respectful of your perspective and allows for potential adjustments based on your input.

**Risks**

While the study itself is not expected to pose significant risks, it is important to acknowledge that discussing unpleasant experiences and responding to sensitive questions may potentially cause emotional distress. In such situations, you always have the right to decide not to answer a particular question or even to terminate the interview if you feel uncomfortable or overwhelmed. To ensure your well-being, a list of counseling services will be made available to you. Every effort will be made to minimize any potential risks during the study. The safety, security, and privacy of each participant will be important and taken seriously throughout the research process.

**Benefits**

The study may not directly offer personal benefits, but sharing your experience will contribute to generating knowledge on the factors contributing to mental health challenges in Muslim immigrant women. This knowledge, in turn, can shape future intervention programs and policies aimed at promoting the well-being of this particular group.

**Confidentiality**

Due to technological advancements, privacy is less assured. While complete confidentiality can't be guaranteed, especially when the data are kept digitally, I will safeguard your data in a secure filing cabinet or encrypted on a password-protected computer. All the electronic data collected and stored will be encrypted. The information will be used solely for this study, and after 5 years, the raw data will be shredded. All paper data as well as digital data will be shredded, deleted/digitally-shredded. Your identity will be protected using a pseudonym during analysis and reporting. When your interview is transcribed, we will assign a pseudonym (fake name) to protect your identity. If you would like to choose your own fake-name, please say so in the interview. If you would like us to use your real name, please indicate this on the signed consent form on the last page of this document. As you will be interviewed virtually the recording of your interview will be downloaded and stored on a local computer and it will not be stored on internet clouds.

**Participation**

Participation in this study is voluntary. You can stop the interview at any time during the interview. You can change your mind and withdraw at any time, until one month following the completion of their initial interview, or within two weeks following the completion of a member checking interview; whatever date is the latest will hold as your withdrawal deadline. Withdrawing from the study will not have any negative consequences or restrictions on future research opportunities. You are not obligated to answer any uncomfortable questions. If you decide to withdraw, your interview responses will be destroyed unless they have already been published or presented. As a token of gratitude for your participation, you will receive a $15 gift card. Even if you don't complete the interview, you can keep the gift card.

**Dissemination of the Study findings**

The study's findings will be published in scholarly journals and conferences. Additionally, the thesis will be accessible through the University of Lethbridge Library and ProQuest Thesis Database, contributing to the existing knowledge in related fields of study.

**Agreement to be in this study**

By giving verbal consent to be in this study, you understand:

- That you have read the above information and have had anything that you do not understand explained to you to your satisfaction.
- That you will be taking part in a research study.
- That you may freely leave the research study at any time.
- That you consent to be audio-recorded.
- That you do not waive your legal rights by being in the study.
- That the legal and professional obligations of the investigators and involved institutions are not changed by your taking part in this study.
- That you agree to the data being stored as part of a data repository (where applicable)

**Name of the Study Participant Giving Consent**

Would you please state and spell your name? (Interviewer will record the participant's name)

_____

Do you agree to take part in this study: Yes: ___ No:

_____

Date

**Signature of Person Obtaining Consent**

_____ _____

Name of Person Obtaining Consent Contact Number

**Contact Information**

If you have any questions about the research now or later, please send an E-mail to zohreh.hosseinpour@uleth.ca or contact my supervisor at peter.kellett@uleth.ca or 403-329-2643, Office: M3071.
If you have any questions pertaining to participation in this study, feel free to contact the University of Alberta Research Ethics Office at reoffice@ualberta.ca or 780-492-2615 and quote Ethics ID Pro00135230. This office is independent of the study investigators.

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

## Appendix D: Interview Guide

### Muslim Immigrant Women's Experiences of Mental Health Challenges in Southern Alberta, Canada

During the interview, I will ask you some questions about your migration challenges, how they impacted you, and how you cope with them.

1. How old are you?
2. When did you come to Canada, and southern Alberta?
3. Why did you decide to move to Canada? (Family, friends, Workers program, hopes, dreams…. etc.)
4. What are some of the challenges you faced after moving to Canada?
5. Did any of these challenges affected your mental health?
   Potential areas to probe include:
   i. Employment challenges
   ii. Poor recognition of their previous education or work experience
   iii. Discrimination/Racism
   iv. Financial difficulties
   v. Housing difficulties
   vi. Different culture/ social norms – culture shock
   vii. Gender-role changes
   viii. Family issues
   ix. Social isolation/ loneliness

6. Could you elaborate on any mental health challenges, if any, you faced since coming to Southern Alberta?
7. What are the coping mechanisms you have used when you faced these mental challenges?
8. Have you ever reached out to any mental health services to support you in dealing with these challenges?

- Why did you choose that mental health service? What made them different from other service providers

9. What was your experience in accessing these services? What went well? What did not go well?
10. How does your gender or religion influence your choice to access a mental health service? Or your chose not to use mental health services?
11. What do you think needs to be changed in mental health services to better meet the needs of Muslim immigrant women?

**Thank you so much for this valuable information**

University of Lethbridge

## Appendix E: Poster

**Would you be willing to participate in a research interview for a study entitled Muslim Immigrant Women's Experiences of Mental Health Challenges in Southern Alberta, Canada**

**You are Eligible to Participate in this study if you are:**

A Muslim immigrant woman (born outside Canada), over 18 years old, able to communicate in English or Farsi, and you have experienced a worsening of your mental health since your arrival in Canada.

***The interview will take about 45-60 minutes, and may be conducted in-person or virtually. Each eligible participant will receive a gift card as a thank you for participation.***

For further information, contact **Zohreh Hosseinpour**

**E-mail:** zohreh.hosseinpour@uleth.ca

**This study has received ethical approval from the Research Ethics Board at the University of Alberta – ID# Pro00135230.**