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Factors supporting settlement among Syrian refugee women: A longitudinal participatory action research study

Research Paper

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ABSTRACT

Introduction: Over 13 million Syrians have been forcibly displaced since the start of the Syrian civil war in 2011. In response to this humanitarian crisis, several high-income countries have settled thousands of Syrian refugees. In Canada, over 50,000 Syrian refugees have resettled through varying resettlement programs. Half of the refugees are women who are mothers or of child-bearing age, and who experience numerous health disparities. This article reports findings from a larger, Canadian-based study inquiring into the factors supporting and shaping the settlement and integration experiences among women who are Syrian refugees and mothering. **Methods:** A longitudinal intersectionality-framed participatory action approach was initiated through multiple meetings with a diverse range of non-profit community organizations focused on refugee health and settlement. Through these meetings, sustainable relationships were formed, and trust was built toward further engaging with the Syrian refugee mothering women population. A core group of 4 women were employed as peer research assistants and were integrated across research processes. **Results:** In total, 40 Syrian refugee mothering women participated in this study. Six themes emerged from data analysis of their lived experiences of resettlement. Four of these themes are published elsewhere. We focus this article on two of the six key findings: harnessing strength-based capabilities, and peer research assistant experiences. **Conclusions:** The two findings described in this article convey facilitators that add to understanding influences on the mental well-being of Syrian refugee mothering women. Unique to this study is the novel integration of peer research assistants and a model of support which contributes to an ethical and inclusive approach to understanding lived experiences among refugee women. This article highlights how this model benefits the peer research assistant and promotes community engagement among women.

KEYWORDS

Participatory Action Research; Peer Research Assistant; Refugee; Women

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BACKGROUND

Forced displacement is an extensive and widespread phenomenon experienced by millions of women globally. Defined as being coerced or involuntarily migrating away from their homes (Kassam, Butcher & Marcellus, 2022; Reed, Ludwig & Braslow, 2016), forced displacement addresses the interplay of

voluntary and forced movement to capture migration complexity. Causes of forced displacement are linked to war, persecution, and climate change (Abel et al., 2019). At least half of all women are subjected to varying forms of sexual and gender-based violence



during their forced migration journeys (London School of Economics British Politics and Policy, 2021).

Although multiple crises have occurred within the past decade causing widespread displacement, the on-going civil war in Syria that commenced in 2011 has been declared internationally as one of the worst humanitarian crises in history (United Nations, 2022). Trauma and violence associated with experiencing the Syrian war is linked to mental health concerns among women including depression, posttraumatic stress disorder, and anxiety-related (Aburas et al., 2018; Al-Shagran et al., 2015; Kubitary & Alsaleh, 2018; Rizkalla & Segal, 2018; Rizkalla & Segal, 2019; Yasmine & Moughalian, 2017).

More recently, women who are Syrian refugees experience mental health concerns disproportionate to women within host countries due to impacts of unemployment, financial stress, separation from social support circles and xenophobic attitudes of host country citizens (Rizkalla et al., 2020). Implications of these impacts include furthered social disconnectedness, women being pushed into impoverished living conditions, substance abuse, and domestic violence (Fazel & Betancourt, 2018; Flanagan et al., 2020; Kassam, 2019). Examples of mental health issues commonly experienced by women who are refugees include depression, posttraumatic stress disorder, and anxiety-related concerns (Guruge, Roche & Catallo, 2012; Kubitary & Alsaleh, 2018; Rizkalla & Segal, 2018).

In addition, war trauma and violence as well as displacement can affect the general mental health of women who are refugees and mothering leading to higher rates of negative parenting behaviour (Guruge, Roche & Catallo, 2012; Sim et al., 2018). These include psychosomatic physical symptoms such as insomnia, hyper vigilance, and emotional ambivalence and detachment (Bonilla-Algovia, Rivas-Rivero, & Vázquez, 2020; Guruge, Roche & Catallo, 2012). As a result, the intergenerational effects of such mental health sequelae of include poor psychosocial outcomes among children (Sim et al., 2018). While multiple barriers exist that hinder women in her pursuit to settle after being displaced by the Syrian war and exposed to conflict-related trauma and violence, this study focuses on facilitators

that support mental well-being within the Canadian context.

Situating Refugee Populations in Canada

Being a high-income country that is diverse in-migrant status, culture, and race, Canada is recognized globally as settling over 700,000 refugees in the past 40 years (United Nations High Commissioner for Refugees, 2019). Further extrapolation of current migration trends shows that the immigrant and refugee population in Canada is predicted to grow to over 11.1 million by the year 2031 (Hudon, 2016). Many refugees settle within Eastern provinces including Ontario and Quebec, with the first most refugee-populated city being Toronto. British Columbia (BC) is a Western Canadian province where the second most refugee-populated city of Vancouver is located. Within this gateway city, diverse communities with low-cost, affordable housing are where refugee families settle. These include Surrey, Burnaby, and Coquitlam where over 6000 refugees have resettled between 2015 and 2020 (British Columbia Refugee Hub, 2020; Immigrant Services Society of British Columbia, 2014).

Canada is among the few high-income countries to respond to the Syrian crisis by settling 60,795 people between 2016 and 2021 (Government of Canada, 2022; The World Bank, 2018). Data from 2019 reflects half of all Syrian refugees as being women (Government of Canada, 2019). A closer look at this data further reveals that most of these women were of reproductive age, arrived with young families, or were pregnant and in need of perinatal healthcare (IRCC, 2021). Although Canada is home to diverse cultural groups with varying migrant statuses and histories of forced displacement, minimal knowledge focused on Syrian refugee mothering women's lived experiences of resettlement exists (Guruge et al., 2018; Stirling Cameron et al., 2022). Further scans of current literature reveal disproportionate experiences of health issues among women who are mothering and living with refugee statuses.

Specific to the Canadian context for example, perinatal health outcomes among women who are refugees include higher rates of HIV, limited prenatal care, poor social support, abuse, higher caesarean section rates and low birth weight infants (<2500g)



(Kandasamy et al., 2014). Additionally, for more than a decade, we have known that women with refugee status are at higher risk for perinatal mental health concerns (Alvi et al., 2012; Stewart et al., 2008; Sword et al., 2006; Zelkowitz et al., 2004; Zelkowitz et al., 2008; O'Mahony, Donnelly, Raffin Bouchal, et al., 2012; O'Mahony et al., 2013).

While the health of women who are mothering is a global health priority (World Health Organization, 2022) the body of knowledge specific the social and mental well-being of women who are mothering and forcibly displaced is limited. Structurally, women are marginalized through forced displacement and further disadvantaged by multiple forms of interpersonal and structural violence including racism and experiences of trauma. For example, women inequitably experience fragmented access to settlement services primarily due to underfunded woman-centered settlement programming (Canadian Council for Refugees, 2019). When such programming inequities exist, social integration is compromised, racialization perpetuates, and health issues go undetected (García, 2017; Racine, 2009).

Summary of Larger Longitudinal Study

This article is a discussion of specific findings stemming from a larger longitudinal study that explored experiences of accessing social and health care services in BC communities where large populations of refugees have settled. 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 the Canadian context. Using a longitudinal intersectionality-framed participatory action research design, Syrian refugee mother's perspectives on social support during various phases of resettlement were explored. Peer Research Assistants (PRAs) worked collaboratively to champion the research process. Forty Syrian mothers were recruited by PRAs and participated for 18 months. Data sources included in-depth interviews, monthly diaries, and telephone conversations with participants. Data analysis was guided by Braun and Clark (2006) steps to explore patterning and meaning. The QSR NVivo 12 program also assisted in the analysis and in management of the data.

Six themes were generated in total within the larger study. Four of these themes published separately included: (1) Steps in the Migration Journey; (2) Pathways to Integrated Care; (3) Social Determinants of Refugee Health; and (4) COVID-19 Pandemic Impacts and Ongoing Resettlement. The two themes being focused on within this manuscript are: Harnessing Strength-Based Capabilities of Syrian mothers, and Peer Research Assistant's Research Experience.

Integrating Peer Research Assistants

A unique aspect of this study was the emergence of a PRA model (Correa-Velez & Onsando, 2009; Elliot et al., 2002). Application of such a model aligns with social justice intentions of disrupting power imbalances in and between the research team, peer research assistants, and participants. Ways in which this model addresses power dynamics include situating PRAs within the research as experts of their culture, language, and lived experience of being a Syrian refugee mother. Reciprocal learning is a value emphasized throughout the research process within interactions with PRAs as well as with participants. Employing the PRA model enhanced access to populations that are hard-to-reach and come from authoritative contexts where mistrust in organizations is common (Elliot et al., 2002). For example, populations immersed in militaristic, oppressive political regimes and war-torn countries where authoritarian practices prevail are more prone to suspicion leading to reticent tendencies (Fink, 2001; Hynes, 2003). Refugees are one such population.

As Hynes (2003) emphasizes, refugees endure processes of mistrusting institutions. While grand narratives of settlement center around ideas of smooth transition, realities of settlement include heightened suspicion of government agencies, especially in high-income countries where policies continue structural marginalization (Hynes, 2003). Partnering with community members who are already trusted by a refugee population is thus an ethically essential step toward interrogating generalizations around refugee settlement while also protecting participants' rights and avoiding inequitable, coercive power relations (West, 2020).



Drawing on Elliot et al. (2002), the peer researcher model involves working with members of a population group which researchers are interested in further exploring. Inviting members of these communities to share their stories of oppression as well as contribute to guiding the research process are central to the PRA model (Elliot et al., 2002). Consequences of collaborating with community members have been cited as beneficial across the spectrum of team members (Israel et al., 1998; Kaida et al., 2019). Benefits of engaging in a PRA model include capacity building, reciprocal learning including women having opportunities to build on literacy skills and researchers having opportunities to build on cultural safety skills, engaging with women that are commonly harder to access, and strengthening community partnerships (Elliot et al., 2002; Kaida et al., 2019).

Applying the PRA model among refugee populations is an emerging approach to social justice-oriented research inquiries (Bakunzi, 2018; Guruge et al., 2015; Kreiger, 2002; Minkler & Wallerstein, 2003), and minimal attempts have been made to incorporate such a model that specifically targets refugee women (Stapleton et al., 2013). However, women who are refugees are optimal community members that can assist with tapping into minimally inquired issues such as mental health and well-being. Culturally, women who are refugees are drawn to social exchanges of knowledge and information (Clark, 2018; Kassam, 2019). Thus, women as peer research assistants have capacity to unearth stories centered on mental well-being as well as social issues that often remain silenced such as gender-based violence and experiences of poverty (Kassam, 2019). This study thereby contributes to a much-needed emerging body of knowledge that center on women who are refugees and mothering and who contributed to the research process through their PRA roles.

Conceptualizing Support for Peer Research Assistants

Involvement of PRAs within this study was critical to generating a rigorous and authentic research process. Taking an ethical approach to working with PRAs meant ensuring support measures were in place for PRAs throughout the research journey. Prior to

engaging with PRAs, a literature review was conducted that focused on practical supports PRAs needed. The review resulted in a model consisting of five interrelated principles: (i) providing education, (ii) building capacity, (iii) navigating contexts, (iv) providing support, and (v) communication. As seen in [Figure 1](#), this model was drawn on to ensure PRAs were supported in their role.

Education was provided in two distinct ways: episodic, and ongoing. As advised by several researchers (Gabriel, 2013; Guta et al., 2014; Peterson et al., 2017), episodic education consists of delivering training that provides chances to develop and share transferable skills. Episodic education occurred within this study through delivery of training to PRAs over the span of two days. However, ongoing education is also advised to illicit opportunities for role reflection and feedback on the research process. Ongoing education (Canadian AIDS Society, 2015; Guta et al., 2014) was also built into this study through pairing PRAs with research team members and engaging in frequent informal discussions with PRAs around role clarification as well as strategies on how to continue engaging with participants. While capacity building occurs within education provision, it was also a relational and reciprocal process within the PRA research process.

Drawing from the literature (Canadian AIDS Society, 2015), relational capacity building was carried out by research team members through accentuating strengths demonstrated by PRAs within their work with participants as well as their contributions within team meetings. Reciprocal capacity building was also built into the research process where PRAs had opportunities to share knowledge from their lived experiences of being Syrian refugee mothering women. Adopting Guta et al.'s (2014) approach, reciprocal relationships were fostered in multiple ways including being available to PRAs through varying communication modes, as well as providing reference letters and resume advice toward advancing PRA's integration into society.

Support was conceptualized by providing opportunities for mentorship and participation in decision making (Guta et al., 2010; Guta et al., 2014; Peterson et al., 2017). Relationship-building was prioritized by research team members during initial



engagement with PRAs. Over time, invitations to lead recruitment and data collection as well as provide ideas on knowledge mobilization activities were enthusiastically accepted. Compensation was also a form of support recommended within the literature and provided to PRAs within this study (Canadian AIDS Society, 2015; Gabriel, 2013; Guta et al., 2014). Navigation of the political, socioeconomic, and cultural context was a reciprocal area of engagement between the PRA and research team member.

As Marlowe et al. (2015) describe, the socio-cultural and political context of refugees influences integration into any community and needs to be considered. In this study, the diversity of language and culture within Syria was discussed with PRAs during preliminary research team meetings. To ensure inclusion of participants, PRAs were attuned to recruiting women who were from varying geographical and cultural areas of Syria. However, to also ensure PRAs were comfortable with varying political perspectives among participants, research team members kept close contact with PRAs and integrated debriefing processes after interviews took place.

Communication was a continuous process using varying means throughout the study. One means of communication that was encouraged among PRAs was journaling (Guta et al., 2014). While this form of communication was a way for PRAs to practice their English literacy skills, it was also a space for PRAs to communicate their journeys within the research process through art and calligraphy. Communication was also supported by clarifying words, Western rhetoric, and colloquial expression. However, it is essential to highlight that PRAs also supported research team members in understanding the diverse Arabic and Kurdish verbal and non-verbal communication approaches which enhanced research team members in data collection.

STUDY AIMS

The overarching research question that guided this study was: What do Syrian mothers perceive as supportive to their integration process in BC. Aims of this research included: (a) to increase understanding contextual influences that shaped Syrian refugee mothering women's experiences of accessing health

care; (b) to be attentive to the experiences of accessing services related to mental well-being; and (c) to employ research activities that were inclusive and framed by intersectionality as an analytical tool.

METHODS

Research Design

This study employed a longitudinal research design using participatory action research approaches. The longitudinal aspect of this design included following up with participants over an 18-month period. This study also drew on community-based participatory action research principles where partnerships with non-profit agency stakeholders were incorporated into the research process. This included development of a community advisory board (CAB) with these agencies who provide settlement services to refugee populations including women and mothers. This study also drew on intersectionality-framed ethnographic principles of collecting and analyzing data within the context of Syrian women. Specifically, critical ethnography fostered situating data collected within the cultural milieu of Syrian refugee mothering women (O'Mahony, Donnelly, Este, et al., 2012).

Theoretical Approach

Intersectionality as described by Patricia Hill Collins and Kimberlé Crenshaw was applied as a critical analytical tool to facilitate data analysis toward capturing experiences within the axes of gender, migrant status, race, and socioeconomic status (Collins, 1993; Crenshaw, 1991). Further articulations of intersectionality were also drawn on toward disrupting inequity among under researched populations (Collins, 2019; Kassam et al., 2020). This study adds to a small body of inquiry that innovatively applies intersectionality as an analytical tool to participatory action research methods toward deconstructing structural processes of oppression.

Participants and Study Setting

This study took place in the Western Canadian province of BC between 2019 and 2021. Four women who were Syrian refugees and mothering were recruited through a non-profit organization settlement service stakeholder, DIVERSECITY



Community Resources Society, who provided programming centered on mothering refugee women and their children. These four women extended agreed to participate in a dual role of participant role as well as PRA role. All four PRAs were between the ages of 21 and 30; three PRAs had three children each and one PRA had 2 children; all PRAs had been living in Canada for less than 5 years as government assisted refugees; all PRAs self-identified as Muslim; and all PRAs were married. All four PRAs were provided with episodic and on-going training and support in their roles. Through snowball sampling, these PRAs recruited a total of 40 participants who lived in communities highly populated with Syrian refugees. Most participants were from the government assisted refugee program (n=36), while the remaining experienced the privately sponsored refugee program (n=4).

All participants self-identified as being Muslim. Snowball sampling was the preferred sampling approach to foster access to the newly arrived community of Syrian women. This approach to sampling also provided PRAs to use their discretion in recruiting participants which promoted trust-building between each unique Syrian woman and the research team. PRAs recruitment of participants included awareness to meet the inclusion criteria.

Initial CAB meetings took place at DIVERSEcity Community Resources Society. These meetings included community stakeholders and female members of the Syrian community who guided development of aims and research processes. Among the CAB was a translator who was available for interpretation and translation needs during meeting times and PRA training. Once recruited, participants were given the option to being interviewed at a location of their choice. All participants chose to meet at their homes.

Research Process

A symposium was held to engage with non-profit organizations, government and non-government stakeholders, and healthcare professionals interested and engaged within the mental health well-being of women who were Syrian refugees and mothering. Members of the Syrian refugee community who were women and mothering were also invited. Through

this symposium, the CAB was established. The research team was introduced to Syrian refugee women by CAB members. In turn the Syrian refugee women were invited to assume a PRA role within the research process. Informed by a literature review conducted on integrating PRAs into research, training modules were developed and provided over the course of two days. PRAs were paired with a research team member who provided ongoing support throughout data collection, data analysis and knowledge mobilization activities. Participants were recruited by PRAs who used snowball and purposive sampling methods. All participants were Syrian refugees and mothering living in Canada for less than 5 years.

Data collection methods included gathering sociodemographic information through questionnaires, gathering settlement stories through individual interviews, and conducting two focus groups. Interview questions were refined in collaboration with PRAs for cultural appropriateness and meaning. Interviews were conducted by the PRA-research team member dyad in the participant's chosen language. PRAs led the interview process assisted with interpretation with participants who were not fluent in English. All participants consented to interviews being audio-taped. All interviews were conducted in-person before the COVID-19 pandemic. However, with this study being a longitudinal design, follow-ups were conducted between remotely for 18 months by PRAs through a combination of collecting participant's written diary entries, phone calls and text messages with participants. These follow ups focused on participant thoughts and feelings.

Data analysis was conducted concurrently with data collection. Intersectionality as an analytical tool informed reflexive analysis toward six emergent themes. Transcripts were coded to identify themes and a codebook was established. Codes were refined and built upon as data was generated. Research team meetings were held during analysis to discuss emergent themes. PRAs were involved in verifying themes through member checking processes throughout data collection and analysis.

This study was reviewed and received ethical approval by Institutional Review Boards associated with Thompson Rivers University and the University of Victoria (UBC REB # H19-02321). Written informed consent was obtained in Arabic and/or English from all participants.

RESULTS

Through collaborations with community-based organizations including DIVERSEcity Community Resources Society and through the four PRAs and their connections with the Syrian community, 40 women who were Syrian refugees and mothering were recruited and followed for 18 months. Of the six themes that emerged from data analysis, four of these themes are reported separately. This article focuses on the following two themes: harnessing strength-based capabilities, and PRA research experiences.

Harnessing Strength-Based Capabilities

Participants in this study enacted processes that enhanced their mental well-being through harnessing strength-based capabilities. Women leaned upon these strengths to support their well-being within their settlement experiences. These strengths included caring for self and others and engaging with mental well-being.

Caring for Self and Others

Participants expressed exercise, volunteering, connecting with other women and participating in cultural and spiritual practices as central forms of caring for self and others. Once participant voiced how exercise helped manage her feelings:

"I love to [exercise] when I'm, I feel like I'm down I just go out and walk alone by myself,"

In engaging with her feelings of being down, this participant voiced her coping mechanism as walking, despite doing so in isolation. Exercise was also expressed as a form of ensuring feelings of fitness and satisfaction with one's appearance. However, exercise was also seen as unattainable due to being

"very busy" in being the sole caregiver for her children.

Volunteering was also expressed as a coping mechanism that fostered caring for self. A symbiotic relationship with volunteering was described by one participant where caring for others facilitated happiness and a form of self-care.

"I also started volunteering with children in preschool. I am so happy, I love kids and I love to be around them,"

Tapping into her interest in childcare provision, this participant engaged with her strengths while also provided community service which thereby enhanced her mental well-being.

Connecting with other women who were Syrian refugees and mothering was described by participants as an integral way of nurturing their spirit. One research team member documented in her field notes:

"She talked about the importance of having friends in Canada. She was very sick last month and she found herself surrounded by her friends and they were giving her the support that she needs,"

The upliftment of being connected to others of the same gender and culture was a strategy that fostered women to also feel connected to their home country. This was illustrated in a participant's comment: "When I see them I feel that I close to my country."

Participants in this study described their connection to their religion and to their cultural traditions as significant sources of strength to draw upon during their settlement experiences. Religion was described by participants as their connection to God and was discussed within contexts of being challenged and needing existential support toward enhancing their mental well-being. For example, one participant stated: "I've tried to be closer to my God, pray to him give me patience." Similarly, another participant articulated how her connection to religion provided her with the peace she was needing to cope with her settlement experiences: "The most helpful strategy to calm myself nowadays is praying, being close to God."



Many participants described their concerns regarding how their children were integrating into Canadian society. Specifically, participants highlighted their worries over their children losing their cultural practices and traditions. One PRA described a participant's fear over her child's wish to discontinue wearing her cultural headwrap (hijab) to fit in with her school peers:

"She said that she began to fear for her children's thoughts after her daughter asked her to remove the hijab because she thinks that her schoolmates do not want to play with her just because she wears the hijab even though she has worn it for more than 2 years. She said that she does not force her to wear it, but what bothers her is that her daughter wants to remove it only to fulfill the desire of others without paying attention to anything else,"

Participants voiced their concerns over their children losing cultural practices such as the hijab to socially integrate. However, participants also described observing fasting during the Muslim holy month of Ramadan as a practice that was also challenging to support among their children.

Engaging with Emotional Wellbeing

Participants harnessed engaging with their emotional wellbeing as a strength toward coping with settlement experiences. In doing so, many participants employed two main strategies: positive thinking and expressing-suppressing emotions.

Positive thinking among participants meant being the strong member of the family. Holding this position of strength was especially significant among those who were separated from family support and from those who's partners were unwell. One participant described her situation as follows:

"For my kids I have to be strong because my husband sometimes sick, I don't have family to help me,"

However, women embraced this role of supporting the family needs. One PRA noted the following about a participant and her new responsibilities upon arriving to Canada:

"I asked her about how does she feel with this pressure because of these responsibilities [shopping, doctors' appointments, kids' meals] she answered without thinking: "I feel that this is my duty towards my family,"

Participants also described how positive thinking fuelled holding this position of strength. One participant stated: "Yes always talk about only the good things because once you start talking about the bad things you feel bad, you feel like sad." The notion of talking about 'good things' included having freedom of choice here in Canada as well as being able to focus on the future. For example, one participant vocalized the ability to choose now that she was in Canada:

"The freedom keeps me strong. . . Yes, you have your own choice so nobody force you whatever like you have to do that because, yeah, I, I want same experience."

Whereas one PRA described the strength one participant found in focusing on her positive future:

"She talked about her own life that she is for the first time in her whole life started to look after herself she changed her mind of just staying home and taking care of her children. She wants to complete her study and find a good job that will provide her with her own income so that she can feel independent."

Participants voiced thinking positively about new opportunities to participate independently in society and contribute to building a thriving life.

Expressing-suppressing emotions was another strategy participants used in this study to engage with their emotional wellbeing. While assuming a position of strength within their families during times of stress and upheaval as mentioned previously, participants also acknowledged the stress and exhaustion that accompanied this role. Many participants also expressed sadness and depression from the trauma of leaving their homes and being separated from 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.”

In having the capacity to express these emotions, participants felt strength. When asked if there is anything that would help her feel better when she felt stressed, one participant answered: “I just cry a little bit like I feel relief.”

However, many women also voiced needing to suppress their feelings for the sake of their family’s happiness. For example, one participant described how her emotions reflected on the emotional well-being of her family:

“I try in various ways to hide any despair inside me I do not want to reflect on my home and my children. When I smile, all my family smiles. Same when I am sad, all my family is sad,”

Participants described preferring to reveal their sadness to friends rather than to family members to foster happiness and strength with their children. Managing emotions through either expressing or suppressing them was described by participants as a strength that facilitated their settlement experiences.

PRA Research Experiences

A second theme that emerged from this study was the experiences voiced by PRAs involved in this study. Within these experiences, three main developments occurred: navigating data collection, enhancing settlement processes, and channelling PRA strengths.

In the first development, PRAs own settlement processes were enhanced in multiple ways. First, PRAs felt their confidence increased in assuming the role of a research assistant. PRAs felt useful in contributing to a purpose that would enhance the well-being of women. When asked if she felt more confident in being a research assistant after completing several interviews, one PRA answered: “Yes with your support.” Another PRA replied: “I am very grateful that I have this job with... Talking to people is a very useful at this time. Useful for me and for them.” Usefulness of being part of the research process to the PRAs included feeling like their own stories were not as challenging as the others they had

listened to within data collection. For example, one PRA stated:

“Some time when you heard from the other, or like, you think about your own story, or like you say...oh, I’m not the only one whose hurting or like, whose in pain. Yeah, there’s another story like, worse than mine.”

PRAs found being part of this study as a member of the research team was a symbol of moving their lives forward toward independently supporting themselves. Becoming financial contributors within their family and within society was voiced by PRAs as foundational to their settlement process. One PRA stated: “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.”

However, PRAs also needed to juggle the demands of their lives which impeded their settlement journeys. Finding safe and affordable housing that was conducive to raising their families was a priority that. Negated by lack of housing availability, unsafe housing environments, and xenophobic landlords, most PRAs moved several times during the research study. In sharing her story of needing to manage her role as PRA while also coping with her housing and family issues, one PRA described the need for space to take care of her needs:

“This month I have a problem. I have a water leak in the house. Now the owner of the house gave me permission to get out of it. Also, I am tired, so I don’t want to talk to anyone and I am tired if I can talk to them next month. I know it is my work and I have to commit and take responsibility for my work, but I am really tired. Thank you for your understanding and support.”

Relationship-building embedded throughout the research process prioritized mitigation of power imbalances between research team members and PRAs. Consequential to such prioritization was an emphasis on open communication where trust and respect was built over time leading to PRAs comfort in sharing their ever-changing personal circumstances. PRAs demonstrated appreciation in



receiving support from the research team in managing their own settlement journeys while also wanting to further their own goals of becoming independent women.

A second development within PRA research experiences was navigating collection of data. While PRAs led most of the in-person interviews, they also continued engaging with participants for 18 months to follow their experiences of mental well-being. This follow-up entailed collection of participant's monthly diary entries. However, most of the PRAs found it difficult to encourage participants to write monthly updates. One research team member documented the following in her field notes:

"[PRA] tells me that this month many of the participants are having difficulty writing in their diaries. A few say that they just feel tired of writing and have nothing to write about."

One reason PRA's provided in why participants were not writing was due to not having anything new to say and saying the same thing as the months previous. However, another PRA voiced that the relationship between the participant and PRA also influenced the interaction. For example, one PRA stated:

"If like, [the PRA and participant] are not friends...they won't give you anything. They just keep giving you the same thing."

Building relationships with participants was prioritized and cultivated within the longitudinal study design. Consequential to this design was the opportunity for PRAs to build trust with study participants. For example, regular monthly follow ups that occurred over a span of 18 months allowed relationship-building over time. Facilitating building of trust over this period included the use of follow-up questions PRAs co-constructed with research team members. These questions were open-ended and provided space for study participants to reflect on the broader contextualities influencing their well-being.

However, research team members needed to be sensitive to the sociopolitical diversity of participants and the potential for discord due to opposing sociopolitical views stemming from the Syrian war.

One PRA opened to her research team partner about a participant that she could no longer follow due to their conflicting political views. Although the participant was given the option to continue in the study through a different PRA, the participant declined participation and voluntarily withdrew from the study. The PRA felt supported in her ability to debrief and stay in close contact with her research team members. The process of PRAs opening to their research team partners was consequential to the prioritization of relationship-building. Central to this process was development of mutual trust and respect as well as reciprocal capacity building.

Within this development of navigating data collection was the PRAs experiences of managing the COVID-19 pandemic. Data collection during the pandemic posed challenges as it became more difficult to engage with participants. With children staying home with participants due to public lockdowns, participants had less time to connect with PRAs to fulfill childrearing and homeschooling duties. While most PRAs found it harder to collect data with those participants who preferred in-person conversation, PRAs also found talking to people during pandemic lockdowns helped with isolation. For example, one PRA stated: "Talking to people is a very useful thing in this difficult time."

A third development within this theme of PRA research experiences was channelling PRA strengths. Within team meetings, PRAs described their understanding of connecting with participants as talking to them "like sisters." Thus, PRAs brought strong relational strengths to the research study that facilitated recruitment and data collection. This strength was enhanced by PRA's experiences of being driven by social networking. For example, one PRA described herself as needing social connections as part of nurturing her own well-being:

"I'm a big social person. So like, I love love to connect with people love to talk with them."

Identifying social connectedness and having a passion for connecting with others were experiences within the PRA role that contributed to their own mental wellness and settlement journeys.



DISCUSSION

This study has contributed to furthering understandings around the mental well-being among women who are refugees and mothering in at least three ways: pursuing independent lives, religion and culture as significant support systems, and relationship building as elemental to establishing community connections. Contributions of this study also focus on the facilitators experienced by women who are Syrian refugees and mothering that supported their settlement journeys.

Many women who are forced to migrate are pushed into powerlessness and dependency upon others including male counterparts and their children. Quatranji et al., (2020) support this in their study exploring women who were mothers and refugees from Syria and their experiences of healthcare access and utilization. These researchers found that such dependency on male family members limited social integration and impacted access to healthcare services. Other studies have found that dependency among women who are refugees also increases rates of interpersonal violence and susceptibility to mental health disorders (O'Mahony & Donnelly, 2013).

This study highlights facilitators that negate social isolation and enhance independence. These included volunteering whereby contributing to society was a primary aim within participants' settlement experiences. Volunteering as a strategy that promotes community integration among refugee women is supported within the literature (Wood et al., 2019). However, this study expands this knowledge by emphasizing the need for women who are mothering and refugees to be engaged within volunteering opportunities.

Participants in this study also found comfort within their religious and cultural practices. This is supported within the literature where many women who are mothering and refugees, including those from Syria, find religion and culture as a source that nurtures spiritual and mental well-being (Ahmed et al., 2017; Kassam, 2019). Expanding on this source of coping, participants in this study found it fundamental for systems to support their children in the practice of their faith and culture. Although facilitating social integration among women was focused on within this

study, participants emphasized the need for cultural and religious inclusion to promote sustaining their children's Syrian and Muslim identities. A paucity of research exists that focuses on the role of religious and culture within the context of gender and forced migration (Eghdamian, 2017). However, Eghdamian's (2017) inquiry into the experiences of cultural and religious minorities among Syrian refugees living in Jordan found many feeling isolated and excluded due to religious and cultural differences. This study thereby illuminates the need to expand systemic inclusion efforts to involve cultural and religious identities of women who are mothering and refugees as well as their children.

Relationships with people outside of their family members were described as valuable to participants in this study. This finding is supported by literature that highlights how friendship is an important social asset within the context of refugee populations where families are fragmented by forced displacement (Mortensen, 2019). Current literature demonstrates strong social ties that were relied upon premigration include kinship ties involving family members (Green, 2019). However, this study displays a different perspective where Syrian mothers relied more on friendship to channel their emotions. Stirling Cameron (2022) support this perspective in their study where support provided by friends who were similar in culture or religious background replaced previously provided kinship-centered support. This study extends this understanding of social support where Syrian refugee mothers chose to discuss negative feelings to non-family members to sustain feelings of happiness and positivity among their children and spouses.

This study also highlights relationship building as valuable research evidence that integrates PRAs into research processes in a rigorous way that reinforces reciprocal capacity building. As Mackenzie et al. (2007) claim, the responsibility of ensuring a respectful relationship with refugee communities should be shouldered by researchers. This includes engaging with diverse perspectives, understandings, and lived experiences to build a foundation of trust and support (Mackenzie et al., 2007). Investing time in developing this foundation was a key principle within this study that fostered building capacity among the PRAs toward enhancing their settlement



experiences. This study adds to an emerging body of knowledge focused on applying a PRA model among women who are mothering and refugees. Although some attempts have been made to engage women within PRA roles, challenges have been met in involving assurance of PRA health, well-being, and safety (Kaida et al., 2019).

Conversely, this study was designed to support continuous involvement of PRAs throughout the research process and invested time in developing close relationships. In doing so, the research team connected with the PRAs cultural and linguistic diversity and remained attentive to needs related to well-being and support.

IMPLICATIONS

Settlement and public health services engaged with women who are mothering, and refugees can enhance well-being and settlement through connecting women to volunteer opportunities. Connecting women to community resources is a central role among community health and social service providers (Kassam & Marcellus, 2022). One such resource recommended through this study include volunteer opportunities where childcare is also available. Examples include childcare centers, schools, and libraries where women can overcome childcare barriers through bringing their children to their volunteer activities. This implication holds potential for enhancing community integration, promoting independence, and advancing settlement efforts.

Fostering relationship building within research initiatives involving women who are refugees is recommended to all researchers. Building time into inquiries for such relational work is essential to promote understanding of varying diversities among the women who are refugees. Efforts focused on relationship building will also develop trust with refugee communities as well as ethical principles of respect and reciprocity (Mackenzie et al., 2007).

LIMITATIONS AND STRENGTHS

This study focused on the experiences of women who are mothering and forced to migrate from Syria to Canada. Therefore, findings cannot be generalized to

groups of women who are living with varying forced migrant status such as asylum seekers, undocumented, or migrant workers. Participants recruited for this study lived within urban communities. As a result, findings may not be relevant to women who are mothering and refugees living within rural contexts. Lastly, the COVID-19 pandemic impeded collection of diaries and in-person follow up while also hindering collection of nonverbal cues as data.

A central strength of this study is the novel approach to integrating women who are refugees into the research process while intentionally ensuring a meaningful and reciprocal relationship. This study thus magnifies the need for further exploring how refugees can be a critical member of research teams.

CONCLUSION

Facilitators to supporting settlement among women who are Syrian refugees and mothering included harnessing strength-based capabilities, and peer research assistants' experiences. Contributing to a burgeoning body of knowledge, this study adds to how social service and health providers can foster community integration and promote independence among women who are often suppressed by the oppressive repercussions of forced migration. Applying intersectionality as an analytical tool within this study fostered illumination of oppressions embedded within structural processes where women's experiences of self-empowerment were privileged.

Additional influences of intersectionality as an analytical tool within this study included understanding contextual forces that fostered support of Syrian women's diverse capabilities and strengths. While this study was uniquely driven by intersectionality, this study also demonstrated a novel approach to engaging in research with women who are mothering and refugees. Through presenting a unique model of supporting PRA's, this study offers researchers an approach to building PRAs into community-based methodology designs toward ethical integration and capacity-building.



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Figure 1. Peer Research Assistant Model of Supporting Integration into Research

