

## ***'Coming to a strange land': the West African migrant women's establishment of home and family in a new culture within Australia.***

### **Background/Introduction**

Migration plays a significant role in enhancing Australia's population and economics (Hoersting & Jenkins, 2011; Weishaar, 2010). More than 27% of Australia's population originates from international migration (Australian Bureau of Statistics (ABS), 2012). The Newly Emerging African Communities (NEAC), although not yet well-established are one of the fastest growing migrant group.

African migrants may feel socially isolated and depressed. Such feelings can be exacerbated by discrimination and racism from others. The visible, cultural and linguistic difference of African people makes them more vulnerable within the relatively dominant white culture that they often migrate into (Abdelkerim & Grace, 2012; Australian Human Rights Commission, 2010; Kivunja, Kuyini, & Maxwell, 2014). Crossing cultures can be a motivating and rewarding venture, however, migration entails adjustment with potential positive or negative health outcomes for the individuals involved (Daher, Ibrahim, Daher, & Anbori, 2011). The aim of this paper is to highlight the struggles and social adjustment issues that might impact negatively on the health of West African migrant women living in Australia.

***African home, family and culture:*** As a continent, Africa is home to diverse tribes and social groups. Yet the African cultural values and worldview that encompass emotional vitality, interdependence, collectivism and hospitality, sacred and religion, their perception of time, harmonious blending and the role of the elderly are widespread (Adelowo, 2012; Hanks, 2008; Hiruy & Mwanri, 2014; Theron, Theron, & Malindi, 2013). The meaning of interdependence to an African woman (or man) relates to harmonious living within one's community. For African people and

African women in particular, being part of a community and the ability to be able to exist within such cultural context is what constitutes fulfilment.

African people believe that elders are next to god/ancestors (Nyagua, 2007). Elders are seen as custodians of communal knowledge and can, therefore, not only teach but direct the young within the community in the most acceptable manner. The traditional African family has been described as the most resilient institution to the Western colonialism (Njoh, 2006).

The Western perspective of family that employs lexis such as uncles, cousins, nieces, nephew and paternal uncles has no parallel in African culture (Nzegwu, 2012). Africans tend to have more than one father or mother in that one's father's brother is still referred to as one's father, and one's father's sister is also still referred to as one's mother.

In addition, one's nephews and nieces are referred to as one's children, and one's cousins, regardless of how many times, are referred to as brothers and sisters (Njoh, 2006). The African extended family system is practised from rural areas to urban cities within Africa and the diaspora (Njoh, 2006). African peoples' sense of security includes being personally identified with and within the community. This sense of security is both spiritual and material in nature (Adelowo, 2012). The traditional African family system, poses a major hurdle for African diaspora community especially where they are a newly emerging community within the Western country they had migrated to, such as Australia.

***African women:*** Traditional African women are leaders in their own right. Prior to colonization, African women held important roles in socio-economic, political and religious arenas (Adediran & Ogen, 2011). The African consanguineal kinship model predisposes an African woman to the position of leadership and authority. This system stemmed from the most senior member of the family lineage, irrespective of the sex, being recognized as the head of the family and, therefore,

assuming the leadership position (Oyèwùmí, 2013). African colonization has contributed to the subordination of African women to African men and the patriarchal African society of today where daughters and wives are subordinate to husbands and sons (Nzegwu, 2012). This means that the decision to migrate is often made by men, and women are forced to migrate to join their male partner (Rashid & Gregory, 2014). This situation often results in African woman feeling isolated and lonely, and a loss of self-esteem (Ogunsiji, Wilkes, Jackson, & Peters, 2012). The skilled African migrant women often, require some form of retraining into a different occupation to earn income to support their nuclear and extended families. The African women role has been explained to be more positioned as that of a mother; that is, authority (Adelowo, 2012; Oyèwùmí, 2013).

***Social adjustment:*** Social adjustment involves individuals acclimatising to a new environment to become socially integrated through learning to understand the principles, ideals, standards and requirements of a society (Das & Deb, 2013). Social adjustment is the ability to adapt; and, utilize stressful situation to one's advantage. The ability to socially adjust and be embedded in their new environment is very important for migrants since failing to become integrated may be precursor to a number of negative outcomes including poor quality of life and health outcomes (Victor, Burholt, & Martin, 2012).

The International literature suggests that more often than men, migrant women endure loneliness and segregation in a new country because they are less prepared to migrate and the socio-cultural responsibilities of child-rearing and domestic responsibilities (Rashid & Gregory, 2014; Sin, Choe, Kim, Chae, & Jeon, 2010). These social responsibilities further reduce women's chances for social interactions and or economic achievements (Kamenou, 2008).

There is paucity of empirical studies to guide our knowledge of social adjustment issues for West African migrant women in Australia. Ogunsiji et al. (2012) highlighted the need for enhanced understanding in her work that explored the experiences of beginning a new life in Australia. This

paper is drawn from a larger study that explored the attitudes to and understanding of routine health care and screening held by West African migrant women in New South Wales, Australia. Elsewhere, we have submitted for publication findings relating to these women's beliefs and understandings about health and healthcare and their use of available health screening in Australia. In the current paper, we intend to answer the research question: *what are the adjustment issues encountered by West African migrant women living in Australia that may impact their health?*

## **Methods**

A qualitative storytelling method was used in this study. Stories are actions or series of events that are spatially and temporally bound with current events growing out of past happenings (Kendall, Marshall, & Barlow, 2013; Thomas, 2012). Stories are dynamic, relative and complicated (Mládková, 2013) hence in storytelling, meanings can change. (Palacios et al., 2014; White & Drew, 2011). In telling their story, people usually choose from ignorance to understanding. Storytelling methodology has been successfully used in women's health-related research (Peters, 2010). Grassley and Nelms (2009, p. 2448) state that, 'by asking women to tell their stories, nurses can enter into women's experiences and help make sense of them'.

**Recruitment:** The study took place in Sydney Australia. Inclusion criteria were for women to be of West African descent residing in Australia for a minimum of six months; aged 18 years or over; fluent in English, and willing to tell their stories to the researcher. Women were recruited through letters of invitation and fliers sent out to migrant resource centres and African organisations. Snowballing was used to reach more women (Bernard & Bernard, 2013; Kvale & Brinkmann, 2009) and story collection continued until saturation was achieved (Creswell, Hanson, Plano, & Morales, 2007; Padgett, 2011).

**Data collection:** Through individual, face-to-face interviews, data were collected and generated from the women's stories. Each consented audio-taped story lasted approximately 60 minutes. Prompts such as 'Can you tell me all about your settlement experiences since migrating to Australia?' were used to help shaped the continuous flow of the women's stories.

**Data analysis:** The present study employed thematic analysis as guided by Braun and Clarke's (2006) guidelines' of the six phases of thematic analysis. The first author transcribed the data verbatim, followed by data immersion by the research team for coding purposes. The team searched for and generated themes within the initial collated codes which were then followed by review of the themes. Themes were then refined and named.

**Ethical issues:** The project was conducted in compliance with the Australian Government National Health and Medical Research Council (NHMRC) guidelines and appropriate institutional ethics committee approval was granted for this study. The procedures for informed consent were followed.

**Rigour:** Investigator triangulation and reflexivity through journaling were used to ensure rigor in this work. Through reflexivity the researchers recognized their active involvement in the process and the product of this research. Investigator triangulation ensured that the interpretation of the data faithfully represented the women's stories (Speziale, Streubert, & Carpenter, 2011).

## **Findings**

Twenty West African migrant women who met the inclusion criteria voluntarily participated in this study (see Table 1). Findings are discussed under three themes: (1) '*But it is different here*': life in a new country; (2) '*I have to do it all by myself*': communal versus individual living; and (3) '*They don't listen to parents*': perceived threats to the family unit.

**PLEASE INSERT TABLE 1 HERE**

**Theme One:** *'But here it is different'*: life in a new country.

Settling into a new culture was accompanied by many challenges. The women explained that moving into a new culture and country caused economic, emotional and physical stress for all members of the family. For these women, the priority was to settle the family comfortably into Australia. However, the women recognised that they would bear a lot of the burden themselves. According to Jessica: *'... Being a mother, a wife and needing to care for everybody alongside my study... you know – it's so much to do all around... everything is on the woman you know'* (Jessica).

The main preoccupation for mothers was how to feed, clothe, shelter and ensure proper education for their children, making the settlement period a very chaotic and busy time. As well as settling the children into schools, the women also had to deal with other settling-in problems that arose for their children, such as not feeling welcomed by their peers at school. As a result, the women told stories of how their initial experiences in Australia created a sense of not belonging in a new country. This attitude prevented them from seeing the newly adopted country as home. The women's stories further indicated a lengthy period was required for them to effectively adjust into the system and be able to consider Australia their home. These experiences were summarily expressed through Talia's [who had lived in Australia for over 5 years] response to one of researcher's guide: *Researcher: 'How is the settling and calling Australia home going for you?' Talia: 'Not there as yet.'*

The women explained that the challenges of social adjustment were exacerbated by uncertainty. The responsibility of family settlement and struggle to adjust to Australia was a source of stress, worry and depression for them: *'So with the situation of leaving your own country to come to a strange land that absolutely you have no idea on how to start, adapt, where to go, what to do.....is a worry, depression. So I think my... issue here is the stress in how to make things happen and making sure that your kids get along and cope with their studies... cope with lessons and also maybe friends and all that'* (Kim).

Accompanying concerns to the process of adjusting to life in a new country was homesickness, and a desire to return to Africa. The women's stories were plagued with missing their African friends, families and lifestyle as they struggle to adjust and establish a new life in Australia.

*Yeah sometimes I miss home – I miss church services, friends. And I miss the care-free of Nigerians; how people enjoy life with little money and how happy people are over there and how people are involved in each other. In Nigeria almost every weekend there is a party going on. You have something you look forward to... Going to church- you dress up for it and you go to church and see fashion as well. They sound tiny but are big things really that I'm missing on by living here in Australia (Talia).*

The women reported incidents of racial stereotyping, for example being seen as potential carriers for both infectious and non-infectious diseases due to being from Africa. Racism contributed to the struggles faced by the women in this study, with most of the women reporting experiencing some form of racism. This was particularly apparent in the early years after migrating to Australia. Racism was experienced in diverse ways by these women and their families in workplaces, school yards and healthcare services. Perceived racism could prevent the women from willingly seeking health care. One of the women said: *'Sometimes our people do go to hospital, doctors will just interview them; did you live in refugee camp... so they (doctors) just go ... and write hepatitis, HIV/AIDS. So in fact, that restricts people from going to hospital any longer; they became afraid you know... We are totally embarrassed in Australia as new people...'* (Claire).

**Theme Two:** *'I have to do it all by myself'*: communal versus individual living.

All the women discussed missing the communal lifestyle of African life. In Africa, they had shared child care within families and their local community.

*...Perhaps the most important is the community life we have there (Africa) in that I don't have to worry about my kids crossing the road to go and play with the next neighbour; they could play on the streets and whenever they are ready, they come back home. I know that someone else is looking after my kids for me even when I'm not there; the next door neighbour is making sure that my kids are fine... But here (Australia) it is different; that neighbourly relationship doesn't really exist in Australia. Some people don't even talk to you as a neighbour which I find very strange... (Favour).*

Consequently the women reported a lack of time which they attributed to the loss of communal assistance that they were used to in Africa. The women explained that their time was taken up with looking after their family and working hard to provide for the needs of both their immediate and extended families back in Africa. They recounted their experiences of exhaustion from working and caring for their families: *'... I also come back from work tired every day and still have to get into the kitchen cooking and other stuff. I need help if only to help with the kids but none is available; I have to do it all by myself. It's hard ...'* (Joy).

Though homesick, the women's feelings were juxtaposed with a deep sense of value and appreciation for better life in Australia for their own children. The women in the study did not regret sacrificing some of the happiness and joy they experienced in their country of birth, but rather still chose to endure the tiredness and exhaustion of individualistic living that the Australian system entailed, in order to achieve what they considered to be the best outcomes for their own children: *'It (Australia) is family oriented; I like it for the kids, its safe. It's a good place to raise kids. It is simple. Security wise you don't have to worry about gun shots that is common in places... even though it is a good place I still misses Nigeria because it is home...'* (Favour).

The cost of childcare was also raised as a significant issue for the women. Having always had familial support it was difficult to come to terms with paying strangers to care. This could also be seen in the context of their commitments to financial assistance for their extended families back in



Africa: *'... I remember those periods also that my husband went back to Ghana; I needed support which is just to find someone to look after my kids. I have no one. I have to start work at 8am whereas the kids' school starts at 945a.m. Going to work meant dropping my kids at before school care. It was very expensive; for two weeks I pay \$300 for three kids. It was not easy'* (Joy).

The responsibility to contribute support to extended family still in Africa also contributed to the women's burden. African tradition is communal and dictates that as an individual you are expected to look after and help each other. The stories from the women revealed the importance they attached to being able to provide financial and material assistance to family still in Africa. Sophie's story was laden with emotional guilt thinking that her family might have felt neglected and forgotten in Africa: *' It is very important for me to work here because back in Africa, there are many people depending on me to send money to survive; go to school and I cannot disappoint them... My mum rely on me for regular money to care for them (the children) ... I am solely responsible for these kids, I cannot disappoint them ... I am stressed that I have no job with which I can make and send money to them ... '* (Sophie).

**Theme Three:** *'They don't listen to parents'*: perceived threats to the family unit.

Children taking on western habits and values represented a significant source of stress and challenge for the women. Due to the marked differences in social, cultural and family practices, the women in this study struggled to maintain discipline and their traditional way of parenting here in Australia. Corporal punishment, which is unacceptable in Australia, is not only culturally practised in Africa but also a socially acceptable way to raise a child. *'It was very challenging when I first arrived because it is an environment that is different from where I was coming from, that is Africa – It's very different to what I have known; like – culture beliefs and everything; even understanding the Australian system... Also things you take for granted back home in Africa becomes abnormal here in Australia like smacking of kids is not allowed here otherwise your kid will be removed'* (Jade).

Being unable to adequately discipline their children sometimes meant that authorities such as the police or family services came into contact with the families. Discussing the intergenerational conflicts Suzie stated: *'Yeah I mean most kids from my community when they came, they tend to follow the white people ways and pattern of life... they don't listen to parents, they start misbehaving, by the time you realise they are in Department of Community Services [DOCS] care like one of my nephew we bring... now he is in DOCS.... By the time we realised he has started sleeping outside; police started bringing him home'* (Suzie).

In addition, the women in the study also expressed apprehension regarding the perceived freedom that children enjoyed in the Western world. Not having such tight control over their children's activities and peers was of great concern to them. The women's concern was described by Suzie: *'You know here in Australia when kids' starts going out you worry that they don't go and join bad friends and groups because these days kids are becoming very bad especially most kids that are coming from Africa'* (Suzie).

**Discussion:** Migration has become a part of the fabric of human existence. People tend to emigrate and settle in foreign countries for reasons such as war, education and employment. Many of the West African migrant women in our study emigrate as a family either as a skilled migrant or as refugees. The purpose of this study was to explore the struggles and social adjustment issues that might impact negatively on the health of West African migrant women living in Australia to inform policy and practice. In this discussion section, two particular studies from the United States of America (USA) will be compared to our findings but the discussion will also draw on other literature.

Our study findings shared many comparative outcomes with the studies conducted on West African migrant women (Arthur, 2009) and Jordanian immigrant women (Hattar-Pollara & Meleis, 1995) in USA. All the three studies demonstrate that work, family networks, ethnic or communalism and children are paramount in the migrant women's lives. The studies identify the straddling of multiple

cultures by the women in creating identities in their host and countries of origin. All women in the three studies utilize some form of associations such as attending religious places to network and bridge their experiences of cultural differences in their new country; Australia and USA. The women in the three studies experienced some form of racism and stereotype in their new countries that extended to the school yards of their children. However, one main difference was the women in our study being referred to as potential carriers of infectious and non-infectious diseases which were not documented in the studies out of the United States.

Our current study has offered a rich descriptive account of the experiences of West African migrant women settling into a new culture in Australia. Like other immigrant groups, the women shared their experiences of psychological issues like depression, physical issues such as exhaustion; social issues such as lack of communal living and its associated challenges, and fears and concerns regarding child rearing and maintaining their family unit. Migrants are often isolated in their host country and face many issues that include language barriers, employment concerns and discrimination in adjusting and fitting in to the new country (Ogunsiji et al., 2012) which can result in psychological concerns. The women's stories in our study are consistent with the aforementioned literature.

These women's identities, self-esteem, emotions, time and attention were heavily invested in their roles as mothers helping their families to adjust in a new country/culture. The parenting role is shared between a mother and father but the central role of a mother in the upbringing of children is well documented (Burnett, Gatrell, Cooper, & Sparrow, 2010). It was apparent that the women were feeling the lack of communal living and absence of help that they were used to in Africa, especially with the added responsibility of having to work for an income.

The lack of communal assistance manifested through the women's accounts of feeling isolated. It became evident that the settling-in period created a lot of burden on the women, and this was a

contributing factor in their inability to engage in self-care. Stories of mental health issues around immigrants, especially women due to the difficulty in adjustment, pervades the literature (Macdougall, 2008; Roh, Lee, Lee, Shibusawa, & Yoo, 2014). The sense of tiredness as a result of lack of help comes through strongly in the women's stories. Studies have emphasized the importance of psychological and sociocultural balancing for optimal migration experiences (Beru, 2010; Searle & Ward, 1990). The psychological involves the ability to adjust mentally and physically into a new country whereas socio-culturally, a migrant needs the skills to operate successfully in a new life. These skills include language fluency, cultural knowledge and adaptation as well as creating a social milieu that helps them have good social relationships (Houston et al., 2011; Vafeas, 2013).

Feelings of homesickness, loneliness and a lack of family support were not unique to the women in this study. Similar findings have been documented in the literature for migrant women from other ethnic backgrounds (Hattar-Pollara & Meleis, 1995; Rashid & Gregory, 2014). Despite their issues though, the women in our study were happy for a safer life for their children as a result of coming to live in Australia. The findings are consistent with the Jordanian immigrant women in the United States (Hattar-Pollara & Meleis, 1995). According to the authors, a better life for the children through the provision of good education was identified as top migration priority: 'one of the main reasons that pushed us to America is the children's education' (p. 529). The children's educational priority also overshadowed the Jordanian women's feelings/experiences of homesickness, diminished social network and loneliness. There is a sense of straddling multiple cultures in order to live a new, acceptable and successful life as a migrant woman. This sense of ambivalence or straddling multiple cultures was also documented amongst the West African immigrant women in the United States (Arthur, 2009). Isolation and indeed loneliness that are significant stressors for migrants' homesickness can be a precursor to poor health and quality of life in migrants (Victor et al., 2012).

The women in our study expressed enormous emotional guilt when they were unable to work and meet the financial needs of their loved ones back in Africa. This finding is similar to previous studies which highlighted that African migrants are under constant pressure to meet the needs of their extended family still in Africa (Arthur, 2009; Ogunsiji, 2009; Oyeyemi & Sedenu, 2010). The finding also resonates with the postcolonial feminist study of immigrant women's mental health experiences in Canada (O'Mahony & Donnelly, 2010) which examined the health of immigrants within the context of their social, cultural, economic, historical and political backgrounds.

The West African women in this study expressed deep fears, and apprehension regarding the effects of migration on their family dynamics and raising their children in a different socio-cultural setting. Our study documents child-rearing experiences that led to contact with the law. There are similar findings elsewhere with studies on intergenerational conflicts (Renzaho, Green, Mellor, & Swinburn, 2011). These kinds of parental concerns result in family stress and can cause difficulties with family members adjusting to the new country (Deng & Marlowe, 2013). The perceived child-rearing threats are also consistent with the Jordanian immigrant women studies from the United States (Hattar-Pollara & Meleis, 1995). Expressing their concern and the huge responsibility, one of the Jordanian women stated that 'it rests upon me to raise the children... and it is essentially my fault if they failed or make mistakes' p. 533. As with the immigrant women from the United States especially Arthur (2009) and Hattar-Pollara (1995), the women in our study identified similar stressors that they encountered due to migration to Australia. In all the three studies, there were elements of racism that negates successful settlement for the women. The senses of loneliness pervade the three studies and were concerns for all authors as precursor to mental health issues for the study participants. The Jordanian women, though not African, experienced the racism and included by their children at school (Hattar-Pollara & Meleis, 1995).

The stress and anxiety that accompanied family settlement and social adjustment into the Australian culture including the guilt in not meeting family commitments back in Africa were strong enough to create mental health issues for the women. However none of the women reported seeking medical help. The reason might be embedded in the fact that it is not common for African people to seek mental health care due to stigma (Venters et al., 2011).

The women in our study reported experiences of racism and discrimination with feelings of being made to feel inferior to white Australians. Similar findings have been documented among the West African immigrant women (Arthur, 2009) and Jordanian immigrant women in the United States (Hattar-Pollara & Meleis, 1995). As expressed in Arthur (2009), African migrants experienced condescension as a result of being black, women and indeed from their religious appearances. The Jordanian women, though not African, experienced the racism and included by their children at school (Hattar-Pollara & Meleis, 1995). The finding of our study is also consistent with literature on migration with its reported significant impact on the mental health of minority groups (Gee & Ponce, 2010; Syed & Pio, 2010). Additionally, some researchers have raised discrimination and racism as issues that make it difficult for some African people in Australia to get jobs (Australian Human Rights Commission, 2010; Colic-Peisker & Tilbury, 2007).

Finally, a novel finding from this study cohort was the women's endurance of the migration adjustment process so that their children could enjoy a better life and education in Australia. This forms one of the positives in the gloomy picture of their adjustment process stories.

**Implication for practice and future research:** Australia is a multicultural society and healthcare services must reflect this. Healthcare workers are in a better position to assess women for psychological issues like depression that can offshoot from the varied problems of inability to socially adjust into their new culture. Fears and concerns about their family highlighted in this study

is an indication for nurses and midwives to provide adequate support for migrant families in their roles of direct care to them. Activities that can respect the socio-cultural backgrounds of migrants should be considered in helping the women and their families achieve an effective transition into a new culture. Stories of loss and mourning of home lifestyle by these women is strongly associated with the potential development of psychological problems.

Further research of parenting issues following migration would benefit this population. Referral for counselling services about child-rearing is another avenue that could help West African migrant women to discipline their children in a way that is acceptable in their new cultural environment.

**Strength and Limitations:** The inductive method and the depth of data saturation achieved are strengths of this study. The study has added to the very scant research about the West African migrant women of Sydney New South Wales, Australia. Due to the qualitative methodology however, findings are limited to the women who shared their stories. Nevertheless, some findings may be transferable to other groups of migrant women given synergies in the literature.

**Conclusion:** The African population is increasing in Australia, but little is known about their successful social adjustment. This study has offered insights into some of the issues that may impact on the adjustment and health of West African women in Australia. Notably, the study has highlighted the straddling of multiple cultures by the women that may impact on their health, family and lifestyle. Their experiences of discrimination and racism demand more sensitivities from the healthcare professionals and policy makers. The study contributes to our knowledge in providing culturally competent/appropriate support for West African migrants and their families as they adjust to the new life in Australia. Additionally, the study has highlighted the need in providing culturally appropriate support for migrant women. Nurses and midwives have direct contact and are ideally placed to support migrant women during this period of transitional struggle, and beyond.

### **Declaration of Conflicting Interests**

The author (s) declared no potential conflicts of interests with respect to the research, authorship, and/or publication of this article.



## References:

- Abdelkerim, A. A., & Grace, M. (2012). Challenges to employment in newly emerging African communities in Australia: A review of the literature. *Australian Social Work, 65*(1), 104-119.
- Adediran, B., & Ogen, O. (Eds.). (2011). *Women, ritual and politics of precolonial Yoruba land*. Trenton, NJ: Africa World Press.
- Adelowo, A. (2012). *The adjustment of African women living in New Zealand: a narrative study*. (Ph.D thesis Unpublished Ph.D), School of Health Care Practice, Auckland University of Technology, New Zealand, Auckland University of Technology, 228 pages.
- Arthur, J. A. (2009). *African Women Immigrants in the United States*: Palgrave Macmillan.
- Australian Bureau of Statistics (ABS). (2012). 2071.0 - Reflecting a Nation: Stories from the 2011 Census, 2012–2013
- Australian Human Rights Commission. (2010). *In Our Own Words: African Australians: a review of human rights and social inclusion issues*: Australian Human Rights Commission.
- Bernard, H. R., & Bernard, H. R. (2013). *Social research methods: Qualitative and quantitative approaches*: Sage.
- Beru, L. (2010). *Role of acculturation and stress factors among Black African immigrants*. (Masters of Social work Masters of Social Work), California State University, Sacramento.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Burnett, S., Gatrell, C., Cooper, C., & Sparrow, P. (2010). Well-balanced families?: A gendered analysis of work-life balance policies and work family practices. *Gender in Management: An International Journal, 25*(7), 534-549.
- Colic-Peisker, V., & Tilbury, F. (2007). Integration into the Australian Labour Market: The Experience of Three "Visibly Different" Groups of Recently Arrived Refugees1. *International migration, 45*(1), 59-85.
- Creswell, J. W., Hanson, W. E., Plano, V. L. C., & Morales, A. (2007). Qualitative research designs selection and implementation. *The Counseling Psychologist, 35*(2), 236-264.
- Daher, A. M., Ibrahim, H. S., Daher, T. M., & Anbori, A. K. (2011). Health related quality of life among Iraqi immigrants settled in Malaysia. *BMC public health, 11*(1), 407.
- Das, J., & Deb, A. K. (2013). A comparative study on social adjustment among tribal and non-tribal students. *IOSR Journal of Humanities and Social Science, 12*(3), 29-32.
- Deng, S. A., & Marlowe, J. M. (2013). Refugee Resettlement and Parenting in a Different Context. *Journal of Immigrant & Refugee Studies, 11*(4), 416-430.
- Gee, G. C., & Ponce, N. (2010). Associations between racial discrimination, limited English proficiency, and health-related quality of life among 6 Asian ethnic groups in California. *American Journal of Public Health, 100*(5), 888.
- Grassley, J. S., & Nelms, T. P. (2009). Tales of resistance and other emancipatory functions of storytelling. *Journal of advanced nursing, 65*(11), 2447-2453.
- Hanks, T. L. (2008). The Ubuntu Paradigm: Psychology's Next Force? *Journal of Humanistic Psychology, 48*(1), 116-135.
- Hattar-Pollara, M., & Meleis, A. I. (1995). The stress of immigration and the daily lived experiences of Jordanian immigrant women in the United States. *Western Journal of Nursing Research, 17*(5), 521-539.
- Hiruy, K., & Mwanri, L. (2014). End-of-life experiences and expectations of Africans in Australia Cultural implications for palliative and hospice care. *Nursing ethics, 21*(2), 187-197.

- Hoersting, R. C., & Jenkins, S. R. (2011). No place to call home: Cultural homelessness, self-esteem and cross-cultural identities. *International Journal of Intercultural Relations*, 35(1), 17-30.
- Houston, T. K., Allison, J. J., Sussman, M., Horn, W., Holt, C. L., Trobaugh, J., . . . Larkin, D. (2011). Culturally Appropriate Storytelling to Improve Blood Pressure A Randomized Trial. *Annals of internal medicine*, 154(2), 77-84.
- Kamenou, N. (2008). Reconsidering work–life balance debates: challenging limited understandings of the ‘life’ component in the context of ethnic minority women's experiences. *British Journal of Management*, 19(s1), S99-S109.
- Kendall, E., Marshall, C. A., & Barlow, L. (2013). Stories Rather Than Surveys: A Journey of Discovery and Emancipation. *International Journal of Qualitative Methods*, 12, 258-271.
- Kivunja, C., Kuyini, A. B., & Maxwell, T. (2014). Settlement Experiences of African Refugees: A Case Study of the Armidale, Tamworth and Coffs Harbour Regions of New South Wales, Australia. *Journal of Asian and African Studies*, 49(1), 64-79.
- Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*: Sage Publications, Incorporated.
- Macdougall, N. (2008). *Getting to know you: the journey from refugee to African-Australian*. Murdoch University.
- Mládková, L. (2013). Leadership and Storytelling. *Procedia-Social and Behavioral Sciences*, 75, 83-90.
- Njoh, A. J. (2006). *Tradition, culture and development in Africa: Historical lessons for modern development planning*: Ashgate Publishing, Ltd.
- Nzegwu, N. U. (2012). *Family matters: Feminist concepts in African philosophy of culture*: SUNY Press.
- O'Mahony, M. J., & Donnelly, T. T. (2010). A postcolonial feminist perspective inquiry into immigrant women's mental health care experiences. *Issues in Mental Health Nursing*, 31(7), 440-449.
- Ogunsiji, O. O. (2009). *Meaning of Health: Migration experience and health seeking behaviour of West African women in Australia*,. (Ph.D thesis Unpublished Ph.D), School of Nursing and Midwifery, College of Health and Science, University of Western Sydney, Sydney, Australia. 240 pages.
- Ogunsiji, O. O., Wilkes, L., Jackson, D., & Peters, K. (2012). Beginning Again West African Women's Experiences of Being Migrants in Australia. *Journal of Transcultural Nursing*, 23(3), 279-286.
- Oyěwùmí, O. (2013). The invention of women. *Anthropology in Theory: Issues in Epistemology*, 448.
- Oyeyemi, A. Y., & Sedenu, B. U. (2010). Perceived Health Status of Nigerian Immigrants in New York City. *Fizyoterapi Rehabilitasyon.*, 21(2), 87-95.
- Padgett, D. K. (2011). *Qualitative and mixed methods in public health*: SAGE Publications.
- Palacios, J. F., Salem, B., Hodge, F. S., Albarrán, C. R., Anaebere, A., & Hayes-Bautista, T. M. (2014). Storytelling A Qualitative Tool to Promote Health Among Vulnerable Populations. *Journal of Transcultural Nursing*, 1043659614524253.
- Peters, K. (2010). Reasons why women choose a medical practice or a women's health centre for routine health screening: worker and client perspectives. *Journal of clinical nursing*, 19(17-18), 2557-2564.
- Rashid, R., & Gregory, D. (2014). 'Not Giving Up on Life': A Holistic Exploration of Resilience among a Sample of Immigrant Canadian Women. *Canadian Ethnic Studies*, 46(1), 197-214.
- Renzaho, A. M., Green, J., Mellor, D., & Swinburn, B. (2011). Parenting, family functioning and lifestyle in a new culture: The case of African migrants in Melbourne, Victoria, Australia. *Child & Family Social Work*, 16(2), 228-240.
- Roh, S., Lee, Y.-S., Lee, K. H., Shibusawa, T., & Yoo, G. J. (2014). Friends, Depressive Symptoms, and Life Satisfaction Among Older Korean Americans. *Journal of immigrant and minority health*, 1-7.
- Searle, W., & Ward, C. (1990). The prediction of psychological and sociocultural adjustment during cross-cultural transitions. *International Journal of Intercultural Relations*, 14(4), 449-464. doi: [http://dx.doi.org/10.1016/0147-1767\(90\)90030-Z](http://dx.doi.org/10.1016/0147-1767(90)90030-Z)

- Sin, M.-K., Choe, M.-A., Kim, J., Chae, Y.-R., & Jeon, M.-Y. (2010). Depressive symptoms in community-dwelling elderly Korean immigrants and elderly Koreans: cross-cultural comparison. *Research in gerontological nursing*, 3(4), 262-269.
- Speziale, H. S., Streubert, H. J. S., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*: Wolters Kluwer health.
- Syed, J., & Pio, E. (2010). Veiled diversity? Workplace experiences of Muslim women in Australia. *Asia Pacific Journal of Management*, 27(1), 115-137.
- Theron, L. C., Theron, A. M., & Malindi, M. J. (2013). Toward an African Definition of Resilience: A Rural South African Community's View of Resilient Basotho Youth. *Journal of Black Psychology*, 39(1), 63-87.
- Thomas, S. (2012). Narrative inquiry: embracing the possibilities. *Qualitative Research Journal*, 12(2), 206-221.
- Vafeas, C. J. (2013). Migration matters: the experience of United Kingdom registered nurses migrating to Western Australia.
- Venters, H., Adekugbe, O., Massaquo, I. J., Nadeau, C., Saul, J., & Gany, F. (2011). Mental health concerns among African immigrants. *Journal of Immigrant & Minority Health*, 13(4), 795-797.
- Victor, C. R., Burholt, V., & Martin, W. (2012). Loneliness and ethnic minority elders in Great Britain: an exploratory study. *Journal of cross-cultural gerontology*, 27(1), 65-78.
- Weishaar, H. B. (2010). "You have to be flexible"—Coping among Polish migrant workers in Scotland. *Health & place*, 16(5), 820-827.
- White, J., & Drew, S. (2011). Collecting data or creating meaning? *Qualitative Research Journal*, 11(1), 3-12.