



AFRICAN IMMIGRANT CHILD & FAMILY WELL-BEING IN ALBERTA

FIRST STAKEHOLDERS MEETING PROCEEDINGS

UNIVERSITY OF ALBERTA
AUGUST 12, 2017

01

PRESENTATIONS BY RESEARCHERS

Professor Philomina Okeke-Ihejirika, Dr. Aisha Bruce, and Dr. Bukola Salami



02

PANEL SESSIONS WITH COMMUNITY MEMBERS

Dr. Sophie Yohani, Brian Simpson, Linda Kongnetiman, and Tesfaye Ayalew

03

FOCUS GROUPS

Community mobilization for collective action on the determinants of child health & findings of the parenting practices and mental health promotion project



SPONSORS



INVESTIGATORS

Bukola Salami, RN, PhD; Faculty of Nursing, University of Alberta

Email: bukola.salami@ualberta.ca

Telephone: 780 248 1801

Philomena Okeke-Ihejirika, PhD; Department of Women's and Gender Studies, University of Alberta

Sophie Yohani, PhD; Department of Educational Psychology, University of Alberta

Helen Vallianatos, PhD; Department of Anthropology, University of Alberta

Tesfaye Ayalew, MA; Africa Centre

Christina Nsaliwa, PhD; Edmonton Immigrant Services Association

Dominic Alaazi, PhD candidate; School of Public Health, University of Alberta

Habiba Mohamud, PhD; Partners for Humanity

ACKNOWLEDGEMENT

We acknowledge the assistance of Brittany Tetreault, Oluwakemi Amodu and Nariya Khasanova with taking notes during the event

SUMMARY OF PROCEEDINGS

In collaboration with partners and individuals from the African immigrant community, the Health and Immigration Policies and Practices (HiPP) Research Unit at the Faculty of Nursing, University of Alberta, convened a meeting of diverse stakeholders to deliberate on strategies to strengthen child and family wellbeing in the African immigrant community in Alberta. The meeting, which was the first of its kind in the province, brought together around 150 stakeholders from diverse backgrounds, including African immigrant parents, service providers, policymakers, and researchers. Funding for the event was provided by the M.S.I. Foundation, Kule Institute for Advanced Study, and the Women and Children Research Institute (WCHRI).

WHY THE STAKEHOLDER ENGAGEMENT WORKSHOP?

Available evidence, including recent research conducted at the University of Alberta, indicates that African families face parenting challenges that threaten their integration, mental health, and general wellbeing. Black and African immigrants face poor mental health outcomes in Canada, including high rates of depression (Anderson et al., 2015; Fenta, Hyman & Noh, 2004). This demographic also experiences the highest rates of poverty and post-migration stress, and black and African immigrant youth are more likely than other minority youth to be involved in gun violence, illicit drugs, and gang-related activities in Canadian cities (Maimann, 2014; Public Safety Canada, 2007). Despite these challenges, mental health remains a poorly understood concept among African immigrant communities.

Our research at the University of Alberta confirmed many of these challenges but also brought to the fore evidence of structural and sociocultural barriers to successful parenting, which is a key determinant of child mental health. Low socioeconomic status, cultural differences in parenting practices, limited awareness of mental health issues, and insufficient access to support services were found to affect parent–child relationships, parent–child communication, and ultimately children’s mental health. These challenges, we noted, persist amidst growing numbers of African immigrants in Canada and Alberta in particular. There were 492,030 African immigrants in Canada in 2011 (Statistics Canada, 2013). Approximately 11% of this population resided in Alberta, and indications are that the province will remain a popular destination for Africans preparing to settle in Canada. Addressing these parenting challenges is thus critical to improving the health and wellbeing of the growing number of African immigrant children in the province.

This meeting, therefore, was an engagement workshop, where the objectives were to:

- disseminate the findings of current research projects to stakeholders interested in the health and wellbeing of African immigrant families;
- deliberate on strategies for improving the health and wellbeing of African immigrant children and their families;
- mobilize the African immigrant community for action towards improving the health and wellbeing of African immigrant families; and
- network with allies towards addressing the challenges confronting the African immigrant community.

Speakers at the event included the Honourable Amarjeet Sohi (Member of Parliament for Edmonton Mill Woods), Mr. David Shepherd (MLA for Edmonton-Centre), and Ms. Beatrice Ghattuba (representing the African immigrant community). These speakers gave a welcome address and situated the workshop within the Canadian social policy context. The full-day event was organized into three main sessions: presentations, a panel discussion, and focus groups.

PRESENTATIONS - MORNING SESSIONS

Three professors affiliated with the University of Alberta— Professor Philomina Okeke-Ihejirika, Dr. Aisha Bruce, and Dr. Bukola Salami—delivered presentations discussing gender relations, sickle cell disease (SCD), and African immigrant parenting and mental health promotion practices, respectively. In the first presentation, “Negotiating Gender Relations among African Immigrant Communities,” Professor Philomina Okeke-Ihejirika of the Department of Women’s and Gender Studies discussed the outcomes of research conducted in 2015 with men and women of African descent who reside in Alberta. Prof. Okeke-Ihejirika noted that both men and women African immigrants experience unrealized expectations and shifts in gender and power relations that affect spousal relationships, parenting, and their perceptions of self-worth. She called for a communal healing process that draws together men, community leaders, and other relevant partners to discuss and address issues affecting African immigrant families. But also of equal importance, she iterated, is the need to develop a culturally sensitive framework for service delivery to Alberta’s African immigrant community. Such a framework, she said, should lay the foundation for service provider–community engagement and the development of informal support channels within the African immigrant community.

In her presentation, “Sickle Cell Disease among African Immigrant Children and Youths,” Dr. Aisha Bruce of the Faculty of Medicine noted that the prevalence of SCD in the African and black immigrant community is disproportionately high.

She advised that early detection of SCD in children (by age 3) and use of prophylactic penicillin can decrease the risk of developing sepsis by 84%, and extend the life expectancy of affected children significantly. Thus, newborn screening to identify children with traces of SCD is important, although such screening, she noted, is not yet routinely undertaken in Alberta. Dr. Bruce and her team of healthcare professionals are currently lobbying the provincial government to integrate SCD screening into the province's mandatory tests for newborns. But until this proposal becomes an official government policy, parents are free to request that their newborns be screened for SCD. Dr. Bruce informed workshop attendees that hematopoietic stem cell transplant (HSCT) has a potential to cure SCD permanently. She spoke extensively about the advantages of HSCT over earlier forms of SCD treatment, including a substantial reduction in risk of infertility among patients.

Dr. Bukola Salami of the Faculty of Nursing gave the final presentation of the morning, "Parenting and Mental Health Practices of African Immigrants in Alberta," which shed light on the social determinants of health and the results of recent research conducted at the University of Alberta on African immigrant parenting and child mental health promotion. She highlighted how cultural differences in parenting practices and systemic barriers to services affect African immigrant parents and their children. These challenges, she noted, have translated into poor social and mental health outcomes among African immigrant children and youth in the province. Dr. Salami therefore called for a dialogue between policymakers, service providers, and community leaders to influence policies and practices that affect parenting and child health in the African immigrant community.

PANEL DISCUSSIONS - AFTERNOON SESSIONS

At the panel discussion, presentations were heard from Dr. Sophie Yohani (Associate Professor, Department of Educational Psychology, University of Alberta), Brian Simpson (Deputy Chief, Edmonton Police Service), Linda Kongnetiman (Alberta Health Services, Mental Health Program), and Tesfaye Ayalew (Executive Director, African Centre). In her presentation, Dr. Yohani drew on extensive research to reflect on the multiple vulnerabilities of immigrant families, including in spheres such as access to employment, education, housing, and healthcare. She presented a model that can aid the wellness and integration of immigrant families. Dr. Yohani's ADAPT model, a psychosocial model of cultural adaptation developed particularly for immigrants who have experienced trauma, can be a useful tool for service providers to improve the mental health of immigrants in Canada.

Deputy Chief Brian Simpson, in his presentation, highlighted the critical importance of community engagement to the work of the Edmonton Police Service (EPS).

The EPS, he explained, is proactively building trust with communities through participation in community events and support for community-led crime prevention. The EPS also has ongoing project to train police officers in cultural safety and bias awareness to enable them engage better with the city's diverse communities. So far, community policing efforts, he observed, have yielded some success with the Somali immigrant community, and the lessons learned from this engagement have served to inform ongoing interactions with the growing Syrian immigrant community in the city.

Ms. Linda Kongnetiman's presentation depicted a real life story of how challenges of integration can adversely affect the mental health of immigrant children. Her story of a young African girl, brought to Canada from Africa at age three, demonstrated how racism and bullying can negatively affect immigrant children, degrade their mental health, and lead to physical self-harm, including suicide. Ms. Kongnetiman identified multiple examples of racism—from assault to denial of health resources and associated psychological stresses—to show how racism affects the mental and physical health of immigrant populations. She called for healthcare providers, social workers, and policymakers at all levels to prioritize and address racism as a critical determinant of mental health among immigrant populations. This, she noted, requires the development of cultural competency on the part of service providers to deliver services in a manner that accounts for different worldviews and preferences.

In his presentation, Mr. Tesfaye Ayalew identified several social determinants of immigrant health, and pointed to a need to institute appropriate policy interventions to address these determinants. In particular, he called for policies that address

- income deprivation among immigrant families;
- transportation challenges;
- the short-term nature of settlement services for refugees;
- education placement for immigrant children;
- the current social service model, which is predominantly broker- rather than community-driven;
- systemic discrimination in all facets of daily life, including in the education system, justice system, and funding allocation between mainstream and ethnic-based service providers; and
- underrepresentation of minority groups in staff and board composition of service agencies.

He, however, noted that data on immigrant populations is required to make a compelling case for policy change around the social issues confronting immigrant communities.

For example, official government statistics indicate there are approximate 60,000 African immigrants in Alberta, when in actual fact the African immigrant population in Edmonton alone is nearly this figure. There is also no school database on student ethnicity, but such a database is necessary to inform the policy changes needed to support the academic success of children from minority groups.

FOCUS GROUPS (AFTERNOON SESSIONS)

Three focus groups were held in the afternoon session; one group discussed community mobilization for collective action on the determinants of child health, while the remaining two groups were tasked with discussing questions related to the findings of the parenting practices and mental health promotion project, which has recently been completed at the University of Alberta with funding from the M.S.I. Foundation.

The first group was led in discussion by Keli Tamaklo, Kemoh Mansaray, Prof. Philomina Okeke-Ihejirika, and Dr. Christina Nsaliwa. In his short statement, Mr. Tamaklo reminded African immigrant parents of the decision-making powers available to them to shape the life and health of African immigrant children. He urged parents to avoid shifting parenting responsibilities to institutions, and to focus instead on mastering the act of achieving balance between work and family in way that prioritizes the needs of children. Mr. Mansaray remarked that the realities confronting African immigrant families, including widespread intergenerational conflicts, require that parents integrate African and Western parenting practices and traditions. Outside the domestic sphere, he called for institutionalization of community programs that will develop the talents of the youths and empower them to confront the multiplicity of issues affecting the African immigrant community. Dr. Nsaliwa observed that African immigrants are highly qualified and talented, but their qualifications and talents tend to be underutilized due to racism. She called for trust building and community mobilization as important steps towards confronting racism and creating spaces for mutual support. Members of the group entreated the African Centre to assume leadership in mobilizing the talents and resources required to address the numerous integration issues affecting African immigrant families. It was, however, noted that the African Centre has its own limitations, including funding inadequacy and the challenge of rallying diverse people and cultures from 55 different African countries around common objectives.

The other two focus groups discussed strengths within the African immigrant community and ways in which these strengths could be leveraged to enhance the health and wellbeing African immigrant families.

Strengths identified by participants included the following:

- **Collective cultures**—Participants observed that the communal orientation of Africans is traditionally a source of informal supports for families and individuals, and can potentially be used to address many of the parenting challenges confronting the African immigrant community. They, however, noted that a communal approach to parenting and provision of supports is difficult, if not impossible, to enact in the Canadian context, where economic hardships and the challenges of daily life have conspired to ensure that community members are constantly dispersed and disunited.
- **Agility and resilience**—Participants described the African immigrant community as resilient, thriving, and adaptive, despite an enormous amount of racism and socioeconomic deprivation. They stated that there is utility in helping African immigrant children and youth to develop resilience and networks of support within and outside the African immigrant community. However, because children interact intensively with Canadian society, including with peers at school, and even earlier at daycare, the intergenerational transfer of African values becomes a challenge. This is not to suggest, they noted, that African immigrant parents should relent on their responsibility of exposing children to African values. Participants encouraged parents to continue to communicate with children in native African languages, so as to help develop a strong sense of cultural and linguistic identity and pride among African immigrant youth.
- **Value systems**—Participants agreed unanimously that African cultures are associated with values of respect, integrity, and connection to family and homeland. Not only do these values support children's wellbeing, they also serve to guide the children's future trajectories.
- **Intellectual capacity**—Participants argued that African immigrants are highly qualified. There are thousands of successful African immigrant professionals, professors, and graduate students across Canada. They noted, the problem is that the various communities do not tap into these intellectual resources in a manner that supports community development.
- **Intellectual capacity**—Participants argued that African immigrants are highly qualified. There are thousands of successful African immigrant professionals, professors, and graduate students across Canada. They noted, the problem is that the various communities do not tap into these intellectual resources in a manner that supports community development.

Participants suggested that the following programs be developed and implemented to leverage existing community strengths and enhance the health and wellbeing of African immigrant families and their children:

- **Develop and institutionalize community educational events that support the transmission of African culture and value systems.** AFROFEST is a good example, and more of such events could be developed. Integration of immigrant cultures into school curricula is an alternative and perhaps the most effective channel of cultural transmission to children and youths.
- **Develop multigenerational support systems to assist parents with childcare but also to transmit relevant cultural values to children.** Operationalization of such support systems may entail linking up and connecting children with African immigrant families that have grandparents present. This has been done successfully in the East Indian community, and there is no reason to think that the same cannot be done for the African immigrant community.
- **Address barriers to information by developing information resources for new immigrants and pre-arrivals.** This will include but is not limited to providing information about sources of formal and informal supports and opportunities for skills development, education, and employment. Most importantly, information should help would-be immigrants develop realistic expectations about life in Alberta.
- **Engage teachers, health professionals, and other public sector professionals on issues of cultural sensitivity.** This is important because a wide gap exists between service providers and African immigrants on their respective understanding and delivery of culturally sensitive services.
- **Develop and strengthen mentorship programs.** African immigrant children generally lack mentors. As a result, most African immigrant youth do not envisage careers beyond those of a menial nature, whereas there are successful professionals of African descent across Canada.
- **Participation in decision-making processes is critical.** Not a lot of African immigrant parents, for example, attend and contribute to parent-teacher council meetings or the Ministry of Education reviews.

Participants also pointed at **research gaps** that should be addressed to support successful parenting in the African immigrant community. They identified the following research needs:

- Need for **longitudinal research to understand how parenting issues change over time**—that is, baseline (e.g., first year of arrival) versus follow-up (e.g., 5 to 10 years post-arrival). Such research is critical to understanding various parenting adaptation strategies and their respective health and social outcomes.
- Need for **research to understand the causes of gang involvement and gun violence among African immigrant youths**. Are gang involvement and gun violence caused by poverty, racism, isolation, bad parenting, the school system, or a combination of these factors? And how can the African immigrant community prevent these social problems among the youth?

Research should help the community find answers to some of these questions.

IMPLEMENTATION COMMITTEE

At the end of the engagement workshop, nine individuals signed up to be part of an implementation committee. The committee will meet before the end of the year to discuss practical ways to implement the research findings and the recommendations made by the workshop participants.

REFERENCES

Anderson, K. K., Cheng, J., Susser, E., McKenzie, K. J., & Kurdyak, P. (2015). Incidence of psychotic disorders among first-generation immigrants and refugees in Ontario. *Canadian Medical Association Journal*, 187(9), E279–E286.

Fenta, H., Hyman, I., & Noh, S. (2004). Determinants of depression among Ethiopian immigrants and refugees in Toronto. *The Journal of Nervous and Mental Disease*, 192(5), 363– 372.

Maimann, K. (2014). Somali youth struggles discussed. *Globe and Mail*. Retrieved from <http://www.edmontonsun.com/2014/08/08/somali-youth-struggles-discussed>

Public Safety Canada (2007). Youth gangs in Canada: What do we know? Retrieved from <https://www.publicsafety.gc.ca/cnt/rsracs/pblctns/gngs-cnd/gngs-cnd-eng.pdf>.

Statistics Canada. (2013). *National Household Survey (NHS) profile*. 2011 National Household Survey. Statistics Canada Catalogue no. 99-004-XWE. Ottawa, Canada.