

# SCIENTIFIC REPORT

## Social Support Intervention for Sudanese and Zimbabwean Refugee New Parents



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FACULTY OF NURSING AND SCHOOL OF PUBLIC HEALTH  
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## **Investigators**

Dr. Miriam Stewart	Professor, University of Alberta (Principal Investigator)
Dr. Edward Makwarimba	Research Consultant, Alberta Health Services (Co-Principal Investigator)
Dr. Kaysi Eastlick Kushner	Associate Professor, Assistant Dean, University of Alberta
Dr. Nicole Lyn Letourneau	Professor, University of Calgary
Dr. Edward Shizha	Associate Professor, Wilfrid Laurier University.
Dr. Cindy-Lee Dennis	Associate Professor, University of Toronto
Dr. Denise Spitzer	Professor, University of Ottawa

## **Research Staff**

Knox Makumbe	Project Coordinator
Dr. Michael Kariwo	Project Coordinator
Anna Jaricha	Research Assistant
Belinda Dube	Research Assistant
Edmond Jaricha	Research Assistant
Jackline Ananias	Research Assistant
Jane Awawias,	Research Assistant
John Wiyual	Research Assistant
Joseph Luri	Research Assistant
Lloyd Ndebele	Research Assistant
Sharon Wadi	Research Assistant

## **Collaborators/Partners**

Both Chuol Wel	President, Naath Community of Edmonton
Carol Siziba,	Program Manager, Catholic Social Services Edmonton
Dr. Cecilia Bukutu,	Alberta Centre for Child, Family and Community Research
Dr. Christina Nsaliwa,	Executive Director, Edmonton Immigrant Services Association
Dr. Yvonne Chiu,	Executive Director, Edmonton Multicultural Health Brokers Cooperative
Karol Adamowicz,	Director, Edmonton Mennonite Centre for Newcomers
Peter Keuth,	President, Sudanese Canadian Community Association of Edmonton
Randy Gurlock,	Area Director PNT – Edmonton, Citizenship and Immigration Canada
Tesfaye Ayalew,	Executive Director, Africa Centre

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# BACKGROUND

## WHY DID WE DO THIS STUDY?

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Canada offers permanent resettlement to more than 20,000 refugees each year<sup>1, 2</sup>. Although studies<sup>3-9</sup> suggest the importance of social support for refugees during the early years of resettlement, this knowledge has not been invoked to systematically develop interventions that help refugee new parents adapt to life in receiving countries such as Canada. Despite the increasing numbers of refugees and asylum-seekers migrating to Canada, refugee new parents have been overlooked as a vulnerable group in studies that design and test social support interventions. Since 2000, Sudan and Zimbabwe are among Canada's top African refugee source countries<sup>1, 2</sup>. Differences between Zimbabwean and Sudanese refugees reinforce the need to elucidate the role of ethnicity in the design of culturally-relevant social support interventions.

The pilot intervention study was built on our research team's recent ACCFCR funded study of social support needs of refugee new parents from Sudan and Zimbabwe in Edmonton. In that assessment study, we completed individual interviews with 72 new mothers and fathers from Sudan (n=36) and Zimbabwe (n=36) who came to Canada in the last 60 months from Sudan and Zimbabwe, and who had a preschool child between 4 months to five years of age born in Canada. Following individual interviews, four group interviews (participants matched by gender and ethnicity), were conducted with Sudanese (n=18) and Zimbabwean (n=15) new parents to seek information on support intervention preferences, including desirable characteristics of support providers; support intervention format, mode, levels, frequency, and duration; and logistical factors that influence acceptability and accessibility. These interviews revealed significant needs for information about culturally appropriate services, more supportive service providers, and peer support to supplement professional support. Discussions with community partners serving African refugees confirmed parents' perceptions and indicated that these refugee parents require support with parenting skills relevant to early childhood development.

## WHAT DID WE WANT TO KNOW?

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The purpose of this pilot study was to design and test an accessible and culturally appropriate social support intervention that meets the support needs and preferences identified by refugee new parents and can ultimately inform services, programs and policies for these vulnerable families.

Hypotheses Following the social support intervention, refugee new parents will report: 1) decreased support needs; 2) increased satisfaction with social support; 3) decreased isolation and loneliness; 4) increased support-seeking coping; and, 5) decreased parenting stress.

## Research Questions

1. What are participants' perceptions of the success of the intervention; their satisfaction with the intervention; factors that influence the impact of the intervention, and recommended changes?
2. What are the effects of the support intervention on refugee new parents' use of health and other services, satisfaction with social support, needs for social support, coping strategies, social isolation, and parental stress?
3. What are the similarities and differences in the intervention processes and impacts for these distinct ethno-cultural refugee groups?

## WHO PARTICIPATED?

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Seventy one (n=71) refugee new parents (36 Sudanese and 35 Zimbabwean) were recruited for the social support intervention. Participants were mothers and fathers (including single/lone parents and parents of single or multiple births) who arrived in Canada in the last 60 months from Sudan and Zimbabwe, and who had a preschool child between 4 months to five years of age born in Canada.

### *Distribution of participants by nationality and gender*

Ethnicity	Male	Female	Total
Sudanese	19 (27%)	17 (24%)	36 (51%)
Zimbabwean	19 (27%)	16 (23%)	35 (49%)
Total	38 (54%)	33 (46%)	71 (100%)

# METHODOLOGY

## DATA COLLECTION

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Data for the study were collected at three time points; before, during, and after the support intervention.

*Quantitative Data Collection:* Standardized measures were administered at pre-test (n=71) and at post-test (n=61), to pilot test the impact of the intervention on: a) support needs and satisfaction with support (Personal Resource Questionnaire), b) coping, in particular support-seeking (Proactive Coping Inventory), c) loneliness and isolation (Revised UCLA Loneliness Scale),<sup>64-69</sup> d) parenting stress (Parenting Stress Index), and e) use of services.

*Intervention Processes Qualitative Data Collection:* Fifty two field note forms were completed during the support intervention. Following each support meeting, peer mentors documented the types of support provided and exchanged, intervention processes, topics discussed, and support provided during group sessions and dyadic telephone/online discussions, as well as out-of-session contacts with participants.

*Post-test Qualitative Data Collection:* Five group interviews (n=50) and in-depth individual interviews (n= 33) participants were conducted. In both group interviews and individual interviews, participants were asked questions about their satisfaction with the intervention; factors influencing participation in and success of the intervention; perceived impacts of the intervention on use of services, coping, and loneliness; suggestions for change; communication with other participants and peer or professional helpers outside sessions; and, continued contacts with other participants. In-depth interviews were conducted with peer and professional mentors (n=9) following the intervention.

All quantitative and qualitative instruments were translated into the participants' first languages, namely Shona, Ndebele and Arabic.

## DATA ANALYSIS

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All qualitative interview data were audiotaped, transcribed, translated, and analyzed using thematic content analysis. Interviews of participants and intervention agents were analyzed for satisfaction with the intervention, perceived impacts of the intervention, factors influencing its impact, and recommended changes. Transcribed intervention discussions and field notes were analyzed for evidence of intervention processes, types of support provided, and factors influencing delivery of the support intervention. Deductive content analysis was used to analyze sources, types, and appraisal of support, coping strategies, parenting stress, and isolation. Inductive content analysis will be used to analyze the discussion themes, nature of supportive interactions, and mediating processes. Descriptive statistics was employed to summarize demographic data (e.g., age, marital status, and ethnicity). One tailed t-test was used to detect pre-test versus post-test mean differences in outcome measures for the combined sample. Pre- and post-test differences in means between the two ethnic groups were also examined.

## INTERVENTION PROCESSES

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Face-to-face support groups created comprised of like-ethnic and gender peers. Each of the four support groups was co-led by Sudanese or Zimbabwean peers who had a child in Canada and a professional (service provider) from health or education, or social service sectors. Professionals were consulted regarding concerns raised by peer mentors or participants.

*Recruitment of peer and professional Mentors:* Peer mentors recruited to facilitate the support intervention were established refugees with credible experiential knowledge, who had relationships with community agencies that serve refugees, and were well connected in their communities. Nine peer (5 female and 4 male) and four professional (2 female and 2 male) mentors were engaged to facilitate the support groups.

*Training of peer mentors:* A one day training session was facilitated by project coordinators. The training curriculum used for this training was used in previous support intervention studies with immigrants and refugees and was tailored to reflect the support needs of participants identified during the assessment study funded by ACCFCR. Project coordinators provided support to peer and professional mentors during individual meetings and telephone calls. Project coordinators attended meetings to offer support, conscious to reinforce not undermine the important role played by peer mentors.

*Support Intervention:* Discussion topics for support groups were informed by challenges identified during the pre-intervention assessment study. In addition, each group suggested topics that were pertinent to their specific support needs. In consultation with the research team, peer mentors ensured that each of the topics covered were related to the circumstances of refugee new parents. (*See Appendix A for participants' specific topics discussed in support groups*). Representatives of refugee-serving agencies were invited to make presentations depending on participants' requests. For instance, to instruct zumba dance, talk about women's health; parenting skills. As well online videos and reading material was used as facilitation aids.

*Timing and frequency of support group sessions:* The initial plan was to hold support group meetings bi-weekly. This was not possible due to a number of challenges including; peer mentor schedules; participants availability; and competing commitments such as cultural community and sporting events. To ensure intervention dose and to complete total number of sessions the implementation of the support intervention took longer than initially anticipated.

# FINDINGS

## RESEARCH QUESTION 1

What are participants' perceptions of the success of the intervention; their satisfaction with the intervention; factors that influence the impact of the intervention, and recommended changes?

### WHAT ARE PARTICIPANTS' PERCEPTIONS OF THE SUCCESS OF THE PEER SUPPORT INTERVENTION

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- PARTICIPANTS' IMPRESSIONS OF SUPPORT GROUP

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The opportunity to meet and socialize with peers in similar life situations was one of the highlights of the support group meetings. The support intervention was described as a great experience by participants because it presented opportunities for learning new things, make new friends, and to refresh. Once participants felt comfortable to disclose and share personal experiences, peer mentors were able to address some challenges refugee new parents encountered in raising children in Canada. Participants discussed what it meant to raise children, including getting them to school, preparing food, providing shelter, as well as worrying about their children's future.

*This group is just designed for women only, it provide us with a confidential and safe place where we as women feel free to explore a wide range of emotions, experiences and gender specific needs”(Sudanese woman)*

- SUPPORT EXCHANGED/ RECIPROCATED AMONG GROUP PARTICIPANTS

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*Emotional support:* Participants indicated that attending support group meetings helped relieve stress. They stated that the sessions gave opportunities to share ideas with peers who faced similar issues. Female participants discussed post-partum depression which some did not understand. They discussed the value getting respite from household duties. Parents expressed their fear of discrimination against their children because of their skin color. One group devoted one session to providing support to a grieving participant who had lost a family member in her home country.

*Practical support:* Participants exchanged ideas regarding strategies for managing family finances identified as a major challenge for many families. Parents shared practical ways to get involved in their children's lives. They challenged one other to set good examples as role models for their children and to develop strong and supportive parent-child relationships with their children.

*We should know what is going on in our kids' lives, do not let technology and television raise your kids for you (Zimbabwean man).*



*Informational support:* Participants exchanged personal experiences and opinions on sensitive issues including marital challenges, cultural identity and discrimination; work-related stresses; school; and parenting. They talked about distinguishing disciplining and abuse. Most participants came to the conclusion that spanking children, even though they thought it effective, may not be the best way to discipline children in Canada. They agreed that it was not easy to raise children so far away from their families. They saw value in teaching their mother language to their children, preparing traditional meals and other ways to pass on cultural traditions to their children.

*He [divorcee participant] blamed himself for failing to adjust to the new Canadian environment where women are more empowered. He advised all present to start make personal changes in their relationships. His advice was that, 'please have time for your families and listen to them' (Sudanese male mentor).*

- HOW NEWCOMER PARENTS SUPPORTED ONE ANOTHER

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There was a lot of information exchange during meetings. Recurrent themes in support group discussions throughout the intervention included challenges and coping strategies for refugee new parents such as raising children in Canada, sharing home chores; and missing their home country. They discussed how discrimination, racism, illiteracy, and being a refugee affected them and their children on a daily basis. Ignoring discrimination was seen by some as a safe way of coping. New parents shared alternative ways of disciplining their children such as the use of time-outs and rewarding children for good behaviors. Regarding marital challenges, men discussed how they could get more involved with their families and take more responsibilities such as chores at home. They concurred that some disagreements in the home emanated from stresses associated with women carrying responsibility for the majority of household chores.

Participants provided support to one another particularly during crises such as death of family members. Support group members provided culturally accepted support to the grieving including emotional and material /practical support. This type of interaction continued after the support group officially ended.

*When I first arrived in Canada I felt frustrated and alone life was so difficult... oh my god it was difficult" I felt like withdrawing from normal activities, I also felt the loneliness, isolation and loss of everything that is important to me like my family support and my culture. The support group and the community meeting gave me the senses that I am not alone." (Sudanese woman)*

*It was a man- to-man discussion and I always knew that the older folks know better, right? And I actually picked up a lot from them and actually my life is changing to a positive direction right now--- (Zimbabwean male).*

- SUPPORT FROM PEER MENTORS

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Peer mentors reported that in addition to the support provided and received during group meetings, participants often called them to seek support regarding personal matters such as spousal conflicts or taking care of children. Some participants came earlier or stayed following support group sessions for one-on-one support interactions with peer facilitators. Peer mentors provided interpretation services; helped complete immigration forms; and escorted some participants to meetings with service providers such as school personnel.

*Quite often one or two will stay behind just because they want to talk about something, or they may call later or request a phone call on Facebook or they may text me because they want to be called or they may leave me a phone message (Sudan female mentor).*

## SATISFACTION WITH INTERVENTION

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Meeting in ethnic and gender specific support groups was considered beneficial. Participants found the use of their own language and dialect during support group meetings critical for self-expressions. The support group meetings group discussion topics were considered pertinent to the issues they faced as refugee new parents. Discussions on topics such as the confluence of cultures, access to jobs, raising children, family budget, personal development, and household communication were found to be valuable. They shared different perspectives on what it means to be a good parent. They talked about parenting resources including libraries, community organizations, and the internet. Participants enjoyed ‘hanging around’ with people of the same ethnic background.

Support meetings were used to share updates on community parties and social gatherings. They enjoyed sharing meals and refreshments during support group meetings. Participants noted similarities in challenges faced by refugee couples. For instance, they realized that some domestic problems affected other families.

Participants also engaged in new activities such as bowling, zumba, working out techniques, and meditation.

*With me it was having the chance to just be myself because some of the things we were doing you don't need to be with your husband and kids, so being away from them was enjoyable that's the part I wanted most (Zimbabwean woman).*

*It may not change the meals on your table; it might not change the income on your pay check. But just to know that someone understands what you are going through is very comforting (Zimbabwean male)*

#### FACTORS THAT INFLUENCED IMPACT OF INTERVENTION

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Several factors facilitated participation in support group meetings for the duration of the support program. These included a sense of ownership of the support group; involvement in decisions on the type, content, and frequency of support group and dyadic meetings; the opportunity to socialize and connect with ethnic peers; and the ability to engage in recreational and healthy-living activities.

Peer facilitators employed different methods to sustain participants' motivation to attend support group meetings. They made follow-up telephone calls, sent emails or text messages; to encourage participants to attend support group meetings, as well as checking on those who missed previous sessions. They also provided transportation to participants who lacked access.

Peer facilitators used different presentation materials to make support group meetings interactive and informative. Resources used during support group meetings included topic-specific videos borrowed from the library; online videos; music; games, and lay language literature from the internet. As well personal stories provided by mentors and participants were used as case studies.

#### RECOMMENDED CHANGES

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Participants from both the Sudanese and Zimbabwean communities concurred that the support program was beneficial. They thought the program would be helpful for all new-comers to Canada regardless of ethnic origin. In fact some participants, who joined the group after it had commenced came at the recommendation of other participants who felt others could benefit from the support provided and exchanged. Participants appreciated information sharing during group sessions. They reported that many refugee newcomers lived in isolation and could benefit from interacting with people from their ethnic community and to speak in their own languages as well.

*It would have changed if I had joined a support group like this arriving in 2001, I think I would have made better decisions which would have led to a more positive life ....(Zimbabwean man).*

*...lots of women are stuck with work, kids, and household responsibilities and have no time for themselves... so such social program would be a great opportunity for those willing to participate (Sudanese woman).*

• ADDRESSING BARRIERS TO PARTICIPATION

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Support groups did not have a permanent meeting place so they could not always meet when they wanted. Meetings had to be rescheduled, or moved to alternate venues due to circumstances beyond the control of peer facilitators. Most support groups met in public places such as a community hall or community park. Conducting meaningful discussions became difficult due to disruptions in these venues.

Participants who did not have access to private transportation were given bus tickets. However, they sometimes arrived late due to the infrequency of public transit during weekends. Using public transit was also difficult when participants had to travel with children. Some preferred meeting venues, such as public parks, were not accessible by public transit. At times peer mentors or other participants provided transportation to individuals who lacked it.

The number of participants attending each support group meeting fluctuated. Major obstacles to attending support group sessions included work schedules that conflicted with meetings; working out of town; family commitments; transportation; distance between home and support group meeting venues; and comfort with the venue.

*The meetings were not always at convenient times because of shift work and the meetings were called when I was working. Also in terms of location it was not always convenient, one time it is close to my residence and the next time it is not (Zimbabwean male).*

• ENHANCING PARTICIPATION

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Peer mentors believed that there was no magic wand to enhance support group meeting attendance. What worked for one refugee new parent did not work for another. They agreed that participants who saw value in the support program did not require persuasion. The perpetual challenge for mentors was to make the support program and sessions relevant to the support needs of specific groups.

In addition, peer mentors agreed that they recruited participants and that promoted attendance of support meetings. Identified qualities of a successful peer mentor included being connection with

cultural community; some knowledge of community based research; group facilitation skills; and ability to work in a team with minimum supervision.

*I remember when there was an Ultimate Fighting Championship (UFC), we came at 6:30 and did our stuff then we went to one of the guys' houses then ordered the pay-per-view. We know most people are interested in UFC, we come we discuss our things and then we can all watch a fight (Zimbabwean man).*

- **STRUCTURED PROGRAM FOR CHILDREN**

Some participants recommended that the support intervention should also include a structured program for children whose parents are attending support group meetings. The ethnic language of parents and coping strategies for dealing with challenges faced as children of refugees could be discussed.

- **INCREASED USE OF PROFESSIONAL FACILITATORS**

Participants reported that support group meetings could be enhanced by the increased use of professional facilitators in the areas of domestic violence, Canadian law and individual rights, immigration, parenting, nutrition and healthy habits.

- **SKILLS ORIENTED SUPPORT**

The promotion of employment skills as part of the support process was suggested. The groups discussed how some participants engaging in entrepreneurial activities such as hair braiding, but lacked the business skills to be successful.

- **MIXED GROUPS**

Participants from both ethnic groups considered the merits of a mixed-gender support sessions both men and women's point of views would be shared. Participants observed that when men and women met separately, blame and criticism of spouses sometimes emerged. Combined meetings could bring about a balanced discussion on topics of interest.

*I realized there was too much blame about fathers... and I wonder what if the men were around what they would have said (Sudanese woman).*

## RESEARCH QUESTION 2

What are the effects of the support intervention on refugee new parents' use of health and other services, satisfaction with social support, needs for social support, coping strategies, social isolation, and parental stress?

### WHAT WAS HELPFUL ABOUT PARTICIPATION IN THE SUPPORT INTERVENTION?

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Sharing personal experiences was important for participants, particularly when they were meeting peers from their cultural background. Participants said that they understood each other because they shared a similar background and upbringing. Trust developed allowed peers to freely share ideas, knowledge, experiences, and skills.

*We [my family] always went to look for help when we are already undergoing the challenge but this time this group was about being proactive as well as looking back to what each would have done differently .... Sudanese male).*

### KNOWLEDGE AND SKILLS LEARNED FROM OTHER PARTICIPANTS AND PEER AND PROFESSIONAL FACILITATORS

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Participants learned about ways to deal with the stress associated with being a parent. For instance a professional from a family resources center focused a presentation on enhancing parental and child strengths to build healthy families. Female participants shared ideas on taking care of a baby, including incorporating traditional practices and tips on helping the baby sleep comfortably. They discussed bullying in schools, including physical and behavioural indicators of bullying. They talked about censoring what their children watched on television or the internet. They shared ideas on effective ways to teach children to be responsible individuals and encouraged each other not to deprive their children as a disciplinary tactic. They also discussed disciplining children, the value of nap time for toddlers, differing eating habits of all ages, and tantrums in public place.

Opportunities for personal development such as upgrading educational qualifications were shared by refugee parent participants. Most participants received their education in Africa and believed that foreign education, including university education, was not valued equivalently in Canada. Some had to make the hard choice of sacrificing family needs to return to school. Many of them could not afford to stop working completely even when they were taking full-time studies.

*If there is a death in your family, a Zimbabwean will go out of their way to help out monetary or emotionally, if you need household items like pots or pan, those same Zimbabweans will throw you a kitchen party to help you*

*get the pots and pans. If you are having a baby, the same Zimbabweans will throw you a baby shower to help you with baby stuff (Zimbabwean female).*

#### IMPACT OF SUPPORT PROGRAM ON COPING WITH LONELINESS AND STRESSFUL SITUATIONS

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Participants reported that interaction with group members provided relief to stress. They took part in group activities such as bowling, dances, work outs, zumba, and soccer. Sharing common problems such as children experiencing racism at school, parenting, and marital challenges, and possible solutions was seen as a way of de-stressing.

Participants mentioned that they were less lonely after joining the support group. The group meetings encouraged interaction and participants felt more comfortable in discussing family matters than prior to the support intervention. Some participants had recently relocated to Alberta from other provinces and said that they no longer felt isolated because they were part of the support group.

Participants described these meetings as social “get-togethers”. Some participants viewed group members as family members because of support received from them.

*I felt like withdrawing from normal activities, I also felt the loneliness, isolation and loss of everything that is important to me like my family support and my culture. The support group and the community meeting gave me the senses that I am not alone (Sudanese woman).*

#### CHANGES IN RELATIONSHIP WITH FAMILY, FRIENDS AND NEIGHBOURS

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Participants reported that their spouses encouraged them to attend support group meetings and that attending meetings strengthened relationships with spouses because the special time away from the family helped them to recharge and feel positive when they returned home. Participants felt that support group meetings helped enhance their communication skills and problem solving skills during interactions with their children and spouses. They shared support group meeting discussions with their spouses. Others talked about how they had learned to respect their wives given the new cultural setting in which they were bringing up their children.

Some participants felt that their relationships with family members improved following the intervention. Support group meetings fostered proactive parenting strategies that brought parents closer to their children. The participants also reported improved connections and relationships with neighbours and

the larger ethnic community. They said that their children now had more opportunities to meet other children on their ethnic origin. Participants who were single parents found the meetings useful for information received on parenting and child care. Similarly, those who were living with a spouse found useful information on how to reconcile differences in the home.

*I used to be either my way or no way. I now try as much as I can to contribute in the house and in any things. I used to think that as long as bring money in the house that's it, you don't need to worry about the rest. But now I understand it's more than that because of where we are. (Zimbabwean man)*

*"Yeah I think the group gave me a break from the family especially the children, yeah and when I get home I found that I am more energized and relaxed when dealing with family stressful situation.... And their school work too" (Sudanese woman)*

#### CHANGES IN HOW THEY FELT ABOUT THEIR SITUATIONS AS NEWCOMERS

Participants indicated that their view of their life experiences became more positive after partaking in the support group. At the beginning, participants were sceptical about the group intervention. However, with time they realised that the support group was different from other groups as it had a purpose and focus. Some participants believed that the group had 'shaped and sharpened their skills' in dealing with family matters. The more time refugee parent participants spend as part of the support group, the more they shared ideas with peer participants and mentors. They indicated that although their circumstances may not have changed, knowledge and experiences shared during support groups gave them different perspectives on issues facing refugee new parents. Support group sessions focusing on the value of family were important to male participants who reported that they had matured and learned to take more responsibility in raising their families. They devoted time to their families and improved communication skills to mitigate unnecessary family conflicts.

*It may not change the meals on your table; it might not change the income on your pay check. But just to know that someone understands what you are going through is very comforting (Zimbabwean male).*

#### SUPPORT PROVIDED OUTSIDE OF GROUP SETTING

A number of participants indicated that they received one-on-one support from peer mentors outside of the group meetings. These participants found one-on-one support very helpful for addressing specific personal needs such as linking them to services, learning to help children with homework, or resolving marital disagreements. Participants reported that peer mentors' personal experience and knowledge of refugee new parents' circumstances was particularly important.



*Well definitely because he gave a personal experience.... personal real life experience so I'm not talking to a professional but I'm talking to a person I know and respect. So definitely it hit home really more so it definitely-definitely made a difference (Zimbabwean male)*

In addition to support from facilitators, some participants reported receiving support from individual members of the group outside scheduled meetings. During these contacts, they shared information on educational opportunities, upgrading their education, and supporting children in different age groups. By the end of the support program, participants were attending other members' family birthday celebrations, visiting each other in hospital, or support during bereavement. Moreover, the Sudanese male group formed an informal home visit program between sessions.

*I'm connected to some of the women as though we have known each other for ages... last week we drove to Saskatoon for a Sudanese community event; we rented a car and shared the cost... plus had fun travelling together (Sudanese woman).*

## RESEARCH QUESTION 3

What are the similarities and differences in the intervention processes and impacts for these distinct ethno-cultural refugee groups?

### SOCIAL COMPARISON AMONG GROUP MEMBERS

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Most participants noted that they had experienced challenges in their marriages. Defining roles and responsibilities, and managing family finances within the marriage were the major reported causes of marital conflict. These challenges had been overcome to varying degrees. Most participants reported seeking support from friends. However they noted that some friends did not keep this information confidential. Coping strategies shared among peer participants included development of spousal communication, anger management, and positive thinking skills.

Male participants compared changes in decision-making processes within their families as a result of living in Canada during group discussions. Some men thought being in Canada allowed more participation by women and others thought their position as the head of the family was undermined.

*We have had time to figure each other out and the second child has brought us close together (Zimbabwean male).*

## COPING

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The Instrumental Support Seeking Subscale of the Proactive Coping Inventory (PCI) was used to measure impact of the intervention on coping. The PCI is a multidimensional measure of coping, wherein higher scores indicate increased coping skills. A paired -samples t-test revealed a statistically significant increase in mean scores from (M=15.50, SD=3.02) at pre-intervention, to (M=16.57, SD=3.02) at post-intervention [t (26) =-1.80, p =0.04].

When participants were categorized by ethnic group, statistically significant increase in support seeking following the interventions were found for Sudanese participants, but not for Zimbabwean participants. Specifically, the mean score for Sudanese participants at pre-intervention was 16.05 (SD=2.56) and was 17.70 (SD=1.86) at post-intervention [t (19) =-1.95, p =0.032]. Although the mean score for Zimbabwean participants changed from 14.95 (SD=3.39) at pre-intervention, to 15.45 (SD=2.99) at post-intervention, this change was not statistically significant, [t (19) =-0.59, p =0.28].

## PERSONAL RESOURCES

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A paired-samples t-test used to measure the impact of the intervention on support resources available to participants found statistically non-significant differences in the pre-intervention mean score (M=126.76, SD=15.64) and the post-intervention mean score [(M=129.53, SD=16.24); t (38) =-0.76, p = 0.45].

The post-intervention mean score for Sudanese participants was significantly higher (M=135.4, SD=12.47), than the pre-intervention mean score (M=124.6, SD=17.43; t (19) = -2.39, p = 0.01. In contrast, the post-intervention mean score (M=126.16, SD=13.76) for Zimbabwean participants was lower than the pre-intervention mean score (M=128.5, SD=13.76; t (17) = 1.09, p = 0.58. The results suggest that at the beginning of the support intervention, Zimbabwean participants perceived more access to personal support resources than Sudanese participants. However, following the support intervention Sudanese participants' perception of access of personal resources increased beyond that of the Zimbabwean participants. The difference in mean scores for Sudanese, but not for the Zimbabwean participants, was statistically significant. For this group of refugee new parents, Sudanese participants perceived more access to support resources after the support intervention, while there was no change in perceived support for Zimbabwean participants.

## SOJOURNER SOCIAL SUPPORT

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The Index of Sojourner Social Support (ISSS; ONG & WARD, 2005) was used to measure social support for refugee newcomers. The overall ISSS mean score was slightly lower at post-intervention (M=58.61,

SD=17.85), than at pre-intervention (M=59.23, SD=16.89), but this difference was not statistically significant according to t-test results; ( $t(20) = 0.15, p = 0.88$ ).

Even though t-test results for both ethnic groups were not statistically significant, the mean scores pulled in opposite directions for each group. Specifically, the post-intervention mean score for Sudanese participants was lower (M=46.28, SD=5.28), than the pre-intervention mean score [M=56.57, SD=17.53;  $t(6) = 1.01, p = 0.22$ ]. In contrast, the post-intervention mean scores (M=64.78, SD=18.83) for Zimbabwean participants were higher than pre-intervention mean score [M=60.57, SD=17.06;  $t(13) = -0.92, p = 0.37$ ].

### LONELINESS

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Participants from both ethnic groups reported a decrease in feelings of loneliness and isolation during individual and group interviews. Quantitative data however, did not reinforce the reported changes in feelings of loneliness. Paired t-test analysis was used to compare pre-intervention and post-intervention perceptions of social connection or isolation as measured by the UCLA Loneliness Scale. Statistically non-significant differences in the pre-support intervention scores (M=37.85, SD=10.34), and the post-support intervention scores [M=38.15, SD=7.07;  $t(39) = -0.18, p = 0.85$ ] suggest that for this group of refugee new parents there was no change in isolation or loneliness (as measured by the UCLA Loneliness Scale) following the support intervention.

### PARENTAL STRESS

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Parental stress was measured using the Parenting Stress Index Short Form (PSI-SF). The overall t-test mean score was slightly higher at post-intervention (M=132.13, SD=29.76), than at pre-intervention (M=130.59, SD=25.91). This difference was statistically non-significant [ $t(36) = -0.24, p = 0.81$ ].

Analysis of mean scores by participants' ethnic origin revealed that pre-intervention mean scores for both groups were almost the same [Sudan, M=130.89; Zimbabwe, M=130.27]. However post-intervention mean scores differed in direction. The mean score for Sudanese participants dropped from (M=130.89, SD=25.7) at pre-intervention, to (M=126.47, SD=28.49) at post-intervention; [ $t(18) = 0.46, p = 0.64$ ]. In contrast, the post-intervention mean score (M=138.27, SD=26.88) for Zimbabwean participants was higher than the pre-intervention score (M=130.11, SD=30.70; [ $t(17) = -0.89, p = 0.38$ ]. Results however, were not statistically significant.

# APPENDICES

## APPENDIX A: PARTICIPANT DEMOGRAPHICS

	Male	Female	Total
<b>Completed pre-intervention measures</b>			
Sudanese	19 (27%)	17 (24%)	36 (51%)
Zimbabwean	19 (27%)	16 (23%)	35 (49%)
<b>Total</b>	<b>38 (54%)</b>	<b>33 (46%)</b>	<b>71 (100%)</b>
<b>Completed post-intervention measures</b>			
Sudanese	19 (31%)	17 (28%)	36 (59%)
Zimbabwean	16 (26%)	9 (15%)	25 (41%)
<b>Total</b>	<b>35 (57%)</b>	<b>26 (43%)</b>	<b>61 (100%)</b>
<b>Marital status</b>			
Married	18	5	23 (38%)
Single	2	7	9 (14.8%)
Common law	3	1	4 (6.6%)
Separated	0	2	2 (3.3%)
Widowed	0	1	1 (1.6%)
<i>Data missing</i>	<i>12</i>	<i>10</i>	<i>22 (36.1%)</i>
<b>Total</b>	<b>35</b>	<b>26</b>	<b>61 (100.0%)</b>

*APPENDIX B: TOPICS DISCUSSED DURING SUPPORT MEETINGS*

<b>Topic Area</b>	<b>Sudanese men</b>	<b>Sudanese women</b>	<b>Zimbabwe men</b>	<b>Zimbabwe women</b>
Gender roles	<ul style="list-style-type: none"> <li>• Marriage problems among refugee couples</li> <li>• Making decisions as a family- the importance of family dinner time</li> </ul>	<ul style="list-style-type: none"> <li>• Marriage problems among refugee couples</li> </ul>	<ul style="list-style-type: none"> <li>• Marriage problems among refugee couples</li> <li>• Men taking a fair share of house chores</li> <li>• Gender roles in the family – balancing the cultures</li> </ul>	<ul style="list-style-type: none"> <li>• Marriage problems among refugee couples</li> <li>• The importance of a woman in the household</li> </ul>
Parenting skills	<ul style="list-style-type: none"> <li>• Parenting skills</li> <li>• Finding time to provide for your family, and support children with school work</li> <li>• How do we discipline our children in Canada</li> </ul>	<ul style="list-style-type: none"> <li>• Parenting skills</li> <li>• Understanding child abuse</li> <li>• Parenting across cultures: different ways to raise children in Canada</li> <li>• Parent legal responsibilities and rights in Canada</li> </ul>	<ul style="list-style-type: none"> <li>• How to discipline children in Canada</li> <li>• Skills &amp; challenges on raising children in Canada</li> <li>• Passing on culture and native language to children of refugee parents</li> </ul>	<ul style="list-style-type: none"> <li>• Being a new mother in Canada</li> </ul>
Health matters	<ul style="list-style-type: none"> <li>• Tips to maintain diet., reducing smoking and alcohol consumption</li> </ul>	<ul style="list-style-type: none"> <li>• Bereavement support after losing family left in home country</li> </ul>	<ul style="list-style-type: none"> <li>• Dealing with bereavement and emergencies among families in home country</li> <li>• Eating healthy - weight gain among Zimbabwean men</li> </ul>	<ul style="list-style-type: none"> <li>• Meditation and relaxation techniques.</li> <li>• Zumba work-out session</li> </ul>
Managing finances	<ul style="list-style-type: none"> <li>• Making decisions as a family- the importance of family dinner time</li> <li>Avoiding credit, paying off debt.</li> <li>• Family budgeting</li> <li>• Financial burden of supporting family back home</li> </ul>		<ul style="list-style-type: none"> <li>• Managing Finances within a Marriage</li> <li>• Protecting our children against bullying in schools and day care centers.</li> </ul>	<ul style="list-style-type: none"> <li>• Money and bills in the household</li> </ul>
Accessing resources and integration	<ul style="list-style-type: none"> <li>• Accessing community resources – calling 411 and 911</li> </ul>	<ul style="list-style-type: none"> <li>• Personal development and educational opportunities</li> <li>• Parenting services in the community</li> <li>• Value of sharing - Christmas gift exchange</li> </ul>	<ul style="list-style-type: none"> <li>• Furthering education and career for newcomer parents</li> </ul>	<ul style="list-style-type: none"> <li>• Challenges faced by black, African immigrant women in Canada</li> </ul>

*APPENDIX C: UNIQUE TOPICS DISCUSSED BY EACH GROUP DURING SUPPORT MEETINGS*

<b>Topic Area</b>	<b>Sudanese men</b>	<b>Sudanese women</b>	<b>Zimbabwe men</b>	<b>Zimbabwe women</b>
Gender roles	Making decisions as a family- the importance of family dinner time	Marriage problems among refugee couples	Gender roles in the family – balancing the cultures	The importance of a woman in the household
Living skills	Creating time to provide for your family, and support children with school work	Parenting across cultures: different ways to raise children in Canada  Parent legal responsibilities and rights in Canada	Passing on culture and native language to children of refugee parents  Protecting children against bullying in schools and day care centers.	Being a new mother in Canada
Health matters	Tips to maintain diet., reducing smoking and alcohol consumption	Bereavement support after losing family left in home country	Eating healthy - weight gain among Zimbabwean men	Meditation and relaxation techniques. Zumba work-out session
Managing finances	Getting credit and ways of paying off debt  Financial burden of supporting family back home		Managing Finances within a Marriage	Money and bills in the household
Using resources and integration	Accessing community resources – calling 411 and 911	Parenting services in the community  Value of sharing - Christmas gift exchange	Furthering education and career for newcomer parents	Challenges faced by black, African immigrant women in Canada

#### *APPENDIX D: DESCRIPTION OF STANDARDIZED MEASURES USED*

1. *The Revised UCLA Loneliness Scale (UCLA-R)*: The UCLA-R, is a 20-item questionnaire measuring general perception of social connection or isolation (Russell et al., 1980; Russell, 1996). Participants are asked to rate each item on a 1-4 scale indicating responses of never to always; after reverse coding appropriate items, the loneliness score is obtained by summing the 20 items, giving scores ranging from 20 to 80 with higher scores indicating higher levels of loneliness.
2. *Parenting Stress Index Short Form (PSI-SF)*: PSI Short Form (PSI-SF) The PSI-SF items represent three broadly defined latent constructs with 12 items each; parental distress (PD-SF), parent–child dysfunctional interaction (PCDI-SF), and difficult child (DC-SF).
  - PD-SF (items 1–12); PCDI-SF (items 13–24); DC-SF (items 25–36)Items 1–23 are scored from 1 (strongly agree) to 5 (strongly disagree) with 3 (not sure) the midpoint. The response format for item 24 ranged from 1 to 5 (“I feel that I am a very good, a better than average, an average, a person who has some trouble being, and not a very good at being a parent”).
3. *The Index of Sojourner Social Support (ISSS; Ong & Ward, 2005)*: Scoring: The instrument can be scored as a single factor index of social support by summing all item scores. Alternatively, scores may be calculated for the Socio-emotional Support (items: 1,4,6,7,9,11,14,16,17) and the Instrumental Support subscales (items: 2,3,5,8,10,12,13,15,18).

Response options: (1) No one would do this 2) Someone would do this, 3) A few would do this, 4) Several would do this, 5) Many would do this.
4. *Personal Resource Questionnaire Part 2 (PRQ85)*: Part 2 of the PRQ is a 25 item scale based on the five dimensions of support: worth, social integration, intimacy, nurturance, and assistance. Each item's response is scored on a 7 point Likert scale with scores ranging from 25 to 175, higher scores indicating higher levels of perceived social support.
5. *Proactive Coping Inventory (PCI) - Instrumental Support Seeking Subscale*: The Proactive Coping Inventory (PCI) is a multidimensional measure of coping, wherein higher scores indicate increased coping. Participants indicate the truthfulness of statements in each subscale on a scale of 1 (not at all true) to 4 (completely true). The Instrumental Support Seeking (8 items- possible score ranges from 8-32), focuses on obtaining advice, information and feedback from people in one’s social network when dealing with stressors.

#### *APPENDIX E: SUPPORT MEETING FEEDBACK GUIDE*

1. Did any of the facilitators have contacts with the missing participants?
2. What types of support were provided by peer and professional facilitators?
3. What kind of support was exchanged/ reciprocated among group participants i.e. given and received?
4. What did participants learn from other members of the group and from peer and professional facilitators
5. Was there any comparison of challenges and coping strategies among group members? Describe.
6. What were the roles of peer and professional facilitators?
7. What did the participants find most interesting in this session?
8. What were some of the things that helped participants engage in the discussion?
9. What were some of the barriers to participation?

#### *APPENDIX F: POST –TEST FOCUS GROUPS INTERVIEW GUIDE*

1. Did this support group help to meet your support needs? Please describe.
2. Tell me about any changes in your relationship with your family, friends and neighbors since you have been taking part in this support program.
3. Did this support program affect the way you cope with stressful situations/challenges in your life?
4. Many refugee newcomers feel alone or isolated at times. If you had feelings of being alone, did the support group change these in anyway?
5. Did you talk with any members of the group outside the support group sessions? If so, how many? How often do you plan to keep in touch with these group members?
6. What other support services did you use in the past 12 months?
7. What was the best thing about your experience in the support program?
8. Tell me how this support program was helpful/unhelpful to you?
9. What changes could be made to improve future programs of support for refugees from Zimbabwe/Sudan
10. Do you think that refugee newcomers would prefer to use technology such as computers and smart phones and social networks, for example, Facebook?



## *APPENDIX G: IN-DEPTH INTERVIEW GUIDE FOR PEER-HELPERS AND PROFESSIONAL FACILITATORS*

1. What are your impressions of the group? What went well? What didn't go so well?
2. What support did you provide?
3. The refugees in the group:
  - Did any participants know each other prior to the group? Please describe the effect on the group.
  - What are some stressors that these refugees face in their life?
  - What is their home and social/community environment like? Supportive? Not supportive?
4. Please talk about attendance of participants? Challenges the participants faced in attending the group? Were there follow-up phone calls to those who missed sessions? Suggestions of ways to enhance attendance? What helped the participants to finish the group?
5. Can you comment on the structure of the program? How about the content of the program? Can you comment on the different components of the program?
  - Information/education provided
  - Support from peers, Support from facilitators
  - Group discussions
  - One-on-one support in person and by phone
6. What did these refugees in your group want to talk about? (challenges, coping strategies)
7. Did the participants ever approach you outside of the group for support or other reasons?
8. Was the support provided in person and/or by phone?
9. Please describe the limitations of this support program. What should be added to the program or changed, if anything?
10. How did you find the program's length? Number of sessions and amount of time per session?
11. How did the peer helper and professional facilitator team work out? How could we better support you?
12. Please describe the support provided to you by the project team? How could we better support you? What are some obstacles and challenges faced?

## *APPENDIX H: IN-DEPTH INTERVIEW GUIDE FOR PARTICIPANTS*

1. Tell me about the support group. What did you like best? What other things did you like? What didn't you like?
2. How did professional facilitators help you
3. How did peer-helpers help you? What could they have done better?
4. Did you ever talk with a support person one-on-one? Was that helpful?
5. Do you think differently now about your situation as a newcomer following the group?
6. Do you think the amount and type of support you are getting is different from when you started the group?
7. Were the people in your life affected by your joining this group? Did anything change in your community (e.g. accessing services)? Were the people in your life supportive of you being in this program [family members, friends, neighbors]? How?
8. What was helpful about being in a support group or one-on-one support setting? What did you not like about being in that setting?
9. Do you/did you talk to anyone from the group, outside of the group setting? Can you tell me more about that? Please describe
10. The information
11. Support from peers/helpers
12. Support from professional facilitators/peer-helpers
13. Support from other group members
14. support from peer individual
15. Is there something else that you would have liked to have done?
16. What do you think of the length and number of group sessions, and how often they were offered?
17. Can you describe any difficulties you had attending the weekly group sessions? What changes would you suggest to help refugees attend support groups?
18. Would you recommend this program to other refugees?
19. Would it be helpful to receive support by phone or on line using a computer, if so why?