



Supporting Syrian refugee mothers in the resettlement period in Canada:

A longitudinal study using participatory action research

THEME 1:

Steps in the Migration Journey



THEME 2:

Pathways to Integrated Care



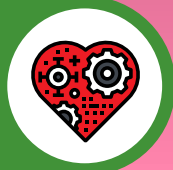
THEME 3:

Social Determinants of Refugee Health



THEME 4:

Harnessing Strength-based Capabilities



THEME 5:

Pandemic Impacts and Ongoing Resettlement



THEME 6:

PRA's Research Experience



The goal of this study was to understand in-depth the intersecting contextual factors shaping social support from the perspective of Syrian refugee mothers in Canada.

Using a longitudinal intersectionality-framed participatory action research design, Syrian refugee women's perspectives on social support were explored. Intersectionality provided a lens to promote highlighting how intersections of gender, race, motherhood, and migrant status shaped the emotional and mental health of participants. Forty Syrian mothers participated over 18 months. This study integrated a novel approach where four peer research assistants were employed as research team members and worked collaboratively to champion the research process.

Watch Marwa's Story on YouTube:



Watch here: <https://youtu.be/7r8djROy9to>

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THEME 2:

Pathways to Integrated Care

Participants were asked about their emotional and physical healthcare experiences. Emotional health, physical health, and access to healthcare emerged as important intersecting healthcare needs. The refugee women relayed mixed experiences in their help-seeking activities, including positive and negative factors that influenced their help-seeking behavior. Religion was identified as a steadfast support. Religion and spirituality play important roles in the emotional wellbeing of Syrian refugee women. Religion offered social support for many of the difficult hardships faced upon resettlement.



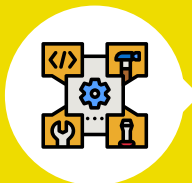
“When I got here we all get sick because, you know, change of the water, change of the environment, so all the family, we went to the doctor. There’s no doctor that speaks our own language. So how we going to explain what we feel to the doctor?”



Recommendations found:



More support for women’s health, with programming beyond the early years of migration; Examples: from pregnancy to postpartum healthcare, early menopause education, and breast cancer.



Strong presence of IRCC-funded Local Immigration Partnerships in communities where diverse representation of migrant statuses, races, and genders are included to develop and implement frameworks for improving the settlement and integration of newcomers.



Providers support refugee mothers to maintain cultural and religious practices to positively influence their mental health. Examples include preserving traditional dress and addressing discrimination toward these practices.



Social and health services need to be restructured to ensure trusting relationships between service providers and refugee women.



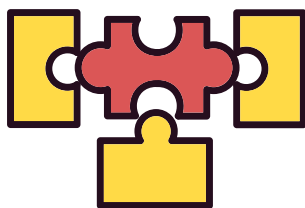
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THEME 3:

Social Determinants of Refugee Health

Social determinants of refugee mothers were similar to pre-pandemic macro level determinants of integration, such as housing. We asked the Syrian mothers how the resettlement factors influenced the health of their families. Mother's narratives reveal how intersecting contextual factors and structural barriers interact to influence women's overall health. Refugee women's gendered experiences may be invisible due to gender roles, education, and health literacy. Belonging and social support were complicated by the ongoing war in Syria and diminished when elders were left behind.



"I'm looking for a job but most of the job they want, are, high level in English and sometimes they want, a certificate or you have to have a graduate, something. I feel, my English is good... but only they offer work in a factory."



Recommendations found:



Funding affordable housing projects and developing rent control policies can support the financial stability of refugee women.



Increased availability of childcare services supports refugee's obtainment of language skills, education, and adequate employment.



Continuous cultural safety and competency training with emphasis on refugee contexts to educate and update healthcare providers on the complex social and cultural realities impacting refugee women's health and well-being.



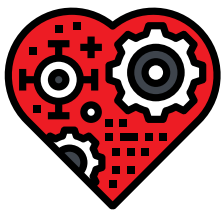
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THEME 4:

Harnessing Strength-based Capabilities

Women enhanced their mental well-being throughout their settlement experiences through caring for self and others. Their approaches included volunteering, exercising, and participating in cultural and spiritual practices. Connecting with other mothering Syrian refugees was expressed as a strategy that enhanced community integration. Positive thinking was voiced as a way to foster emotional well-being. Most women favored expressing sadness alone. This was a strategy women used to promote the mental health and well-being of their families.



“In Syria and Jordan when I was very sad and I feel depression I just, I close the room, on my knees and I just crying...I just cry a little bit like I feel relief.”



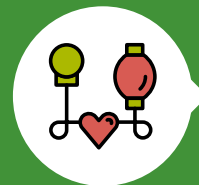
Recommendations found:



Connect women who are mothering and refugees to volunteer opportunities where childcare is available such as childcare centers, schools, and libraries.



Collaborate with communities to create accessible, women-only recreational facilities.



Integrate mental health and wellness into service provision with awareness that many Syrian women express sadness in isolation and away from their children, whereas others express their sadness only to family members and friends.



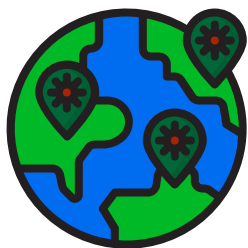
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THEME 5:

Pandemic Impacts and Ongoing Resettlement

The COVID-19 pandemic had a substantial impact on the mental health of Syrian women and their families. Language ability, unfamiliarity, fear, and isolation were challenges. Increased social isolation among some women hindered their ability to feel emotional well. Mandated closure of many in-person services led to diminished access to health services. On the positive side some women used their newfound time with their children.



“I’m totally lost, I do not know what exactly I want or to do. I feel like I have lots to do but I stay in my place without moving. I need someone to help organize my time because I can’t do that. I can not.”



Recommendations found:



Integrate forced migration contexts into trauma-and-violence informed care principles related to public health restrictions.



Explore digital approaches to enhancing access to health services among Syrian refugee women.



Create cross-sectoral collaborations among educators, settlement workers, public health, and refugee women to generate dialogue and supportive action.



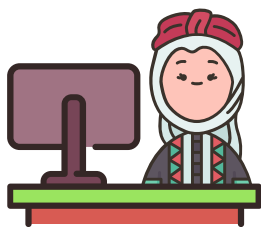
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THEME 6:

PRA's Research Experience

This study uniquely integrated and employed four women who were Syria refugees and mothering into the research process as Peer Research Assistants (PRAs). These women expressed how assuming a researcher role increased their confidence in navigating settlement processes. Being employed as a research team member was symbolic of moving their lives forward toward independence and financial freedom. Relational approaches used by PRAs to connect with participants were informed by traditional cultural actions. This included treating participants “like sisters”.



“I want to support myself; I'm worried about seeing myself alone and not being able to support myself (this was repeated a few times).” While another PRA commented: “I need to make money – it's a strong urge.”



Recommendations found:



Involving women within research initiatives can enhance refugee settlement experiences.



Providing PRAs with practical training and relational time is essential to promote understanding diverse strengths and needs among women who are refugees.



Trust building is essential to develop with refugee communities to ensure ethical principles of respect and reciprocity.



Employing the five interrelated principles of supporting integration of PRAs into research processes is recommended.