# Report

# Parenting and Mental Health Promotion Practices of African Immigrants in Alberta

**Released: November 2017**

---

**Research Team**

Dr. Bukola Salami (Lead Investigator)

Assistant Professor, Faculty of Nursing, University of Alberta

Professor Philomina Okeke-Ihejirika

Professor, Department of Women and Gender Studies, University of Alberta

Dr. Sophie Yohani

Associate Professor, Department of Educational Psychology, University of Alberta

Dr. Helen Vallianatos

Associate Professor, Department of Anthropology, University of Alberta

Dr. Christina Nsaliwa

Executive Director, Edmonton Immigrant Services Association

Mr. Tesfaye Ayalew

Executive Director, Africa Center

Mr. Dominic Alaazi

Research Coordinator, Faculty of Nursing, University of Alberta

**Advisory Committee**

Dr. Habiba Mohamud, Partners for Humanity

Mr. Keli Tamaklo, Ghanaian Friendship Society

Ms. Meheret Worku, Ethiopian Community Association

Mr. Muru Khamisi, African Community Leader, Uganda

Mr. Bereket Isaac, Edmonton Eritrean Association

**Trainees**

Oluwakemi Amodu, PhD Student, Faculty of Nursing, University of Alberta

Brittany Tetreault, Honours Student, Bachelor of Science in Nursing, University of Alberta

Alphonse Ndem, PhD Candidate, Department of Anthropology, University of Alberta

**Acknowledgement**

Funding for this project was provided by M.S.I. Foundation.

We highly appreciate the 76 participants who contributed their valuable time and insights toward improving the wellbeing of African immigrant children.

We thank the following individuals for their assistance with the project:

Ms. Charity Durowaa (Kasoa Grocery Store), Ms. Mune Hassan (Carya), Ms. Jeanne Lehman, & Ms. Rita Loteka

# Table of Contents

## EXECUTIVE SUMMARY

Parenting practices are known predictors of child health and social outcomes. Yet very little is known about the parenting practices of African immigrants in Canada and their impact on child health and wellbeing, including mental health. This dearth of knowledge exists despite widespread understanding that black and African immigrant children experience some of the poorest mental health outcomes in Canada. Funded by the M.S.I. Foundation, this project was designed and implemented in Alberta to address this paucity of knowledge. The population of African immigrants in Alberta is rapidly increasing; understanding their parenting practices and challenges is a crucial step towards supporting child health in this growing community.

Following ethics approval from the University of Alberta Health Research Ethics Board, we conducted interviews and focus groups over a 12-month period with a purposive sample of 76 stakeholders from diverse social and professional backgrounds. These participants included 32 African immigrant parents, 14 community leaders, 12 service providers and policymakers, and 18 focus group participants of varying backgrounds. All interviews and focus groups were audio-recorded and transcribed verbatim prior to analysis. We employed a transnational feminist theoretical framework to aid our analysis and interpretation of the data. This theoretical lens allowed us to consider how culture, gender, race, class, and power converge to produce structural barriers to successful parenting among African immigrants.

Our findings demonstrate how the pervasiveness of structural barriers affects access to income opportunities, parent–child relationships, parent–child communication, disciplinary practices, and support services. Our findings further demonstrate how these challenges and their multiple impacts on parenting practices, in turn, affect the mental, emotional, and material wellbeing of African immigrant children and their families. In this vein, we present policy

recommendations that can help address some of the challenges identified, in particular the poor access to services. Some of our policy and practice recommendations include: (1) capitalizing on the strengths, resilience, and cultural values of African immigrant communities to engender successful parenting; (2) hiring African immigrants as service providers and policymakers to address cultural barriers to services; (3) addressing the social determinants of African immigrant child health, particularly income; (4) implementing mental health awareness programs in African immigrant communities; (5) improving access to culturally sensitive mental health and counselling services for immigrant families; and (6) providing pre-immigration counselling to families on the transitioning process, including on issues of child wellbeing. Implementation of these recommendations will transform institutional practices affecting African immigrant parenting and lead to improved child health and social outcomes.

## 1. BACKGROUND

Several studies have identified parenting practices as a strong predictor of social and health outcomes of immigrant children (Beiser et al., 2002, 2010, 2014; Chadwick & Collins, 2015). Yet very little is known about the parenting practices of African immigrants in Canada and their impact on child health and wellbeing, including mental health. Addressing this knowledge gap is critical in three ways:

(i) First, the population of African immigrants in Canada is growing rapidly. As the largest immigrant source region after Asia, African immigrants now represent 13.4% of Canada's 7.5 million foreign-born population (The Canadian Press, 2017).

(ii) Second, black and African immigrant children experience poor mental health outcomes in Canada (Anderson et al., 2015; Fenta, Hyman & Noh, 2004). For instance, a study on the prevalence and determinants of mental health among Ethiopians in Canada found a higher prevalence of mental health problems among Ethiopian immigrants than the general Canadian population (Fenta et al., 2004). The lifetime prevalence of depression among Ethiopian immigrants and refugees was 9.8%, which was higher than the lifetime prevalence rate in the Ontario population (7.3%). Furthermore, the rate of depression among Ethiopian immigrants and refugees was approximately three times higher than the rate estimated for those living in Ethiopia (3.2%). Risk factors for depression among Ethiopian immigrants include younger age, experiences of pre-migration trauma, and stressful post-migration events.

(iii) Third, black and African immigrant children experience poorer social outcomes. In Alberta, they are more likely to live in poverty than any other comparable populations (Edmonton Social Planning Council, 2015). Moreover, several sources have documented

high rates of high school dropout, gun violence, drug trafficking, terrorist activities, and other criminal activities among black and African immigrant youth in Alberta (Kon et al., 2012; Maimann, 2014; Wingrove & Mackrael, 2012). Poor emotional development, poor mental health, poor parenting practices, and racism have been found to contribute to these problems. In addition, black and African immigrant youths are overrepresented in gangs in Canada, constituting 25% of all gangs (Public Safety Canada, 2007).

Funded by the M.S.I. Foundation, our research project at the University of Alberta explored the parenting and mental health promotion practices of African immigrants in Alberta and their impact on children's health and wellbeing. Our overall goal was to generate insights that can inform policies and practices affecting African immigrant families in the province. To this end, we examined the following research questions:

1. What are the parenting practices of African immigrants in Alberta?
2. What factors influence the parenting practices of African immigrants in Alberta?
3. What challenges do African immigrants face in parenting their children in Alberta?
4. How do African parents in Alberta address and promote the mental health of their children, given the social and cultural contexts in which they live?

This report presents the main findings of our research project, implemented over a 12-month period, from August 2016 to August 2017.

## 2. METHODOLOGY

This research used a critical ethnographic approach. Unlike conventional ethnography, which studies taken-for-granted aspects of culture, critical ethnography has an explicit emancipatory agenda (Cook, 2005; Thomas, 1993). The approach articulates the often-unheard plight of

vulnerable populations, and confronts such paternalistic structures as racism, sexism, and classism, with a goal to liberate the oppressed.

From August 2016 to August 2017, we conducted in-depth qualitative interviews with 14 African community leaders from 7 African countries, 32 African immigrant parents of 10 different nationalities, and 12 service providers and policymakers. The community leaders represented the following African countries: Nigeria (4), Kenya (3), Eritrea (2), Cameroon (2), Ghana (1), Uganda (1), and Sierra Leone (1). Parents' nationalities included Somalia (11), Nigeria (5), Ghana (4), Côte d'Ivoire (3), South Sudan (2), Cameroon (2), Ethiopia (2), Sierra Leone (1), Zimbabwe (1), and Senegal (1).

We utilized a purposive sampling approach in our identification and recruitment of study participants. Participants were identified using existing community contacts, community workers recruited for the study, internet-based inventory of African community organizations, and through a grocery store frequented by African immigrants. The majority (11) of community leaders that participated in the study were men. They included religious leaders, elected community representatives, community elders, and managers of ethnic organizations that serve African immigrant communities, in capacities ranging from provision of counselling services and conflict resolution to organization of cultural activities. Most parents interviewed (25) were women. Similarly, more women (8) than men (4) participated in the interviews with service providers and policymakers. They included health service professionals, settlement service workers, and officials of the provincial and municipal governments.

Interviews were conducted at the University of Alberta, as well as at the homes and offices of the participants. Interviews lasted between 45 minutes and two hours, and were audio-recorded with participants' written permission and transcribed verbatim by a professional

transcriber. Data from these individual interviews were enriched by data from two focus groups of 18 stakeholders from diverse professional and social backgrounds. Participants of the focus groups included 10 women and 8 men. Overall, we conducted interviews and focus groups with 76 participants, of whom 46 were women and 30 were men. The parents and community leaders' interviews involved only African immigrants, originally from West, East, Southern, and Central Africa. Five of the service providers and policymakers were African immigrants, while 7 were non-African (mostly Canadians with European background). Of the 18 focus group participants, 14 were African immigrant parents (two of whom also doubled as community leaders) and 4 were non-Africans from immigrant service agencies. Analysis and interpretation of the data were done inductively, using the NVivo 11 data management software. This process of data analysis allowed for careful identification of themes from the ground up. In interpreting the data, we drew on transnational feminist theory to understand how differences in culture, gender, race, and social class influence the parenting and mental health promotion practices of African immigrants in the province, but also the structural barriers that inhibit successful parenting in this population. A transnational feminist perspective also enabled us to examine the transnational linkages African immigrants make with their homelands and how these connections influence their parenting practices.

Ethics approval for the research was granted by the University of Alberta Health Research Ethics Board. In keeping with the provisions of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, each participant was provided with an information letter detailing the objectives of the study and the risks and benefits of participation. All participants signed a consent form. At the end of each interview, participants were each given a gift card of $20 as a token of appreciation for their time.

## 3. KEY FINDINGS

This section presents the key findings of our research on parenting and mental health promotion practices of African immigrants in Alberta. The themes reveal how the interaction of cultural differences, social class, and power produce and accentuate structural barriers to successful parenting among African immigrants in the province. Of particular concern to the African immigrant community is the increasing prevalence of poverty, family dysfunction, and inaccessibility of services and their related health and social impacts, due to structures rooted in culture, class, and power relations between African immigrants and Canadian society. We suggest service strategies and policy measures for remedying some of the most challenging parenting-related issues confronting the African immigrant community in Alberta.

### 3.1 Parenting practices

The most commonly identified factors relating to parenting practices of African immigrants include the values attached to parenting, how parents relate and communicate with children, methods of child discipline, and the gendered nature of parenting. These practices are influenced not only by culture but also by the social context within which parenting takes place.

#### 3.1.1 Values related to parenting

Our research participants identified respect, religion, cultural identity, and education as essential components of parenting. Subsequently, parental success and failure are judged on the basis of the extent to which children's conduct and worldviews reflect these values. Although "respect" for others is an expectation shared by many cultures, its expression among African immigrants is culturally unique. Within most African family and community settings, respect is given and

received in a hierarchical fashion, based on age and authority. In this sense, parents are respected for their role and position. For example, children are not expected to challenge or argue with their parents or address them by their names. Children are typically also expected to accord the same level of respect to all older persons, including addressing them using such relational expressions as *uncle*, *aunt*, or their traditional African variants, as the concept of parent in most African cultures is fluid and often stretches beyond biological relationships to encompass all older people who can provide guidance to a child. A female Somalian parent explains the importance of teaching respect to children:

> "*We used to respect everybody when we were kids, especially if the person is older than you, you will 100 percent respect. That's a very good culture to keep it. And to come together when there's a crisis. We still do, and I think that's a very good thing as a human being to keep.*"

Religion is also taken seriously by parents, and is thought of as signifying morality and cultural identity. According to parents and community leaders, children with religious values are more disciplined and less likely to engage in social vices, such as drugs and gang-related activities. By holding on to their religion, parents also hope to maintain their cultural identity and avoid being assimilated into Canadian secular value systems. Hence, community leaders and parents expressed an inherent need to inculcate Islamic or Christian principles in their children. Another female Somalian parent stated:

> "*Both his father and I wanted to give him an Islamic name, something that could symbolize his ethnicity and his religious beliefs. So I mean, I could have gave him a name like John, but I wanted him to know that yes, you're African and yes, you're of Muslim faith….That is who he is."*

Educational attainment is extremely important value to African parents, as most of those interviewed reiterated a desire to train their children to the highest level of education possible. To many African immigrant parents, successful parenting is defined to include raising a child whose minimum educational attainment is a university degree. This status, in the understanding of parents, can improve children's job prospects and overall quality of life, as articulated by a male parent:

> "*Success is going to school, finishing high school, going for their first degree, and possibly getting a second degree. Minimum. And as a result, getting a good job that will afford a kid to have a much more enhanced form of life than we the parents had. If we have to endure all this cold weather, taking any job, and your kid comes to achieve less than you, that will be a very sad day*."

Given these aspirations, it is not surprising that African parents also lamented their children's lack of ambition for and enthusiasm about educational success. At younger ages, parents felt they had more power to direct their children's educational success. However, parents of older children (aged 18 and over) bemoaned their inability to control and propel the educational success. At age 18, children are automatically recognized in Canada as legal adults and imbued with the right of self-determination, which parents observe as a culture of premature liberation that is immobilizing and inappropriate. These parents also noted other challenges affecting educational achievement of African immigrant children, including

- peer bullying of minority children in schools;
- discriminatory behaviours of teachers that limit efforts at supporting the academic development of African immigrant children;

- discursive practices in schools that coerce African immigrant children into aiming for vocational rather than highly skilled careers; and
- de-prioritization of children's education and academic activities at home due to parents' low socioeconomic status and need to work multiple jobs.

These challenges notwithstanding, education remains a core parental value among African immigrants.

Taken together, the identified values are ones that teach strength and resilience, and as such could potentially be used as tools for strengthening and enhancing the health and wellbeing of African immigrant children. For example, the structuring of parenting and parental roles as a collective responsibility can be a potential source of support for parents and children alike. However, the Canadian social context presents enormous challenges to parents who seek to instill these traditional African values in their children. Our data contains reports of parent–child conflicts caused by growing differences in value systems.

### 3.1.2 Parent–child relationships

Many African immigrant parents place a lot of emphasis on developing close and supportive relationships with their children. Parents understand the importance of such relationships, including their mental health impact and the opportunities they create for timely interventions on issues affecting children. According to our participants, relationships with younger children (under 10 years) are mostly cordial, as parents make uncontested decisions about children. For a number of reasons, relationships with adolescents have been reported to be mostly challenging. These challenges include the following:

- As children adopt and internalize behaviours and attitudes (influenced by peers and the media) that deviate from the expectations of parents, a difference in value systems emerges. Issues of respect, religious indifference, and premature liberation from parental control were particularly mentioned as troubling trends affecting parent–child relationships in African immigrant communities. In responding to a question about parenting challenges confronting African immigrant parents, a female service provider stated, "*They've come over fresh with their culture, and their children are taking on another culture which is not just the Canadian culture, but the kind of the pop youth culture…So that creates a gap in values*."
- Parental absenteeism due to multiple jobs leaves children emotionally unfilled and vulnerable to negative influences from outsiders.
- Parents' low socioeconomic position has adverse impacts on the material circumstances and emotional wellbeing of children and, subsequently, on how they perceive and relate with their parents.
- The perceived threat of child protection services and emergency services (911) creates fear and panic among parents, leaving them unable to control the excesses of teenage children. Although 911 is present for all as a needed protective factor in communities, its presence is perceived as a direct threat to parenting. In other words, African immigrant parents in our study reported a contentious perception of protective services when it comes to their role as parents, compared to when they need these services (e.g., police) for other supports.

Despite the fact that changes in parent–child relationships typically occur between ages 10 and 15, most child development interventions are often directed at the early years. There are

thus limited interventions targeting the 10–15 age group. Dialogue is thus needed among parents, community leaders, child protection services, and other stakeholders to discuss strategies for developing, maintaining, and mediating relationships with this age group, given that parental control in Canada tends to diminish when children attain this age.

### 3.1.3 Disciplinary practices

Corporeal and non-corporeal forms of child discipline are both used in African immigrant communities, and there is considerable disagreement among parents as to their relative effectiveness. Our data, however, suggests that parents of West African origin are more inclined to use physical punishment than parents of East African origin. Across all subcultures, parents with recent history of migration to Canada are also more likely to adopt corporeal forms of discipline. But the gradual shift from corporeal to non-corporeal methods with increasing length of Canadian residence is not entirely voluntary. Over time, parents become aware of the legal consequences of physical discipline, oftentimes through personal experiences or those of other community members. Despite knowledge of the consequences, our study suggests there are African immigrant parents whose long-term Canadian residence has done very little to alter their inclination to use corporeal discipline. Their reasons for such choices vary considerably:

- One group views spanking and other forms of corporeal discipline as the most effective way to instill appropriate behaviours in children, especially when they respond poorly to persuasive methods of discipline. Children born and partly raised in Africa with a history of physical punishment are particularly non-responsive to persuasive discipline, according to parents.

- Another group of parents view persuasive methods of discipline as an uncharted territory, about which they are less knowledgeable and therefore cannot deploy effectively.
- Finally, other parents use corporeal discipline because of their own childhood experiences in Africa, where physical discipline is still widespread. When asked to describe her approach to child discipline, a Somali female parent explained, "*To some extent, I do believe in spanking if the child misbehaves…Spanking was like a thing back home. Like it's like you misbehave, you get spanked. That was the thing. And I feel like it helped me [to] be who I am in a way…Like the way I am, I think actually has to do with the way my parents disciplined me*."

Regardless of the reasons for using corporeal punishment, the practice has serious implications for children's mental health and wellbeing. For this and perhaps several other reasons, corporeal punishment of children by parents and teachers is permitted under strict conditions (see Section 43 of the Criminal Code); infractions are punishable under the law. But the strict deployment of these regulations by child protection agencies has created fear and panic among African immigrant parents, whose knowledge of these regulations may be limited. A male African immigrant narrates how the use of corporeal discipline can produce negative consequences for parents, "*Here, you spank your children, what happens? The police get involved. The social workers get involved. If you're not careful you'll be labelled as a child molester and it becomes something else, right?*"

Thus, parents need education on how to effectively discipline and instill appropriate behaviours in children without resorting to the use of corporeal discipline, which can harm the physical, mental, and emotional health of children. In particular, an upstream approach to teaching about discipline will serve to improve child health and wellbeing. Because parents often associate discipline with police and social service involvement, these agencies could adopt a

more preventive approach to providing effective tools for African immigrant parents to discipline their children in a healthier manner. Such education could incorporate ideas of cultural rootedness, changing power relations within African immigrant families, and their inherent strengths/resilience.

### 3.1.4 Parent–child communication

A large proportion of parents and community leaders in our sample reported poor communication between parents and adolescent children. Factors affecting the quality and intensity of parent–child communication include the following:

- Language barriers – In some families, children have lost their native languages as a result of contact with Canadian society, where English, rather than native African languages, is the medium of communication with teachers and peers. As such, communication with parents has become ineffective, more so with parents whose English language skills are limited and who may be uneducated. In her response to a question about parent–child communication, a female service provider of African descent explained, "*We have no communication. Kids don't speak the same language as the parents. If you come from Sudan and you have children, as soon as they land here, give them first year, they speak English. You don't know the English they're speaking. When a kid sees that, they know the culture of this country,…they think their parents are nothing. They think their parents are ignorant, because they don't know anything about the culture and language*." Although our participant here appears to blame children for poor communication, parents can also be implicated. Poor communication may also relate to parents' own feeling of insecurity about their language and cultural skills, which leads to negative perception of children. While assigning responsibility

for poor communication is contentious, the point is that differences in language skills tend to draw parents and children into power struggles that, in turn, affect family cohesion.

- Parental absenteeism – Parents often spend much of their time juggling multiple jobs to the detriment of effective parent–child communication and relationships. A service provider at a community-based organization observed that "*some of them [parents], especially the newcomers, they're working menial jobs; jobs that are, you know, like very tiring. So they'll arrive home, everything's kind of rushed, so they don't really have a communication time with the children*."
- Electronic gadgets – Children, especially adolescents, typically spend much of their time playing with electronic gadgets (e.g., phones, tablets, video games, etc.) and less time interacting and bonding with their families. This attitude affects the quality of family relationships as well. As one female service provider explained, "*Because of cell phones and social media and whatnot, the children are kind of distracted. Even if they're with their parents and their parents have time to be with them, the kids might be on their cell phone, they're playing video games. So they're becoming more and more distant*."
- Instruction-style communication – Influenced by Canadian society and peers, teenage children of African immigrants have a relational expectation that differs substantially from the communication styles of their parents. Our data suggest that instruction-style communication used by most African immigrant parents is counterproductive with teenage children, as they expect a more respectful dialogue with parents.

African immigrant parents thus have a lot to do in terms of creating the right conditions for effective communication with children. They may need to find an appropriate mix of

English and native language, make time for play and family time, and negotiate a balance of African and Canadian communication styles.

### 3.1.5 Gender dynamics in parenting

In most families, parenting roles and expectations of children are still divided along traditional gender lines, despite Canadian realities that sometimes render such divisions untenable. Gender dynamics reported by parents and community leaders include the following:

- Discipline vs. compassion – The father is typically held as enforcer of discipline and the mother as a compassionate parent. In this regard, fathers may intentionally keep social distance from children in order to be effective enforcers of discipline.
- Domestic vs. outdoors – Mothers and female children perform chores that are traditionally domestic (e.g., washing, cooking, cleaning, etc.), while fathers and male children are typically engaged with the outdoors, such as removing snow and cutting the lawns.
- Younger vs. older – Involvement of fathers with younger children is often minimal, but that changes to a more intense involvement as children grow older.
- Boys vs. girls – Regardless of age, fathers are much more involved with male than with female children. A Somali female parent described her parenting role versus that of her husband in the following terms, "*He was involved in everything, almost. But he was way involved with the boys, because my boys were in teenage life, so he would take them to whatever sports and he was way involved with them. I was involved with the female things*." This dynamic is not entirely cultural. Fear of being prosecuted for sexual molestation of one's own daughter was mentioned by a few of our participants as a key reason for this disengagement.

Reports of spousal conflict also abound in our data. A sizable proportion of female participants in our sample became single parents through divorce. The pressures of immigration, work, and parenting in Canada tend to alter traditional gender roles and power relations around the family, creating conflicts that adversely affect family cohesion. The impact of divorce on the social, emotional, and material wellbeing of African immigrant children is enormous. Single mothers in our sample mentioned how being a lone parent affects their ability to discipline their male children. Such complaints are consistent with African cultural practices, where female parents tend to rely on men to discipline male adolescent children. Programs that support family cohesion, address domestic violence, and tackle challenges with gender relations across transnational spaces will thus help to promote the wellbeing of the African immigrant child.

## 3.2 Parenting challenges

Some of the most pressing parenting challenges facing African immigrant parents were identified to include absence of informal support systems, incompatibility of parenting cultures, and low socioeconomic standing of parents that, in turn, affect material wellbeing, family relationships, access to services, and overall family health.

### 3.2.1 Lack of informal supports

As recent immigrants, most African families lack access to the informal support systems that are available to other ethno-racial groups in Canada. Their communal orientation to parenting is certainly unattainable, and most parents struggle with raising children while maintaining full-time jobs. The absence of informal support systems is a serious problem, given that these parents come from a background in Africa where parenting is a collective responsibility, involving not

just biological parents but also grandparents, uncles, aunts, older cousins, and the community at large. A female service provider remarked:

> "*Back home [in Africa], a lot of things were in harmony as a family, because it was almost like the greater community was helping the parents to raise their children. So there really isn't that community bond here. Everyone's very isolated, and the parents don't know how to work around that*."

Although Canada allows grandparents to stay in the country and provide informal supports to families, this privilege is tied to a high financial undertaking that is beyond the financial reach of most African immigrant parents. Grandparents who provide parental supports are ineligible for free healthcare under Canada's publicly funded healthcare system. Yet, the cost of purchasing private healthcare insurance packages for grandparents is enormous, given their advanced age and declining health. One male Nigerian community leader explained:

> "*When they [grandparents] come here, because they are not young, they are prone to exhibiting their signs of old age and whatnot. [Yet], the government says, 'No, you have to run a different health insurance to cover your parent.' And then you go to the insurance companies. My mother-in-law was here. I was paying close to $3,000 a year [in health insurance]*."

Parents, therefore, questioned why government financial assistance for daycare cannot be used to support grandparents who provide more convenient and cheaper alternative childcare supports. African immigrant grandparents are fast becoming an integral part of parenting in the Canadian context, as their role extends beyond the convenience of caregiving to include the transmission of cultural values. A participant in the focus groups suggested the adoption of a community-based childcare model, in which grandparents play an indispensable role:

"*I noticed that within the Indian community, they've set themselves up in this way. They bring in grandparents a lot, and it's these grandparents that come in and help to take care of the children. During those times I have to work, her [my wife's] mom will be able to take care of my own kids and instill those values into my own kids*."

Participants, therefore, suggested policy changes to extend publicly funded healthcare coverage to immigrant grandparents.

A related challenge confronting parents in the African immigrant community is the lack of mentors within the community to inspire and motivate children. Although African immigrants (in the economic immigrant category) represent some of the highest educated skilled workers in Canada, most have found themselves underemployed and working in menial jobs. As such, they are unable to inspire African immigrant children to strive for educational and career success in the same way children of other racial groups do. A female health service provider succinctly explains this important issue:

"*We are a first-[generation] immigrant population, and a lot of the adults who came here with education, we know that Canada doesn't accept foreign qualification easily, so many of those education is wasted. So, the kids themselves, they are lost. They don't have direction. For example, when they finish high school, or when they are in high school, they don't know what subject they could take*."

This is not to suggest that there are no African immigrant professionals in Alberta at all. Indeed, there are African immigrant teachers, physicians, engineers, nurses, university professors, and lawyers in the province who are successful in their careers. What our research participants suggest is that there is not a critical mass of these professionals, especially in communities that have experienced disruption in education due to decades of arm conflicts (e.g., in Sudan,

Somalia, Democratic Republic of Congo, etc.). Even in communities where there is a critical mass of professionals (e.g., Nigeria, Ghana, Kenya, etc.), no structured programs exist to utilize these professionals for the benefit of African immigrant children. For these communities, there is a potential to develop mentorship programs that can inspire African immigrant children and youth towards better educational, professional, and social outcomes.

### 3.2.2 Clash of parenting cultures

African immigrants have parenting values and practices that are incompatible with Canadian parenting values and expectations as enshrined in the country's child protection laws and regulations. These include parents' inability to discipline and control children due to intrusive child welfare services and the legal requirement to respect children's privacy and choices when they attain age 18. A majority of African immigrant parents feel disengaged from matters affecting their children, as they feel unable to enforce discipline and values of respect among their children. A health service provider who also doubled as an African immigrant parent narrated how differences in culture affect successful parenting in the African immigrant community:

> "*African parents are very strong with their culture, and I should say very proud...They want to instill their culture to their children…When [my children] talk back to me, it's really like, you know, I cannot take that. But here [in Canada] they promote 'speak out your mind,' and so there is a lot of clash…We expect our children to say, 'Yes, Mom.' These children are vocal. Children that were taught to be shy and quiet versus children that are growing in a society where children call their parents*

*[by their] first name. I will be mad if my daughter calls me Fatima [a pseudonym]. Why not 'Mom'?*"

Not only are parents at odds with Canadian regulations around child welfare and parenting, immigrant children themselves can become conflicted as they straddle the boundary between Western values and ways of life and those held by their African immigrant parents in the domestic sphere. As a result, a significant number of adolescent children experience what parents termed "teen crises." One of our policymakers revealed how the experiences of African immigrant youth resonate with his own experience growing up in Canada as a child of immigrant parents:

"*I think youth coming here [are] caught between cultures…That was the culture I grew up in. So, I grew up with a lot of the same thing, with being caught between what I was being taught at home, and a very restricted worldview compared to what I was finding when I went to school, and sort of caught between cultures and caught between worlds*."

This conflict and parents' inability to instill appropriate discipline have serious implications for the mental health and wellbeing of the African immigrant child. Indeed, African immigrant parents attribute the poor social and health outcomes of their children to their inability to apply culturally appropriate parenting practices in the Canadian context. A female parent from the Somali immigrant community discussed how becoming conflicted can jeopardize the mental health of African immigrant children:

"*Young African [children], especially Muslim kids, they live in a different life. And that makes them mental problem, because in a way they want to show the Somali community that they are following their culture and religion. And [then] they want to live like everybody else too. And that causes mental problem*."

These narratives suggest that much more is needed to support successful parenting in the African immigrant community beyond the typical "parenting in two cultures" programs. We suggest strong engagement with policymakers and child welfare institutions to discuss and address issues surrounding African immigrant parenting in Canada. Of particular importance is a discussion of how parents can deploy their existing parenting skills without the usual fear and panic that have come to characterize parenting in the African immigrant communities.

### 3.2.3 Socioeconomic status

Combining parenting and full-time work is challenging for most parents, including African immigrant parents. In most cases, work takes precedence over children's need for emotional and social support, as parents juggle multiple jobs to earn a living and provide for the needs of the family. Consequently, the quality and intensity of parent–child relationships and parent–child communication are reportedly poor. Lack of adequate education and employable skills are some of the many reasons for the concentration of African immigrants in low-income segments of the job market. However, there are also issues of discrimination and lack of recognition for the educational and professional credentials of African immigrants. One male settlement service provider of African descent remarked:

> "*They don't respect who we are. I'll tell you the truth. I came in this country. I went to get an employment. Someone looked at me and said, 'Your education, wherever you got it from is irrelevant. You have to study in Canada.' And that's how they view us*."

African immigrants, including those who came to Canada with high educational and professional credentials, suffer a lot of unemployment, and when employed, they tend to work in menial jobs that do not uplift them socioeconomically. These challenges, in turn, translate into poverty and

poor health and social outcomes for African immigrant children. These systemic barriers to child health and wellbeing require policy interventions at the highest level of government.

### 3.2.4 Children's mental health issues

All of the aforementioned parenting practices and parenting challenges contribute to poor mental health and social outcomes for African immigrant children in Alberta. Mental health issues of African immigrant children identified by parents, community leaders, and service providers include stress, depression, anxiety, attention-related difficulties, gang violence, drugs involvement, and conduct problems. Parents also reported challenges associated with parenting children with developmental disabilities such as autism. Despite the prevalence of these rather serious health conditions among African immigrant children, the concept of mental health is itself poorly understood by most parents who participated in this study. For most parents, mental health is viewed as a serious medical issue, and specifically as having a clinically diagnosed psychiatric disorder. As a result, most parents in the African immigrant community do not proactively seek programs and activities that promote the mental health and wellness of their children. One female Somali parent noted:

> "*I've never actually thought about children's mental health. It's just not something that is out there…I only work with seniors, but if someone were to come to me now and ask me where could I go for mental supports for my child, I honestly don't know*."

Beyond limited awareness, other issues affect the mental health of African immigrant children:

- Fear of stigma, for example, means that mental health is rarely discussed with family, friends, or even professionals.

- Due to the fear of stigma, parents are inclined to dismiss clinically diagnosed mental health conditions. They also tend to decline professional support for treatment and management of mental health conditions. One female Somali parent explained that "*The stigma surrounding mental health is making families not to go out and seek help, because if people see you taking your kid or your husband to the [mental health clinic], [they] will just start talking…And I don't like it*."
- Mental health is often perceived as a spiritual problem. Indeed, some parents have gone as far as to return children with mental health conditions to Africa for spiritual and herbal interventions. Referencing her friend's daughter with mental illness, a female participant recollected, "*She say this [Western] medication, it's really bad for her [the patient]. She becomes more depressed when she takes the medication…She's now getting a lot of Quran [in Somalia]*."
- Parents mistrust of Western medicine. Interviews with parents revealed that some view Western mental health medicine as science-based and with little attention to social, spiritual, and cultural factors that are of concern to parents. As such, Western medicine is generally not seen as a solution to mental health problems. A male Ghanaian parent remarked, "*Western society is science, science, science, science, right? They will take him to a counsellor or a researcher. Before you know, the kid is taking 30 pills a day, and it doesn't work. [Some] people were very normal, but because the counsellor or the psychologist has branded the person like this, finished. His life is over*."

Spirituality is thus an essential component of health in the worldview of the average African immigrant. The Western concept of health fails to incorporate this dimension. Incorporating a spiritual and cultural dimension into the Western biomedical model of health and

healthcare can help to address the mistrust that some African immigrants have towards health professionals, as one of the healthcare providers remarked:

> "*Faith seems like it's a huge part of the African. Whether it's Muslim or Christian, it seems quite large. And so that's a part that should have a place in the medical home, which we don't really address spirituality much in the medical world. Again, partly due to time and partly due to the fact that we're not supposed to be judgmental or talking about that at all, but it has such an interplay in their life that it should be addressed as part of their health care needs*."

Thus, mental health promotion programs and interventions targeting African immigrant communities will be critical to the wellbeing of children within these communities. This may require strong engagement between service providers, parents, and community leaders in a way that overcomes the stigma associated with mental health problems. It will also require a deep consideration of the vital role of religion and spirituality in mental health and wellness.

### 3.3 Service gaps

Access to services for African immigrant families in the province is generally poor. The service gaps identified include financial, linguistic, and bureaucratic barriers to available services, unavailability of child mental health services, and cultural insensitivity of service providers. These gaps can be addressed if appropriate policy and program interventions are designed and implemented. The following sections make recommendations for addressing these gaps.

### 3.3.1 Access to formal supports

Although mainstream services and supports such as parenting, counselling, and after-school childcare programs exist, African communities rarely use these services. The limited patronage of mainstream services include the following factors: lack of awareness about the existence and location of services; access barriers related to finance, bureaucracy, language, discriminatory practices, negative stereotypes (stigma); and lack of cultural sensitivity on the part of service providers. Financial barriers are of particular concern, as they contribute to further degradation of the socioeconomic positioning of families who already struggle from the effects of underemployment and income deprivation. The province of Alberta is noted by participants for its indifference towards disparities between various socioeconomic groups accessing social supports. One female Somali parent pointed out:

> "*I think Ontario was much better. In Alberta, we don't have a lot of free activity for the teenagers, for the kids. Here, if you can afford, you pay. If you can't afford, keep your children home…They want tennis, and all that. And you have to pay a lot of money. I try. Sometimes I can't afford."*

In other instances, access is related to the fundamental problem of locating appropriate services. This is particularly the predicament of newcomers who lack the support network needed to identify and access services. A female Nigerian parent explained:

> "*The daycare thing, I don't like the way it's structured in this country at all. So it makes it very difficult for you in the sense that you have to look, look, look for [a daycare], especially if you don't have somebody…My mom left when he was eight months. So because he's under twelve months, most of the ranges was between 15 and 19 [months]*."

The access barriers do not end with locating services and overcoming financial barriers. The high demand for these services oftentimes tends to leave new immigrants at the door. Waiting lists are reportedly long, due to limited availability of services. A female health service provided noted:

"*The only one that I know that provides counselling is [Organization A] and [Organization B]. And they have combined maybe ten counsellors, and most of them are part-time. So, basically it's bandage, just bleeding that you put the bandage. It's not reaching the most needed, and I think it's all about money. It's all about money, and where government puts priority*."

As a result of these barriers, most African immigrant parents tend to rely on available informal support systems, particularly those created and managed by ethnic and religious organizations. Unfortunately, funding for these organizations is limited, and most have been restricted to a small number of clients, despite the rising demand for their services. A female community service provider described a typical scenario:

"*Being a small cultural organization, the government, they don't support that much, right? What we have is a very limited resource, but we stretch ourselves to work 24/7. I get a cell phone that every time a mother has an issue, she calls no matter the time. Am I getting paid? No, I'm not. Am I burning myself? Yes, I am*."

### 3.3.2 Sociocultural insensitivities

Understanding cultural differences among consumers is an essential component of service provision. Our research participants, however, pointed to a disregard for cultural differences in their encounters with service providers. According to participants, there is a tendency among

education and health service providers to follow standard procedures at the expense of consumers' unique needs, experiences, and expectations. For example, immigrant children are often placed in grades in the school system in accordance with their chronological age, without recourse to the child's previous education. For refugee children with no previous education, this method of school placement is inimical to their educational success. A leader of the Eritrean community described this problem:

"*The education system, they just don't understand where newcomers are coming from. Sometimes the education system fails many newcomers and many newcomer children here. They could be displaced intermittently because of conflicts and wars, and then they would move to a refugee camp where they didn't have any opportunity to go to school. So...placing someone in grade 10, for example, because they are 14 or 13 [years old] is not going to make them any service if they didn't have any educational background.*"

The other challenge is that immigrant parents perceive the Canadian social system as one that over-empowers children to a point where parents are unable to make corrective disciplinary interventions. A case in point is the age at which children legally become adults. Culturally, African immigrants do not consider 18-year old individuals as adults. As such, the widespread perception is that 18-year olds, by themselves, are incapable of making appropriate decisions. Parents and community leaders alike felt that they should be allowed a say in the education and health of their older children. A female health service provider who doubled as an immigrant parent explained:

"*I wish there is a way that parents have a say, even when their children are adult, they are 18. There is a way of forcing these children to go to the hospital and get some help. And*

*no, there's not. So, you will see a lot of children sitting at home with severe mental health issue, but untreated*."

Another participant, a female settlement service provider, continued:

"*We have a lot of policies around privacy, and yet that doesn't make a lot of sense for a lot of other cultures. And so I've had families who have a child, an adult child with some serious mental health issues, and the parents can't get any information from the doctor about their child, and the child's maybe living with them and they're trying to support the child, but because of privacy policies they can't just phone up the doctor and talk to them. The child would have to give permission to the doctor to have that happen, and sometimes that doesn't happen*."

Participants thus suggested the adoption of a framework that recognizes cultural and individual differences in the provision of services. This may include but not limited to developing and improving access to pre-entry school programs for immigrant children, and placing them in appropriate school grades, after careful assessment of their learning skills and educational background. This may also include empowering parents to make key decisions about their children's health, regardless of whether they are 18 or under.

### 3.3.3 Limited children's mental health services

Apart from the limited awareness of child mental health issues, the unavailability of mental health services poses yet another challenge to child wellbeing in the African immigrant community. Public sector investment in the mental health segment of the healthcare system is generally low, not just in Alberta but across the country, as reported by one of the policymakers interviewed:

"*The provincial government is responsible for healthcare, and there has been an abdication of responsibility for providing adequate mental health care services at the provincial level; not just in Alberta [but] in probably most provinces across Canada. So mental health services have generally been treated as extra. We will pay for your surgery. We will, you know, make sure you can access all these physical health services. [For] mental health services, well, you'd better have Blue Cross, and even then, Blue Cross is only going to cover this much. Unless you're really, really seriously crazy; then we'll pay for you to see a psychiatrist, but you're going to wait months to do that.*"

Immigrant children, including those of African descent, suffer much of the brunt of limited mental health services, due to financial but also cultural and linguistic barriers. A female service provider at one the settlement agencies corroborated the observation of the policymaker:

"*Edmonton is not ready to welcome all our refugees and deal with the different challenges that they have. So, for example, if our clients, they need to access mental health services, it's very limited. If you go through the regular stream, it's not appropriate. Translation and interpretation is a huge challenge*.

It is thus critically important, in light of these challenges, to examine how inaccessibility to mental health services impact the mental wellness of immigrant children across the province.

### 3.3.4 Language barriers

A barrier in communication exists between service providers and service recipients due to differences in language. Many African immigrant parents are deterred from seeking services due

to their inability to communicate proficiently in the two Canadian official languages. A male Nigerian community leader remarked:

> "*There's a lot of challenges that I see. Language barrier for the service provider and service receiver – many time these people, they can't go there because they are not fluent in their English or French*."

While interpretation services may be arranged, issues of privacy and confidentiality tend to make the entire process of accessing services a nightmare for immigrants who have little or no Canadian language skills. In the context of healthcare provision, a female non-African health service provider narrated how arranging interpretation services can add a layer of complexity to the healthcare experiences non-English speaking immigrants, "*It's a lot of work for healthcare practitioners to get translation services, and then there's all sorts of privacy issues if you want an external agent that's going to come in. So we always run into difficulties*."

### 3.3.5 Liminal immigration status

Service provision in Canada is often tied to recipients' immigration status. Yet there are immigrant families with liminal status, who fall through the cracks because they are neither newcomers nor permanent residents or citizens. These families are not the typical undocumented immigrants. They are families whose application for residential status has not been processed in a timely manner by the appropriate authority, which creates for them a liminal status that does not qualify them for mainstream services. A male Nigerian community leader explained:

> *"There's a lot of children that their parent, they are not yet a citizen or permanent resident. They are still struggling with their papers, and they have been in Canada for like five or six years. We have a bunch of them. They cannot participate in [any]*

*program, because they are not newcomers. So the systemic issue…it's pushing them away from the services*."

This barrier speaks to the bureaucracy that has been built around service provision in Canada but also the disconnect between Canadian immigration authorities and the various agencies responsible for service provision to immigrant families. A male settlement service provider also narrated how documentation requirements tend to impede immigrants' access to services:

"*[Funders] want to know how many parents you've reached, not only by statistics in the way of numbers, but also we want their permanent resident [status], card numbers and information…Now, with parents who have come from backgrounds where documents are things that they've either lost or they've never dealt with, they will say, 'You know what? That service, I'm not going to go for it*.'"

Meanwhile, service providers run a risk of losing funding in situations where these documentations are not provided; they are at crossroads between addressing a service need and denying services on the basis of bureaucratic requirements. In this regard, there is need to develop accountability and reporting procedures that take the culture, immigration status, and experiences of this demographic into account.

## **4.** RECOMMENDATIONS TO POLICYMAKERS, SERVICE PROVIDERS, AFRICAN COMMUNITIES, AND RESEARCHERS

To address the parenting challenges (including the service and policy gaps) and improve the health and social outcomes of African immigrant children in Alberta, action is required from service providers, policymakers, and the leadership of the African immigrant community. In what follows, we make specific recommendations for policymakers, service provides, and African immigrant communities, and propose several directions for future research.

### **4.1** Policymakers

- ✓ *Develop culturally sensitive parenting policies.* Current policies related to child discipline, child rights, and child protection are largely Eurocentric and do not take into account the parenting traditions of immigrant groups. Our data contain ample evidence of the difficulties African immigrant parents face in adapting to Eurocentric, Canadian parenting culture and regulations. The current model of integration that, among others, compels immigrants to abandon their longstanding parenting traditions while adjusting to Canadian parenting regulations is far from being a solution to cultural differences in parenting expectations. If it serves any purpose at all, then this model marginalizes minority groups. Dialogue with policymakers and participation of African immigrants in policymaking processes are needed to develop child protection policies that are more culturally sensitive, relatable, and implementable. Future policies should thus integrate the perspectives of African immigrant parents.

- ✓ *Improve institutional linkages and streamline service provision.* There is a disconnect between policymakers and service agencies. Immigrants undergoing the process of applying for new immigration status tend to encounter barriers to services, as they lack the documentation required to access services. It is also critical to state that African cultures are largely informal, and it was unsurprising that, in our interviews, we encountered families who felt inundated by the volume of documentation required to access services. In this regard, the federal and provincial governments should consider improving institutional linkages and streamlining services to address the bureaucratic bottlenecks that hinder access to services for immigrant populations.

- ✓ *Improve the socioeconomic standing of families*. Income is a vital social determinant of African child health. A majority of African immigrant parents work in low-wage employment, juggling multiple jobs at a time to provide for the needs of their families. The resulting absenteeism affects their ability to raise children. Thus, federal and provincial policies targeting the economic outcomes of African immigrants, including credential recognition and employment supports, will serve to address income as a social determinant of African child health.

- ✓ *Improve access to child mental health services.* Access to mental health services for children is generally poor in Alberta. Immigrant populations, however, bear much of the brunt of the shortages in child mental health services (including counselling services). We suggest that funding be made available by the provincial government to develop and support community-based immigrant child mental health programs. This includes increasing funding for supports that facilitate culturally sensitive counselling, such as cultural brokering. Cultural brokers help bridge families to mental health services by increasing families' knowledge and awareness of services and providing language and cultural translation during assessment and treatment activities.

- ✓ *Fund pre-immigration counselling programs for African immigrants*. Most African immigrants arrive in Canada without the information needed for their integration and success. As a result, they encounter a lot of challenges adapting to life in Canada, including accessing employment, obtaining services, and having the right expectations. These challenges, in turn, have a tremendous impact on family health. We, therefore, recommend

that the federal government should consider funding pre-immigration counselling programs for Africans preparing to settle in Canada.

- ✓ *Create policies to improve social support for African immigrant parents*. There is a need to create policies that will provide social support for African immigrant parents. One such policy identified by our participants is related to healthcare access for grandparents in Canada. Grandparents can be a great source of support for working African immigrant parents. However, there are often barriers to sponsoring grandparents, especially the high cost of healthcare insurance. Removing red tape to grandparent sponsorship can help to improve the wellbeing of African immigrants in Canada. Coverage for grandparents under Canada's publicly funded healthcare system may be a useful policy intervention in this regard.

- ✓ *Provide technical and financial support to build the capacity of religious and community organizations.* Spirituality and cultural sensitivity are critical dimensions of the service experiences of a large number of African immigrants. Gaps remain in how service agencies attempt to bridge differences between African and Western models of service provision. As a result, a significant proportion of African immigrant parents reported relying on ethnocultural and religious organizations for services. Moreover, our data reveals that African immigrants often access informal support systems in the community, including religious organizations, before seeking formal support systems outside the African community. There is thus a need for all levels of government to strengthen these ethnoracial organizations through technical and financial support. This support will enable these organizations to develop community-led

programs and services towards improving parenting and child mental health promotion practices in the African immigrant community.

### 4.2 Service providers

✓ *Hire more Africans as service providers in health, education, and social services.* Staff members of African descent can serve as cultural bridges in schools, health institutions, and agencies responsible for settlement services. This will be a critical step towards addressing the cultural insensitivity associated with service provision in the province. A male community leader emphatically stated, "*If you give me a social worker who is from Italy or from Germany, and I'm having a problem with my wife, and I say, 'Oh, you know, my wife, three days now she didn't cook for me, so I'm pissed off,' you wouldn't understand it. It takes another African to understand it*." In addition to building cultural bridges, there is also a pressing need to integrate African immigrants in the decision-making structures of service agencies, including but not limited to the management of boards of schools, hospitals, and funding agencies.

✓ *Capitalize on community strengths and positive parenting practices*. There is a need to capitalize on the strengths, values, and positive parenting practices of African immigrants. A strength-based approach includes a consideration of spiritual and cultural strengths, commitment to education, a focus on respect and the resilience of African immigrants. Mental health service provision for African immigrant families should be sensitive to the important role and place of spirituality. Attending to the role of spirituality in assessment and treatment plans is therefore important. Our data also reveals that while African immigrants

value education, they often find that their children are being encouraged by teachers and counsellors to commit to career pathways that require lower levels of education. It is imperative that educators examine carefully how such decisions are being made. Focusing on the strengths of African children in educational settings and awareness of bias against this population will go a long way to improving educational outcomes. In summary, a framework of collaboration that includes community-centered counselling services and educational programs incorporating African values and worldviews is needed to improve the wellbeing African immigrant children and youth.

✓ *Develop partnerships with ethnic organizations*. These partnerships are necessary to improve the cultural acceptability of services. Indeed, our data suggest that ethnic organizations are better positioned to deliver services that address some of the parenting issues identified above, including the spiritual dimensions of health, the linguistic barriers to services, and the changing power dynamics within the family unit.

✓ *Develop childhood development interventions targeting the early stages of adolescence (between ages 10 and 15)*. This is the stage of the child development process where parent–child relationships and communication begin to crack in African immigrant families.

✓ *Develop mental health awareness and promotion programs targeting the African immigrant community.* This may include building the capacity of community and religious leaders as change agents for child mental health.

✓ *Develop programs focusing on strengthening gender relations and family cohesion.* Gender relations have an influence on child health. Domestic violence and family separation due to divorce can have a detrimental impact on child wellbeing. Despite this awareness, domestic violence and divorce have become too common in the African immigrant community. Developing programs and services that tackle gender relations across transnational spaces will serve to improve child wellbeing in the community.

✓ *Attend to barriers affecting access to services for African immigrants.* Such barriers include linguistic barriers, cultural barriers, and issues with navigating complex systems. Provision of translation and interpretation services can improve access.

✓ *Develop upstream approaches to improve child wellbeing*. One major approach is strengthening discipline practices. African immigrants often arrive in Canada with knowledge that they cannot enforce corporal punishment, but at the same time they are often unaware of effective discipline practices in the Canadian context. Discipline is often taught when an adverse event has occurred and at times when African immigrant parents are not receptive to learning. Moreover, African immigrants often associate discipline with police and child protection services and thus, often due to fear, do not seek help on how to effectively discipline their children. Integrating effective discipline practices into all child health promotion and wellbeing interventions for African immigrant parents will go a long way towards improving child wellbeing.

✓ *Attend to pre-immigration and post-immigration experiences.* Pre-immigration experiences can include the experience of being a refugee and discipline practices used prior

to immigrating. For instance, refugee children may have missed years of schooling or experience trauma that may affect their wellbeing in Canada. Refugee children who miss years of schooling in refugee camps may require a more intensive effort to integrate into the school system. Also, during the immigration process, there might be family separation and reunification. Attending to changing power dynamics in the process of immigration and across transnational spaces will serve as a useful intervention to improve African child wellbeing.

### 4.3 African immigrant communities

- ✓ *Develop mentorship programs.* Although the African immigrant community in the province is still growing and thus lacks a critical mass of successful professionals of African descent, African immigrant children and youth could still benefit tremendously from the mentorship of the available few. A female participant in the focus groups stated, "*I'm considered as one of the successful community members in Edmonton, and once I go out and talk to the kids who are in school, not only the kids but even the parents love what I tell the kids. So that mentorship, I think, is really one of the ways in which we can strengthen our [communities]*." Given the high rates of school dropouts and prevalence of poor social outcomes among African immigrant youths, we suggest the mobilization of the community towards developing community-based youth mentorship programs. Highlighting the strengths within the community, especially successful individuals within the community, can go a long way to improving wellbeing.

- ✓ *Get involved in public policy and political processes.* Participation in political processes, including in the school system, is generally of little interest to African immigrants, although this is where key decisions affecting their children are made. A participant in one of the focus groups stated, "*African community – they will not be involved in social and political initiative that, you know, speaks to issues that they are facing. For instance, the Ministry of Education right now, there is a huge review of the whole curriculum in Alberta for six years, but how many African communities are involved in the process?*" We suggest that the leadership of the African community develop and implement strategies to influence public policy and decision-making processes in ways that address the needs of the African immigrant community.

- ✓ *Engage service providers.* The leadership of the African immigrant community can do more to address some of the cultural insensitivities reported by the study participants in their encounters with service providers. The leadership of the community could be more proactive in engaging with service providers and educating them in ways that enhance their awareness of African culture and the service needs of the community.

- ✓ *Enhance access to information for new immigrants*. A key challenge facing new African immigrants is access to information. As one of our focus group participants stated, "*I can only say at the airport, I got my SIN [Social Insurance Number]. It would be nice to have a paper telling me all the Nigerian communities in Canada. Not all of us are religious. Not all of us go to churches or mosques, but it would be nice to see the list of places I could go to*." We suggest that the African communities could take leadership in and developing and distribution information resources to new African immigrants.

- ✓ *Create awareness about mental health.* Mental health is poorly understood and highly stigmatized in the African immigrant community. While service providers have a role to play in addressing this challenge, the leadership of the community could help to develop and implement mental health awareness programs.

- ✓ *Develop strategic alliances.* Some of the issues confronting African immigrants are not peculiar to this demographic. Indigenous communities and other minority populations face similar issues. In this regard, we suggest the creation of strategic alliances with groups with shared issues and challenges. This way, the African immigrant community will be strategically positioned to engage policymakers on social issues of wider interest.

### 4.4 Future research

- ✓ *Research on resiliency and strengths:* Research with African immigrant communities in Alberta is still emerging, and thus is inadequate. In particular, very little is known about the resilience and strengths of the African immigrant communities in the province. A participatory action research program is needed to understand but also to build on the resilience and strengths of these communities in a way that enhances child health and social outcomes.

- ✓ *Causes of poor social outcomes of African immigrant youth:* African immigrant communities, along with the Indigenous populations, are overrepresented in the justice system. They are also disproportionately exposed to drugs, gang, and gun-related violence in Canadian cities. Research is thus needed to understand and address the causes of gang involvement and gun violence among African immigrant youths.

- ✓ *Parenting adaptation strategies:* African immigrant parents adapt differently to Canadian parenting cultures. For example, while some parents continue to use corporeal methods of discipline, others have incorporated more persuasive methods. There is thus need for longitudinal studies to understand how parenting practices change or remain the same over time and their impacts on the health and social outcomes of African immigrant children.

- ✓ *State of African immigrant child health:* Very little is known about the state of physical and mental health of African immigrant children in Alberta. A province-wide study is needed to generate data on the state of health of African immigrant children. Such data will serve to buttress calls for governmental interventions on issues affecting African immigrant child health.

## 5. CONCLUSION

African and black immigrant children in Canada experience poorer health and social outcomes. Parenting practices have been implicated in contributing to poor health and social outcomes in this population. Our research has revealed that African immigrant parenting practices in Alberta are influenced by such structural factors as income status, culture, values, gender, and changing power relations between parents and children across transnational spaces. These structural determinants of parenting practices in turn produce several parenting challenges for African immigrants, some of which include lack of social support systems, poor access to services, socioeconomic difficulties, cultural clashes, liminal immigration status, and cultural insensitivities on the part of service providers. These parenting challenges, we noted, are connected to poor child mental health outcomes in the African immigrant community. Barriers to

mental wellness in this population are intensified by limited awareness of mental health issues, stigmatization of mental illness, and a general hesitancy to seek counselling or medical services for mental health problems. In this regard, we present several policy and service recommendations, including: (1) integrating African immigrant perspectives in child protection policies; (2) improving the cultural sensitivity of services; (3) hiring African immigrants as cultural bridges in service provision; (4) addressing income as a social determinant of child health; (5) attending to pre-immigration experiences of refugees and pre-immigration discipline practices; and (6) capitalizing on strengths within the African immigrant communities to improve child health and social outcomes.

## 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. *CMAJ, 16*, 187(9). doi:10.1503/cmaj.141420

Beiser, M., Goodwill, A. M., Albanese, P., McShane, K., & Nowakowski, M. (2014). Predictors of immigrant children's mental health in Canada: Selection, settlement contingencies, culture or all of the above? *Social Psychiatry and Psychiatric Epidemiology, 49*(5), 743–756.

Beiser, M., Hamilton, H., Rummens, J. A., Oxman-Martinez, J., Ogilvie, L., Humphrey, C., & Armstrong R. (2010). Predictors of emotional problems and physical aggression among children of Hong Kong Chinese, Mainland Chinese and Filipino immigrants to Canada. *Social Psychiatry and Psychiatric Epidemiology, 45*(10), 1011–1021. doi:10.1007/s00127-009-0140-3

Beiser, M., Hou, F., Hyman, I., & Tousignant, M. (2002). Poverty, family process, and the mental health of immigrant children in Canada. *American Journal of Public Health, 92*(2), 220–227.

Beiser, M., Taa, B., Fenta-Wube, H., Beheretibeb, Y., Pain, C., & Araya, M. (2012). A comparison of levels and predictors of emotional problems among preadolescent

Ethiopians in Addis Ababa, Ethiopia, and Toronto, Canada. *Transcultural Psychiatry, 49*(5), 651–677.

Chadwick, K. A., & Collins, P. A. (2015). Examining the relationship between social support availability, urban center size, and self-perceived mental health of recent immigrants to Canada: a mixed-methods analysis. *Social Sciences and Medicine, 128*, 220–230. doi:10.1016/j.socscimed.2015.01.036.

Cook, K. E. (2005). Using critical ethnography to explore issues in health promotion. *Qualitative Health Research, 15*(1), 129–138.

Edmonton Social Planning Council. (2015). *A profile of poverty in Edmonton*. Retrieved from http://www.edmonton.ca/city_government/documents/PovertyProfileJanuary2015.pdf.

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.

Kon, A., Lou, E., MacDonald, M. A., Riak, A., & Smarsh, L. (2012). *Working with South Sudanese immigrant students – Teacher resources*. Edmonton, AB: Canadian Multicultural Education Foundation and Alberta Teachers Association. Retrieved from http://www.teachers.ab.ca/SiteCollectionDocuments/ATA/For-Members/Professional%20Development/Diversity,%20Equity%20and%20Human%20Rights/AR-CMEF-2.pdf

Maimann, K. (2014, August 8). Somali youth struggles discussed. *Edmonton Sun*. 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/rsrcs/pblctns/gngs-cnd/gngs-cnd-eng.pdf

The Canadian Press. (2017). Key highlights from the latest release of 2016 census data. Accessed November 14 at http://www.cbc.ca/news/politics/key-highlights-2016-census-data-indigenous-immigrant-housing-1.4370908

Thomas, J. (1993). *Doing critical ethnography*. Thousand Oaks, CA: Sage.

Wingrove, J. and Mackrael, K. (2012, June 22). Why so many Somali-Canadians who go west end up dead. *Globe and Mail*. Retrieved from http://www.theglobeandmail.com/news/national/why-so-many-somali-canadians-who-go-west-end-up-dead/article4365992/?page=all