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Two sides of the same coin: Factors that support and challenge the wellbeing of refugees resettled in a small urban center



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ABSTRACT

For refugees who undergo permanent resettlement, characteristics of the resettlement context influence their ability to heal from pre-migration persecution and achieve a sense of wellbeing. This ethnographic study examines the impact of place-related determinants on the sense of wellbeing experienced by refugees resettled in a small urban center. The paper reports on the results of in-depth interviews that were conducted with ten former refugees in St. John's, Canada. We found that challenges and coping resources both emerged from the same aspects of the city, including its built environment, natural environment, history, culture, and low ethnic diversity. Future research should attend to how aspects of the resettlement context can simultaneously challenge and support refugees' sense of wellbeing.

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1. Introduction

Refugees are those who have fled their home countries due to a fear of persecution based on their membership in a social group (UNHCR, 2010). Some countries, such as Canada, offer permanent resettlement to a limited number of refugees annually. Although permanent resettlement allows refugees to establish a new life in a safer place, they must still cope with the effects of pre-migration trauma as well as post-migration challenges (Carswell, Blackburn, and Barker, 2011). Place-related determinants of health have been shown to have a strong impact on the mental and emotional wellbeing of refugees who are resettled in high-income countries (Beiser, 2009; Beiser et al., 2011; Lamba and Krahn, 2003; Simich et al., 2012). The current paper examines the impact of settling in a small urban center on refugees' sense of wellbeing. Using data from an ethnographic study conducted in the small city of St. John's, we demonstrate that challenges and supports for resettled refugees' sense of wellbeing can be traced to the same aspects of the environmental, social, and historical context.

There is a significant gap in the literature regarding the experiences of refugees who are resettled in small urban centers. Most research in Canada examining refugee resettlement is conducted in the three large cities of Toronto, Vancouver, and Montreal (Hansson et al., 2012). These cities receive the greatest numbers of immigrants and refugees (Citizenship and Immigration Canada, 2012). Moreover, they have sizeable cultural and linguistic communities, multiple settlement services, and high ethnic diversity (Statistics Canada, 2013a). Ethnic and linguistic diversity in the resettlement context can help refugees build social networks and access services (Stafford, Newbold, and Ross, 2011). Currently, NL has relatively low ethnic and linguistic diversity: only 1.36% of the province's population identified as visible minorities in the 2011 National Household Survey, compared to the national average of 19.07% (Statistics Canada, 2013a). Additionally, only 1.5% of the province's residents speak a language other than English or French¹ at home (Newfoundland and Labrador Statistics Agency, n.d.). Most current residents of Newfoundland claim primarily Irish and English ancestry, and there is a large population of Aboriginal peoples especially in Labrador. Seven per cent of NL's population identifies as Aboriginal, including First Nations, Metis, Inuit, and those with multiple Aboriginal identities (Statistics Canada, 2013b).

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¹ Both English and French are official languages in Canada.

NL receives around 100 Government-Assisted Refugees (GARs) every year, a very small number compared to other provinces (Citizenship and Immigration Canada, 2012). Twenty-four asylum seekers came to the island in 2012, and that is the highest number in nine years (Citizenship and Immigration Canada, 2012). Unlike GARs who are accepted by the government and for whom settlement services are offered, asylum seekers are not eligible for any services in St. John's. The small number of asylum seekers in the province can be attributed to the lack of support and infrastructure available in St. John's to help them navigate the refugee claimant process (CBC News, 2014). The province has one federally-funded settlement agency and English school, and these are accessible only to GARs and permanent residents.

The majority of immigrants and refugees who initially come to NL do not stay in the province. A recent report found that NL had the lowest immigrant retention rate amongst all Canadian provinces (Okonny-Myers, 2010). Most refugees who are assigned by Citizenship and Immigration Canada (CIC) to be resettled in NL eventually move to other provinces, where they may find family or friends, more employment opportunities, and greater ethnic diversity (Government of Newfoundland and Labrador, 2005; 2007; c.f. Sarma-Debnath and Kutty, 2006). The province's limited retention of incoming refugees and immigrants was the primary reason that St. John's was chosen as the site for this study.

1.1. Background

Refugees experience significant persecution and loss leading to their displacement. Experiences of adversity do not stop after resettlement, as moving to a different country brings a new set of losses and difficulties including language barriers, poverty, and the loss of social networks (Pumariiega, Rothe, & Pumariiega, 2005; Tilbury & Rapley, 2004). The process of resettling in an unfamiliar place, compounded by the material and emotional losses of displacement, can have a negative impact on refugees' sense of wellbeing. Despite the challenges that refugees face before and after resettlement, most refugees in Canada are mentally and emotionally healthy (Beiser, 2009; Lamba & Krahn, 2003; Simich, Roche, & Ayton, 2012).

Traditionally, resettled refugees have been constructed in research as vulnerable to mental illness due to pre-migration suffering or trauma (di Tomasso, 2010). This view has been critiqued for disregarding the lived experiences of the majority of resettled refugees who do not develop mental illness (Beiser, 2009; Gozdzia, 2004; di Tomasso, 2010). Importantly, the traditional emphasis on pre-migration trauma undermines the influence of the post-migration experiences and the resettlement context on resettled refugees' sense of wellbeing (Beiser, 2009; Ryan, Dooley, & Benson, 2008; Schweitzer, Brough, Vromans, & Asic-Kobe, 2011). Refugees' sense of wellbeing after migration depends on personal resources such as language fluency, as well as on social resources such as the availability of social capital and accessible services (Beiser, 2009). As such, in this paper we have chosen not to use the psychiatric language of mental health when exploring refugees' experiences during resettlement. Rather, we focus on wellbeing as a subjective experience of "life satisfaction, affect (happiness), and coping abilities, considered in a social, political, and psychological context" (Whittaker, Hardy, Lewis, & Buchan, 2005). As such, our work is aligned with health promotion approaches that conceive of wellbeing as a holistic experience that is not limited to the absence of illness (Antonovsky, 1979; Buchanan, 2000).

1.2. The ethnographic context

St. John's is the capital city of Newfoundland and Labrador (NL), the most eastern province of Canada. Lying on the eastern tip of

the island of Newfoundland, the city of St. John's has a population of just over 200,000 people (Newfoundland and Labrador Statistics Agency, 2014). Forty per cent of the population of the province resides in St. John's, and the remaining portion of the population is scattered across small towns and rural areas (Newfoundland and Labrador Statistics Agency, 2014). Rocky cliffs jutting out into the sea and high hills characterize the landscape of the island. The foggy climate and rocky coast are at once beautiful and formidable. Residents of the province have traditionally lived off of the land and sea, but in 1992 the cod fishery was closed to commercial harvesters. This cod moratorium had a devastating impact on the province's economy, resulting in a loss of 35,000 jobs (Mather, 2013). In the years since, NL has seen an extensive out-migration of laborers who travel to other parts of Canada in search for employment (Nolan, 2007). Despite a recent increase in offshore oil jobs, there continues to be a net outmigration of laborers from NL to other provinces (Provincial Population Growth Strategy, 2014).

Over the last decade, the provincial government has stressed the need to attract and retain more immigrants and refugees as a strategy to counter the rapidly declining and aging population (Government of Newfoundland and Labrador 2005; 2007; 2014). This suggestion has been met with some hostility. For instance, the journalist Stephen Nolan (2007, p. 142) argues that by promoting immigration as a population growth strategy, the provincial government is neglecting "the population's desperate need for their own people to stay and contribute to the province." This resonates with what Baker and Bittner (2013) term the 'zero-sum game' attitude towards immigration in Atlantic Canada, based on the assumption that benefits to immigrants result in a loss for local residents. Likewise, a recent study examining the experiences of school-aged refugees in St. John's found that they faced significant discrimination in the school environment (Baker, 2013).

Despite these reports, there has been very little research conducted on the experiences of refugees who resettled in NL and decided to remain in the province. It is not clear why some resettled refugees decide to stay in NL, and how the challenges and supports they find in St. John's affect their sense of wellbeing. St. John's offers a unique context to study the influence of place-related determinants of health on resettled refugees' sense of wellbeing, because it differs from other resettlement contexts that are commonly studied. The results presented below demonstrate the impact of environmental, social, and economic characteristics of the resettlement context on refugees' sense of wellbeing in a small urban center.

2. Methods

Ethnographic fieldwork was conducted in St. John's between September 2013 and July 2014. The first author conducted participant observation and in-depth interviews. This paper is based on the results of the interviews, which commenced after receiving the approval of the NL Health Research Ethics Board in December 2013. Ten participants, five women and five men, participated in a total of 17 in-depth interviews. Eight participants had arrived in St. John's as Government-Assisted Refugees (GARs) and two had arrived as asylum seekers. The participants had lived in the city between 4 and 20 years and all were able to converse comfortably in English. The participants were between the ages of 20 and 55 and were all employed. All had undergone post-secondary education in their country of origin or in Canada. They were originally from countries in Europe, Latin America, and Africa.² The names of

² Given the small number of refugees who remain in Newfoundland, the participants' specific countries of origin will not be identified in this paper to protect

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