



Summary: ‘Use of participatory action research to support Syrian refugee mothers in the resettlement period in Canada: A longitudinal study’

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Use of participatory action research to support Syrian refugee mothers in the resettlement period in Canada: A longitudinal study

Executive Summary

- This study examines the perspectives of Syrian refugee mothers living in BC with respect to the social support they received in early, middle, and later phases of resettlement.
- Results indicate that many participants experienced social exclusion, heightened gendered vulnerabilities, and opportunities for growth in all phases of migration (before, during, and after). In the post migration phase, refugees faced acculturation stress, social exclusion, a decrease in community relationships, and an unpredictable access to healthcare.
 - More support is needed for refugee women's health, with programming beyond the early years of migration was a common suggestion.
 - Refugee women may be marginalized in healthcare settings due to discriminatory attitudes; healthcare providers should be trained on the complex social and cultural realities that affect refugee women's lives.
 - Changes in policy in areas of housing, translation, education, etc. are required to support Syrian mothers' mental health and physical well-being.
- The COVID-19 pandemic had a significant negative impact on refugees' resettlement. It brought increased vulnerabilities to the participants of this research, affecting social support, extended networks, gendered roles, and care-taking responsibilities.

Research Methods

- This research is framed by principles of community-based participatory action research (PAR). Through PAR, researchers become involved in the living experience of the participants studied to generate new knowledge.
- Forty refugee mother participants were recruited in 2019–2020 via Syrian peer research assistants (PRAs) and social service professionals working with Syrian families. Syrian refugee mothers were positioned as the knowledge holders.
- Data collection included (i) questionnaires completed by each Syrian refugee mother to gather sociodemographic characteristics, (ii) in-depth interviews or participation in a focus group, and (iii) each Syrian refugee mother was asked to keep a personal diary (monthly sharing of thoughts, feelings) and to share this diary with investigators.
- Inclusion criteria: (i) Syrian refugee mothers living in Canada <5 years, (ii) childbearing age (18–50 years), (iii) current stable mental health (as identified by referral from health and social service professionals).

Themes

Theme 1: Steps in the migration journey

- **Premigration:** Participants framed aspects of life in Syria before migration as simultaneously advantageous and disadvantageous, due to intersections of social support, extended networks, gendered roles, care-taking responsibilities, extreme loss and trauma.
- **Migration:** In this phase of the migration journey, participants emphasized gendered roles and the responsibilities of mothering while migrating; additionally, the stigma of exclusion in communities like Lebanon or Jordan further contributed to the traumatic impact of their forced displacement.
- **Postmigration (arrival in Canada):** Participants reported difficulties in finding employment and housing, unmet expectations, absence of an extended family; refugee mothers need support services to be introduced early on to help them navigate the challenges they will meet at the onset of resettlement.

Theme 2: Pathways to integrated care – holistic healthcare needs of Syrian women

The refugee women relayed mixed experiences in their help-seeking activities:

- **Emotional health:** Many participants described that it was difficult to be emotionally healthy without a social support network; after resettlement, participants were often troubled by worries for the extended family members they left behind. Migrant mothers also reported a lack of post-birth support. Participants also reported mental health impacts due to cultural differences and judgments about their dress, religion, parenting, etc.
- **Physical health:** When asked about their own health needs, participants often referred to the physical health of their extended family, not their own personal health. Participants worried about family in Syria and sending money home. Some participants noted how social isolation can exacerbate their physical pain and sickness.
- **Access to healthcare:** Challenges with access to healthcare included no interpreter services, unexpected costs, and long wait times to see a healthcare professional.

Theme 3: Social determinants of refugee health

- **Language:** Language skills can act as both a barrier to and a facilitator of integration in the resettlement period. Some had family act in the role of interpreter, which sometimes posed difficulties due to stigma regarding mental illness or to the family members' lack of knowledge about perinatal and reproductive mental health.
- **Role of gender:** In some cases, the husband's influence was reported to be an important factor in whether the participant could seek support services. Gendered responsibilities and expectations inside and outside the home were frequently expressed.
- **Education:** Many Syrian mothers aspired to improve their language skills through education in the resettlement period. Some attributed their inability to attend English classes to a lack of available daycare, financial constraints,

- Housing: After initial housing upon resettlement, participants described how overcrowding, financial constraints, and inadequate housing conditions were overwhelming stressors that impacted health, wellbeing, and safety. Participants expressed difficulties in finding adequate space for the whole family to live comfortably.
- Employment: Some mothers wanted to find a job outside the home and contribute to the financial well-being of the family. Participants noted difficulties in making the minimum wage and in finding suitable positions for their qualifications. Sickness or injuries leading to inability both for participants and their spouses were reported as significant stressors.

Theme 4: COVID-19 impacts and ongoing resettlement

- Social isolation: A pattern of social isolation and loneliness was evident in the Syrian mothers' written diaries. COVID-19 pandemic further exacerbated their feelings of social isolation. Several mothers worried that the lack of social contact would have negative consequences for their children. If refugees and their families had not established a solid social network locally within Canada, the Covid-19 pandemic worsened their chances of doing so.
- Changes in education: Many schools were closed during the pandemic and transitioned to online learning. Some Syrian mothers welcomed the idea of keeping their children at home, as it protected them from Covid-19. Many participants worried that their children would not progress at the same pace as their classmates.
- Changes in access to and delivery of healthcare: Participants reported shortcomings in in-person and virtual healthcare services during the Covid-19 pandemic. With many in-person services closed, participants experienced an increase in transportation time, time delays, and difficulties with scheduling virtual appointments.