**Somali Single Mothers in Ottawa: Challenges and Opportunities of Resettlement
and Implications for Health and Well-being**

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ABSTRACT

This study explores the resettlement challenges of Somali single mothers in Ottawa, and the health implications of these challenges. The study also investigates the coping strategies women adopted to mitigate the effects of poverty and decreased social support. The research methodology consisted of 11 individual interviews with single mothers who have lived in Canada for ten years or longer. Mental health related issues—sadness, anxiety and depression—and high cholesterol, hypertension and iron deficiency were some of the health complications reported by the participants. The participants' explanatory models attributed their ill-health to the resettlement challenges they have faced in Canada. The study found that institutional racism and social exclusion hampered the successful integration of the mothers and their children. Language acquisition and full-time employment did not alleviate the feeling of social exclusion: children, particularly boys, bore the brunt of this social exclusion resulting in problems in schools and contact with the criminal justice system.

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INTRODUCTION

This research aims to explore the health and well-being of Somali single mothers living in the Ottawa area. While much has been written about the general health concerns of immigrants and refugees, the health experiences of single mothers within this population have not been adequately documented. The issue of diversity amongst immigrant women warrants particular examination due to the fact that a disproportionate segment of *immigrants* are in actuality *refugees*, although they are considered as a sub-group of immigrants in existing literature. Such a classification is misleading because the very process by which refugees and immigrants arrive in Canada is radically different. The difference does not refer to just the traumatic events which refugees undergo prior to migration, but also the resilience and survival strategies which they must develop in order to endure the resettlement process and cope in their new environment. Similarly, not all women within refugee populations are homogeneous. Senior women and single mothers are said to be the ones that often suffer the most in terms of mental and emotional health (Task Force 1988) and yet these two groups remain perpetually under- studied. This study is both an effort to contribute to the limited corpus of information on this subject, but to also chronicle, in their own words, the stories of this hitherto neglected group.

The few studies that have focused on the health of Somali women in the diaspora all underscore the emergence of stress-induced health problems (Spitzer 2006; Tiilikainen 2001). Some of these health problems are mental – depression and anxiety – while others are of a physical nature. The present study similarly attempts to elicit the health concerns of Somali women and the healing methods they adopt to cope with their concerns (for example, visiting a physician or using alternative/traditional healing mechanisms). The

emphasis of this study, however, focuses on the social conditions under which women live and how these conditions affect their health and well-being. Some of the questions the study investigated include: What social causes do the women attribute to their ill-health, if any? For example, is it related to settlement and integration (language, employment, housing, and raising children without any support). Or are the stresses they experience a result of inter-generational conflict and lack of parenting skills in the new environment? How do racism and social exclusion, and the absence of avenues to challenge them, affect women's health? How do women cope and survive these mounting pressures? Finally, what sorts of social support networks and coping strategies have they established in the absence of traditional ones in order to mitigate the cumulative effects of war, trauma, migration, and resettlement?

The objective of this research is to contribute to the growing literature on immigrant and refugee women's health and to tell the stories of how those deemed as 'vulnerable populations' overcome the myriad challenges of life. It is hoped that the findings of this research will also be used as an advocacy tool on behalf of refugee single mothers to affect policy change and as such, it will be made available to Community Health Centers (CHC) that service refugee families.

Social Determinants of Health

All human beings experience some form of sickness and have developed various ways for curing it. A critical issue in alleviating pain rests in understanding the causes of a particular ailment and the remedies associated with it. In Western medicine, the emphasis appears to focus on the curative process of the disease, and in most cases, the practitioners' diagnostics does not include an examination of the patient's socio-

economic conditions. As such, the result is often a failure to treat patients who complain of “feeling ill” without necessarily exhibiting overt symptom of a disease¹. Moreover, the body (in Western medical practice) is also seen as separate from the mind. This practice, referred to as Cartesian Dualism, allows for doctors to focus their cure on the ailing part of the body—“localization of illness”— while neglecting the patient’s psychological and emotional well-being (Osherson and Amarasingham 1981). Hence, the distinction between the body and the mind and the emphasis on diseases fails to acknowledge what Health Canada calls the Social Determinants of Health. According to Health Canada, health is defined as “the capacity of people to adapt to, respond to, or control life's challenges and changes" (Frankish et al 1996). While many factors are said to affect the health of a population, such as income and social status, social support network, education and employment/work conditions and biology, the most frequently cited determinant of ill-health is poverty. It is noted that poverty and inequality “influence *any* population’s morbidity and mortality patterns” (Farmer 1999:10 author’s emphasis). Most recently, racism and discrimination have also been found as having adverse health effects. According to a UCLA study (Mays et al 2006:4),

the causal mechanism linking racial/ethnic minority status and health disadvantage is thought to lie in the harmful effects of chronic experiences with race-based discrimination, both actual and perceived. These experiences are thought to set into motion a process of physiological responses (e.g., elevated blood pressure and heart rate, production of biochemical reactions, hyper-vigilance) that eventually result in disease and mortality.

From this perspective, the need for a holistic treatment of the individual as well as the underlying social causes of ill-health, both in terms of socio-economic stressors as well as

¹ This is because the scientific training of physicians often emphasizes that “each disease is caused by a specific bacterium or agent” (Smith 1990:67).

the political economy of healthcare (in terms of who has access to care and the power relations of practitioner-patient), are brought to the fore.

In some cases, biomedical physicians are being implicated in the perpetuation of inequality. They are accused of “medicalizing social distress...by assign[ing] the source of disease to pathogenic or related factors, [while] personal stress emanating from social structural factors such as poverty, unemployment, racism, and sexism is secluded from the potentially disruptive political arena and secured within the safer medical world of individualized treatment” (Baer et al 2003:43). Individualized treatment itself reflects the differences in the explanatory models of physician and patient for disease etiology. This is because, as Eisenberg (1977:11) observes, “illnesses are *experiences* of disvalued changes in states of being and in social function; diseases, in the scientific paradigm of modern medicine, are *abnormalities* in the *structure* and *function* of body organs and systems” (author’s italics). The result of this differential understanding of what makes a person sick may result in failure to provide relief to patients who complain of illness, but who do not exhibit any overt signs of disease, as noted above.

In Canada there are groups that have historically suffered ill-health more than others. As Beiser (2005:S30) recently argued,

despite Canada’s generally high standard of living and despite a system that promises universal access to high quality care, disparities in health remain a pressing national concern. These disparities are not randomly distributed. Specific subpopulations suffer a burden of illness and distress greater than other residents of Canada. For this reason they can be characterized as ‘vulnerable populations.

These vulnerable populations include aboriginal people, the poor, elderly, immigrants and refugees. Among the poor of this country, single-parents have been identified as

suffering from greater poverty and consequently ill-health. The largest segment of this population has historically been and continues to be single mothers.

Single Mothers and Stigma

Single mothers, regardless of racial and economic backgrounds, experience stigma as a result of living in a society that values heterosexual marriages. Single-parent families are pathologized as “broken and deviant” (Dowd 1997:3). This social stigma engenders policies that marginalize women and ensure that the majority of such women and their children live in poverty. As Dowd (1997:xiv) argues “the economic circumstances of most single parents are not caused by family form but rather by the consequences of a complex combination of entrenched gender roles, failure to acknowledge and deal with dependency, and the debilitating consequences of ongoing racism.” The greatest stigma is experienced by unmarried single mothers, followed by divorced and separated mothers, while men and widows are accorded “more favorable positions” (Hardney & Crows 1991:48).

The basis for the stigmatization of households headed by single mothers rests in the “ideology of the monolithic family” which assumes that “adult women usually have husbands to support them and that motherhood is women’s central vocation” (Thorne 1992:7). This narrow depiction of women’s economic contributions to households justifies placing them at the lowest rungs of the labour market – because their wages are seen as supplemental income to that of their husbands. This ideology also assumes that the household is a place of love and harmony rather than a space rife with conflict (Collier et al. 1992). Even when the ideology of the traditional family is weakened and single parent families become socially acceptable, state policies continue to favour

married couples; as Juffer (2006:16) notes, “you can be a single mom with no particular stigma attached, but legal system and economic and public policy will still work against you, making marriage seem like the most attractive option for ensuring the long-term well-being of yourself and your children.”

Despite the numerous challenges of parenting alone, many single mothers find ingenious ways to cope with their situation, and even triumph. The difficult circumstance of parenting alone is offset by the opportunity to make decisions alone without the presence of a partner who may undermine and challenge those efforts. As Sidel (2006:80) observes, “[b]attered and bruised, emotionally and sometimes physically, many... [single mothers] are living their lives with uncommon courage, determination, and creativity.” Far from being deviant, single mothers foster a network of social relations which consists of friendships, fictive kin, and extended family to compensate for the absence of a father figure in the family (Sidel 2006). In the case of women of African decent, whether single mother or married, children are cared for collectively by networks of women, through community-based childcare. Patricia Hill Collins (1992:219) writes that “African and African-American communities have...recognized that vesting one person with full responsibility for mothering a child may not be wise or possible. As a result, other mothers – women who assist bloodmothers by sharing mothering responsibilities – traditionally have been central to the institution of Black motherhood.” This network of women consists of female relatives (sisters, aunts, grandmothers) and even children of fictive kin and neighbors. This community of women raising children is not predicated on the presence or absence of husbands.

These supportive systems, however, do not obviate the depiction of Black single mothers as “lazy welfare mothers who refuse to work and ‘breed’ babies in order to increase the size of their benefit check” (Dowd 1997:86). Immigrant single mothers fare even worse because “the assumption underlying welfare and immigration policy is that poor women of color are less valued as mothers to their own children than as domestic, factory and field workers” (Juffer 2006:24). Thus, the poverty of the single mothers of color is perpetuated by “interlocking systems of oppression” – of race, class and gender (Hill Collins 1992:228).

Economic hardships – which sometimes results in homelessness – social stigma, and resulting isolation undermines the health and well-being of single parents, making them less healthy than married couples (Popay & Jones 1991). This disparity is also reflected along gender lines with single mothers experiencing ill-health more than men in similar circumstances. For women of color who are refugees, the suffering is far greater because they endure the added pressures of war trauma, migration and resettlement challenges.

Immigrants and Health

As mentioned, immigrants and refugees are ‘vulnerable’ to a host of health problems as a result of their socio-economic conditions. Many factors are identified as affecting the health of this group, such as work conditions and underemployment (Bolara and Bolaria 1994); immigration status (Israelite et al. 1999); social status (Hay 1994), and racism and stereotyping (Mohamed and Habbane 2003). A review of the 2001 findings of the Center for Social Justice (CSJ) shows that there is a clear link between a person’s socio-economic status and her health. The report challenges the perception that all

immigrants face the same barriers, arguing that “immigrant members of racialised groups have more in common, in terms of unemployment and incidence of low income, with Canadian-born racialised group members than with immigrants from Europe arriving in the same period” (Galabuzi 2001:17). Furthermore, highly educated immigrants oftentimes experience underemployment and maintain jobs that are ill-suited to their skills in order to survive: these positions are often low paying and temporary. The ramifications of underemployment and job insecurity are that immigrants and refugees “also become the disproportionate victims of all the other socio-economic effects of living in poverty, such as a higher health risks, marginal housing, family violence, and contact with the criminal justice system” (Galabuzi 2001:81).

The findings of the CSJ are remarkable when considering the fact that many immigrants arrive in Canada healthier than the native-born Canadian population (Beiser 2005:S34). This phenomenon, known as the ‘Healthy Immigrant Effect,’ is attributed to the immigration selection process whereby immigrants are selected based on their youth, good health, education, and work skills (Hyman 2001). Over time, however, the health of the immigrant population deteriorates below that of the native population. The reasons cited by Hyman (2001), Beiser (2005) and Statistics Canada (2005) all indicate that social and economic disparities are the root causes for the decline in the health of immigrants. This point is further underscored by statistics that indicate that immigrants live in poverty in the first ten years of living in Canada (Beiser 2005:S34). Their economic status and correspondingly their health improve in subsequent years.

As mentioned previously, immigrants and refugees migrate under differing circumstances. Immigrants often plan their migration and are mentally and financially

better prepared for the journey of resettlement, which explains why they report higher levels of health and well-being than their native counterparts. In contrast, the migration of refugees is often characterized by impromptu flight, with the consequences of suffering “unusual stresses and assaults on their health prior to coming to Canada” (Beiser 2005:S30). In addition to a traumatic journey, generally refugees arrive in Canada (or in the country of asylum) financially poor and emotionally distraught because of the separation from their families and other sources of social support (Task Force 1988:5). Further distinctions exist along gender lines within the immigrant and refugee population: refugee women were found to be most affected by the socio-economic disparities and consequently, had more incidents of ill-health than their male counterparts.

Immigrant Women's Health

Immigrant women are not homogeneous. Distinctions such as whether a woman is a refugee or immigrant, age, disability, education, and life experiences need to be made because each factor, or combination of factors, has different implications for a woman's health and well-being. In the literature, many common factors are identified which immigrant and refugee women experience, and which adversely affect their overall well-being.

The most frequently cited factor that adversely affects the health of immigrant women is employment. The barrier immigrant women face is not just unemployment but the types of work women do as well as stresses associated with these types of jobs. The CSJ (Galabuzi 2001:84-85), whose findings are cited above, also found that immigrant women were overly represented in the health and social service sector and that these were often temporary, lower skilled, and low-paying positions. Further, in relation to other

workers, immigrant women who belonged to racialised minorities were found at the bottom of the labour market, indicating the interaction of racism, sexism, and class in the marginalization of these women.

Mohamed and Habbane (2003) report that immigrant women with high levels of education or employment experiences could not find work related to their field of study or expertise because Canadian institutions do not recognize foreign credentials. As a result, these women often work in positions that rank much lower than what is suitable for their levels of education. Dossa (2004) elucidates further the quandary of “the Canadian Experience”, which employers require and which further impedes access to suitable employment for new Canadians. Another challenge that immigrant women face is language acquisition. Language is an important tool for communication and successful integration, and the inability to speak an official language creates stressful situations for newcomers. For immigrant women, particular stresses arise when they are unable to pursue the type of work they desire because of a lack in language proficiency (Meadows et al. 2001); when they are unable to communicate with their children who master language and acculturate much quicker than their parents (BC Institute Against Family Violence Spring 2004); and when they are unable to express themselves in the context of interacting with public and private institutions (MacKinnon and Lee Howard 2002).

Failure to acquire language has two important implications for women’s emotional and physical health. First, women, whether they have husbands or not, become dependent on their children for interpretation with schools and social service agencies. The BC Institute Against Family Violence found that relying on their children for interpretation can be disempowering for women, particularly in cases where the children

manipulate or withhold information. The dependency on their children is compounded by inability to communicate with their children who in the process of acquiring new language skills may lose their mother tongue. The second important implication is that a lack in language proficiency “deepens the dependency of women on their male relatives” (Task Force 1988:75). While this dependency does not always result in abuse, there are cases where women who are isolated from their extended family and who cannot access social services found themselves in situation of domestic abuse. The Task Force found that in Manitoba, over 30 per cent of immigrant women accessing services at the *Immigrant Women’s Association of Manitoba* had left abusive situations. In cases of single-mothers who are the sole providers for their families, the chances of acquiring adequate linguistic skills are further minimalised because of the necessity to work and hence their susceptibility to an alternative type of abuse – exploitation.

Inability to speak the language, unemployment, and living in an environment where extended relatives may not be around can affect immigrant women’s health and expose them to a host of physical and mental health issues and abuses. Immigrant women who have had the support of extended families found the settlement process easier than those who did not (Task Force 1988). In the case of immigrant women, several studies (Mohamed and Habbane 2003; Janes 1990; Young and Spitzer 1999; MacKinnon and Lee Howard 2002; and Meadows et al. 2001) have all found that when women had access to social support in terms of relatives and friends from their ethnic community, the process of settlement was easier. These studies also show the reverse to be true.

Several studies have also elicited immigrant women’s understanding of what they believe contributes to their good and/or ill-health, as well as their interaction with

healthcare providers. MacKinnon and Lee Howard (2002:95) explored certain factors immigrant women in Prince Edward Island reported as having an effect on their health. To this end, they found that women attributed being healthy as the ability to “take care of themselves and their families; to relate to other people in positive ways; and to financially support themselves or go to school.” Health, for these women, was seen in a holistic way encompassing physical, emotional, and spiritual well-being. Conversely, the women expressed ill-health as the inability to perform these functions as a result of fatigue or being depressed. They accepted the mainstream Canadian understanding of healthy living—such as exercise and proper diet—as important components of maintaining a healthy physique; however, they noted that practice of eating healthy is an expensive and costly endeavor for their income group.

In the same study, MacKinnon and Lee Howard state that all the women in their study had a positive impression of the Canadian healthcare system in terms of access, particularly for their children. Nevertheless, the interactions with the doctors were seen as a barrier to receiving good care because the consultations were often brief and overlooked many of their psycho-social concerns. As a result, the women felt that doctors provided inadequate solutions to their problems, such as prescribing medicine without hearing a complete account of their health concerns.

Methodology

This study is as much about the social determinants of health as experienced by Somali single mothers in Ottawa as the spaces the marginalized create for themselves in order to mitigate, and even contest, their marginalization. It focuses on the women's own narratives about their experiences and their explanatory models for what they perceive as causing ill health. Razack (1996:165) notes that narratives or storytelling can be a "central strategy for social change", but it also runs the risk of "reduce[ing women] to pitiable victim[s]." The study holds that by focusing on the strategies women adopt to counter their oppression, which is an expression of their agency, the risk of rendering them powerless is greatly reduced.

The research methodology consisted of individual interviews with 11 women in Ottawa who have all arrived in Canada as refugees. The interview questions were semi-structured and open-ended and all the participants consented to the interviews. The participants consisted of single mothers who were either widows or divorced/separated from their husbands and who have lived in Canada between 10-17 years. All participants were Canadian citizens except one. The rationale for selecting women who have lived in Canada for more than ten years was to allow for comparative analysis of changes in their social and economic conditions, and thereby their health, vis-à-vis challenges faced in the early years of settlement.

The participants were selected for convenience (convenience sampling), although effort was made to select participants from varying age and economic/educational backgrounds. Due to the fact that the participants have lived in Canada for more than ten years, the majority (eight) were in their 40s, two were in their 50s and one 30-year old.

Nine of the participants had between 2 and 9 children, while the remaining two had one child each. In terms of education, seven had university degrees, both from Somalia and Canada; two completed vocational training; one completed high school in Canada and one had schooling up to grade five in Somalia. Nine of the participants were born and lived in major urban centers in Somalia, while the remaining two were born in rural areas but lived in major cities most of their lives. The interviews were conducted in English and Somali, depending on the preference of the participants². The interviews took place at the homes of the participants, which was the desired location for them, and lasted approximately 90 to 120 minutes.

A few challenges were encountered prior to and during the interview process. Often times, appointments for interviews had to be rescheduled because of emergencies involving children; in other cases, they were simply forgotten. This forgetfulness is emblematic of the hectic lives that the study participants lead. Most interviews were conducted very late in the evening when household chores were completed, and frequently in the kitchen when meals for the following day were being prepared. In the case of the mothers with small children, interviews took place around the children's schedule – which meant that interviews sometimes lasted longer than 2 hours. Under these constraints, taping interviews was not always possible or practical. In addition, some of the women declined tape recording the interviews. Participants who declined to be tape-recorded simply expressed discomfort at having their private information on a tape recorder. To overcome this challenge, thorough field notes were taken and typed up for thematic analysis.

² I am a certified cultural interpreter with *Cultural Interpretation Services of Ottawa-Carleton*.

To augment the findings from the interviews, participant observation was also carried out in venues where women gathered. Some of these included women-only wedding celebrations and dinner parties, local community gatherings which were dominated by single mothers, and a weekly study session where women received instruction on matters pertaining to Islam, including memorization and interpretation of Islamic texts.

Recruitment

All the participants were recruited through personal and professional networks. I am a native Somali speaker, a member of the Somali immigrant community, and have worked with the Somali community in Ottawa. As a Somali who had arrived in Ottawa in 1990, I had first-hand experience of some of the challenges all Somali refugees encountered during their settlement years. My experiences were enhanced by my involvement with the now-defunct *Somali Center for Youth, Women and Community Development*, an agency tasked with addressing the settlement challenges of the Somali newcomers, particularly in regards to linguistic and cultural barriers. I started as a volunteer under a project entitled *Hanad* which trained participants on myriad issues such as anger management, conflict resolution, proposal writing, communication and advocacy. As a result, the participants were certified trainer of trainers (TOT), enabling them to provide a wide range of services to the community. I eventually became the coordinator of a life skills project at the center. The objective of the life skills program was to provide skills and strategies to youth who were poor and who were at risk of dropping out of high school. The program operated from one of the high schools in Ottawa, but we also provided workshops at other high schools and community centers.

As part of the program, we frequently met parents, mostly single mothers, to provide advice and strategies for helping their children adapt to their new environment.

Over the years, I participated in community-based research projects with both Somali youth and parents on issues of unemployment and intergeneration issues³. I have also had great exposure through interpreting at social services, medical clinics, schools and within the criminal justice system. In total, these activities have provided invaluable insight into the numerous settlement issues faced by the Somali community over the years and have facilitated the recruitment of the participants for the present study.

Outline of the Thesis

The thesis is divided into four chapters, including a concluding chapter. The first chapter provides the background on migration patterns and the emergence of the female-headed households in Ottawa. The chapter also examines the structure of the Somali family prior to migration and women's position therein, to foreground some of the emerging themes from the data regarding the implication of single parenting for women. Chapter two presents the emergent themes from data collection on challenges encountered by women during migration and settlement, and provides an analysis of these findings in the context of the relevant literature discussed above. The third chapter examines the coping strategies women adopted in Canada to mitigate the onset of ill-health as a consequence of resettlement. The thesis will conclude with a summary of the findings and provide a different approach for medical practitioners and social service

³ Two of these projects were commissioned by Pinecrest-Queensway Health and Community Services: *Working for Youth Research*, where I was a research assistant, studying the causes of high drop-out rates of minority youth from high schools. The second project, where I was the researcher, *Multicultural Sexual Health Education*, explored issues of sexual health among multicultural youth, and difference in attitudes between them and their parents. Many of the participants in both projects were Somali youth and parents. I provided workshops on findings of the sexual health project to services providers at United Way Annual Conference and Planned Parenthood of Ottawa.

providers to examine, diagnose, and cure ill health which results from a combination of factors such as poverty, employment, marginalization and social exclusion.

CHAPTER ONE: BACKGROUND

Migration to Canada

Somalia is situated in northeast Africa, an area commonly referred to as the Horn of Africa, and borders Kenya, Djibouti and Ethiopia. The present Somali state is a product of colonial partition by European powers of Britain, France and Italy, as well as Ethiopia who each occupied a piece of the country. As part of the partition, northern Somalia came under British rule, the south under Italian, and present day Djibouti under the French. The western region of the Ogaden was negotiated by Ethiopia as a historical territory and became part of that country, while in the extreme south, bordering Kenya, the region known as Northern Frontier District came under the jurisdiction of the British East Africa territory and was later bequeathed to Kenya.

Somalia had two successive democratically elected governments after independence in 1960 which came to an end in the military coup of 1969 under General Siyad Barre. The General remained in power until he was ousted after many years of resistance culminating in an uprising and the subsequent bombardment of the northern cities in 1988, soon engulfing the whole country and paving the way for the demise of the Somali state in 1991. The strategic geographic location of Somalia (along the Gulf of Aden and the Indian Ocean), the colonial partition, and the power plays during the Cold War have all been blamed for the destruction and fragmentation of the state. Currently, the northern region, (now Somaliland⁴) functions as a de facto independent state, while the southern region remains a hodge-podge of autonomous federal zones and/or factioning warlord strongholds.

⁴ Somaliland declared its independence after the collapse of the state in 1991, but has yet to receive international recognition.

The civil war created massive outflow of refugees who initially sought safety in the neighboring countries of Ethiopia, Kenya, Djibouti and Yemen. The exact number of refugees is unknown, but international organizations estimate that over 2 million Somalis fled the country, many of them originating from urban centers of the country. In addition to refugees, an additional 1 million individuals became internally displaced, with a disproportionate majority still displaced at present (OCHA 2002). Some of the refugees eventually found asylum in Europe, North America, Australia and New Zealand, with approximately 70,000 Somalis entering Canada between 1988 and 1993. An estimated 13,000 individuals settled in Ottawa, and the vast majority, more than 60 percent, were households headed by single mothers (Affi 2004).

The Somali refugees traveled through many countries, particularly Kenya, Ethiopia, Djibouti and the United States in order to make their way to Canada. Opoku-Dapaah (1995:27) notes that since 1988, Canada's acceptance rate for Somali refugees was over 92 percent. While Canada, a signatory to the United Nations Convention for Refugees, opened its doors to the Somali refugees who arrived at its borders, few resettlement programs were established to ease the settlement and integration needs of the new arrivals. This was in part due to the unexpected influx of the refugees by the Canadian government, despite adequate media coverage of the refugee crisis unfolding in the Horn of Africa. As a result, "after their immigration status was determined, Somali refugees had to find their way in Canadian society" (Abdulle 1999:50).

The absence of orientation and resettlement programs meant that Somali refugees had to rely on other Somalis for assistance and orientation in their new country. As result, the existence of a family member, a friend or even a Somali community determined

where people settled. As Abdulle (1999:51) points out, however, such “assistance was not available to those Somali refugees who were the first to arrive in Canada, the *pathfinders*” (emphasis mine). In most cases, families had to make the decision of whom to send abroad because of the cost of transportation and other economic constraints during the war. Once granted permanent status, the *pathfinders* would then sponsor other family members (children, spouse, sibling, and parents) under Immigration Canada’s family reunification program. The arrival of Somalis in Ottawa occurred in much the same way. In many cases, the first wave of Somali refugees to Canada consisted of women, often with several young children, because they were the most vulnerable members of the family and generally the first to flee their homes. However, there were other factors that contributed to the emergence of households headed by single mothers.

Female-Headed Households in Ottawa

Somali women do not come from a matriarchal society and the emergence of households headed by single mothers, both within Somalia and in the diaspora, is a relatively new phenomenon and a direct by-product of the civil war. There have always been women who were sole providers for their families, but these existed within the margins of a patrilineal system which privileged men as heads of households. For the refugee population, however, there are several factors which contributed to women becoming heads of households and primary breadwinners. First, as often happens, women were made widows during the war which claimed the lives of many men. Second, the migration processes often prompted the separation of families, with women and children being the first to seek safe haven in foreign countries while the husbands waited to be reunited with their families. In many instances, the separation became permanent when

lengthy immigration processes made family reunification difficult as a result of a Canadian Immigration policy in the 1990s which required convention⁵ refugees to possess identity documents in order to become permanent residents, which would then allow the refugees to sponsor families. Spitzer (2006:49-50) notes that the “Canadian government’s own analysis acknowledged that the emphasis on identity documentation has produced a disproportionate and negative burden on women...Eighty percent of refugees who did not possess identity documents were women and children”. A third factor that contributed to women becoming heads of households pertains to the high rates of unemployment, particularly among professional men who found it difficult to find suitable work in their fields of expertise in Canada. Some of these men returned home to participate in the Somali national peace efforts, while others have been forced to look for employment elsewhere (Gardner 2004).

A significant rationale for the emergence of Somali women as the heads of household in places like Ottawa has to do with the increased economic responsibilities of women in the post conflict era. In addition to supporting their immediate families within Canada, Somali women have also been credited for supporting relatives and extended kin in various parts of the world. Therefore, while their economic potential is very much desired and valued, women have also been resented by men because of their economic independence, resulting in volatile relationships that often lead to high divorce rates (Affi 2004).

⁵ “A Convention refugee is a person who is outside of their country of nationality or habitual residence and who is unable or unwilling to return to that country because of a well-founded fear of persecution for reasons of race, religion, political opinion, nationality or membership in a particular social group” (Immigration and Citizenship Canada).

In addition to economic gains, another major contributor to the escalating divorce rates has been men's inability to perform roles which they perceive as the primary responsibility of women in the home. Women who work outside the home must also perform housework with little or no help. In the past women relied on extended female relatives for assistance, but since such social support is absent in the diaspora, refugee women depend on their husbands to share the household duties, including raising of children. The expectations of many men as the heads of households, however, fail to materialize in cases where their economic or household contributions are absent. In essence they "expect [...] to be obeyed without contributing very much to the well-being of the family" (Gardner 2004:112). The loss of the traditional authority which they enjoyed in Somalia and women's increased economic independence ultimately leads to resentments and family breakdown, leaving women to raise children alone. As Kandiyoti (1991:439) observes, "the growing gap between cultural ideals (male breadwinner/protected female) and actual reality create[s] a situation of 'sexual anomie', making male-female relations an area of intense tension and conflict."

As we shall see shortly, under the Somali patrilineal kinship system, men have always been perceived as the primary breadwinners, whether real or imagined. While the scope of this study does not allow for analysis of the historical transformation of Somali women's roles—from rural to urban areas— it is noteworthy that women's economic contributions, which was mostly valued in rural areas where their labour was crucial to the survival of families, came to be devalued under urbanization and colonialism, thus leading to the development of "laws reifying male dominance" (Samatar 2005:231). Interpretation of religion and kinship, which emphasized women's reproductive roles to

the detriment of their productive ones, entrenched the perception of inequality. The following discussion of the Somali kinship system will underscore these differing interpretations of women's positions in the kinship system and reveal that the kinship system was both a source of support in times of need and instrument of domination in others.

Somali Family and Kinship

In their oral traditions, the majority of Somalis trace their origin two mythical ancestors called *Sab*⁶ and *Samaale*, to whom Somali clans trace their ancestry. *Samaale* is said to be the progenitor of the majority of Somali clan systems: Dir, Daarood, Isaaq and Hawiye. These clans are historically referred to as northern pastoralists. The other Somali groups are descendents of *Sab* and consist of the Digil and Mirifle clans in the south whose main source of subsistence is farming (Putman and Noor 2004). In addition to the Somali clans, there are also Bantu, Arab, and Persian minority groups in the south. Some of these groups have lived in the region for centuries (particularly Persian and Arab descendents and some of those classified as Bantu) while others are recent immigrants, particularly from Yemen (Mukhtar 1997:14).

The Somali kinship system discussed here is from the perspective of the northern Somali pastoral tradition (the discussion itself is not limited to pastoral life), and does not discuss other kinship systems found among predominantly agro-pastoralist Somalis of the southern regions. There are two reasons for this: first, there is a different form of social organization which exists in the southern regions and I am most familiar with northern kinship systems. Secondly, there is more literature available on northern Somali kinship

⁶ This classification of Somali clans into *Sab* and *Samaale* has recently been challenged by Southern Somali intellectuals, however, the scope of this paper does not allow for the presentation of their claims here.

(some of which is applicable to communities in the south, particularly as it pertains to women's position). It is important to keep in mind, however, that the term 'pastoral' is not meant to suggest northern Somali pastoral social organization is a continuous and time-bound system. This is not the case. The social and political transformation that have occurred in the Somali peninsula in the past one hundred years (colonization, urbanization, and the recent civil war) all make it difficult, not to mention essentialist, to embark on such an endeavor. Despite these transformations, kinship still remains an integral part of Somali life and an important element of social and political organization⁷. The Somali kinship system is not organized in tribes because of "the absence of institutionalized hierarchical authority" such as that of a chief (Lewis 2002:10). With the absence of chieftains, the Somalis organize themselves according to clan-families, and it is "these genealogies which direct the lines of political alliances and division" and provide basis for social organization (Lewis 2002:10).

The most important feature of the political organization worth mentioning here is the formation of the *diya* or *mag* paying-groups, which is "a collective blood-paying programme" (Samatar 1988:10) where the group, rather than the individual culprit, pays compensation for the wrongs committed by one of their own against those outside the group. The *diya* reflects the value that is attached to lives of men and women and the payment for the murder of a woman has traditionally been half of the amount paid for a man. The system was abolished in the 1970s but continues to be used today. The *diya* is part of a larger customary law known as *xeer* "that members of a clan or neighbouring clans decide to respect" (Abdullahi 2001:142). This is complimented by the Islamic

⁷ It should be pointed out that since the civil war the Somalis have essentially reverted back to political organization based on kinship (clan organization) because 21 years of dictatorship and the ensuing civil war have made people suspicious of any other forms of political organization.

Shari'ah Law which is used in matters relating to the family such as marriage or divorce.

A committee of male-elders known as *guurti* work through consensus to decide on cases based on their extensive knowledge of the *xeer*. The *guurti*, therefore, play a significant role because they are “a kind of tribunal for judging infractions [to the *xeer*] as well as a parliament that makes political decisions” (Abdullah 2001:142). It is the *guurti* of each clan that would often decide on matters of wars and occasionally marriages that have political implications.

Marriage in the Somali kinship was traditionally⁸ exogamous. Marriage within the same clan (same *diya*-paying group) was discouraged because of the need of pastoral communities to establish alliances with other clans. These alliances were necessary in times of drought and other hardships endemic to pastoral life, which called for continuous movement in search of water and grazing lands. Such marriages ensured the safety of the clan members when they were far away from their kin, which was often the case.

Although not much has been documented, this was also the case for traders in towns and coastal cities in the past who also had to move great distances to sell their wares, whether livestock, skin and hides or other goods. Marriages, therefore, were conceived with more than the interest of the two people involved. Increased urbanization and development of more cosmopolitan cities led to a decline in these types of marriages, and even marriages among cousins and those within the same *diya*-paying group became common because the rationale for the alliances were no longer applicable.

⁸ There will be a repeated use of the term ‘traditionally’ because women have gained a great deal of economic autonomy since independence (1960) and so speaking about economic dependence makes little sense; of course they still remain politically marginalized, both in the kinship and under state laws. Furthermore, most studies on Somali kinship and marriage focus exclusively on pastoral communities which do not take into account the changes that occurred with the onset of urbanization.

In addition to enabling equitable distribution of scarce resources, exogamy was aimed “to increase the likelihood of peaceful conflict resolution” (Kapteijns 1991:5). In times of conflict, marriages were often arranged to mediate conflicts between clans: women were given in marriage to the aggrieved clan as part of the peace treaty. “Thus marriageable women offer[ed] a medium for adjusting social relationships and, in times of crisis, adding to the power of compensation paid in livestock to prevent further strife and to compose differences” (Kapteijns 1991:5). Women’s “transfer [also] creat[ed] an affinal relationship and ...the union establish[ed] a matrilateral tie between the aggrieved lineage, of which they are members, and their mother’s kin” (Lewis 1962:24-5). The men who were selected to be the husbands of the newly acquired wives did not have a say in the matter as well, but were expected to be “virile men with the highest integrity” (Muse 2004:54).

Marriages generally involved extended rituals which lasted for over seven days and which was all meant to cement relationships between the families and their respective kin. The most relevant aspect of the marriage was the payment of bride-wealth (*yarad*) which was given to the bride’s family. Different people have read different meanings to the purpose of the bride-wealth, much like the woman’s position in the kinship system.

Women’s Position in the Kinship System

Like other societies, power in the northern Somali social organization is acquired in the political and jural realms—the public sphere. Women’s participation in both has historically been absent, particularly in the pastoral communities, whereas “all males of sound mind and some means could participate in the exercise of political authority”

(Kapteijns 1991:4). Similarly, while women received protection under the *xeer*, they could not represent themselves, but instead are represented by their male kin – be it a husband, father, brother or any other male relative. Thus, women's exclusion had particular consequences. For example, in cases of domestic conflict, a woman who is abused by her husband is represented by her closest male relatives and often times will not receive the compensations for the damages herself, but rather, it will be awarded to her male kin. In many respects, the issue remains unresolved for the woman, despite the husband's payment (for the damages). Of course, one could argue that the abuse would stop which is ultimately the objective of the abused wife, but this is not always guaranteed.

While women did not lose their membership in their agnatic kin after marriage and were able to retain both their family names and lineages, they were expected to live with their husband's kin. Lewis (1961:138) characterized this as the “the temporary surrender of a woman's fertility (genetrical rights as well as uxorial rights) by her natal lineage to the lineage-group of the husband.” Polygyny is historically practiced by Somali men who are allowed, through Islamic decree, to marry up to four wives. The implication of this inequality for women, whether urban or rural, is that they always had to remain anxious about the prospect of their husbands taking other wives. For example, Lewis (1962:8) claims that during the 1960s when he conducted much of his research, most pastoral men over the age of forty had more than one wife. Inheritance is often passed on to male children, though under Islamic law, women have rights to inheritance.⁹ Lewis (1961:84,123) claims that Somali women did not inherit except through their

⁹ A daughter's inheritance is less than her brother's (one-third), but the rationale is that men are expected to provide for women and children while a woman has no such obligation.

deceased husbands and that only males were able to inherit directly from their father.

While this may be true for some, there were many cases of women who have in the past and continue to inherit from their fathers.

Inequality in marriage between genders in the kinship system can also be seen, according to Lewis (1998:112), when one spouse or the other is dies. When a woman dies, her husband “has a strong claim” to her sister or a female relative as a replacement for the deceased wife (he calls this “sororatic replacement”). Similarly, when the husband dies, his brother has traditional right to the wife of the deceased brother, in what Lewis calls “widow inheritance” (1961:138). Thus, Lewis (1998:113) writes:

whether as daughters or as wives women are subject to strong and direct jural control by their men folk. A man may, within limits beat an erring wife and can expect the support of her kin in any corrective action he takes as long as they are interested in maintenance of the marriage [for alliances purposes]. Indeed the perfect image of the husband, as of the father, is the stern *pater familias* with full authority to compel obedience and submission.

The women’s condition in the kinship system that emerges from the preceding discussion leads to two obvious conclusions. First, women clearly appear subordinated in the domestic sphere to their fathers and husbands and are absent altogether from the public sphere. Second, in Lewis’ extensive discussion of the northern Somali kinship system from late 1950s to as recently as 2002, women’s perspectives are completely absent. While this study is not a critique of Lewis’s work, it must be noted that Lewis’ interpretation of the northern Somali kinship system is just that –an interpretation. Furthermore, his understanding of Somali culture strongly reflects a male perspective because he clearly relies on male interviewees and interpreters. As a result of his depiction of Somali women, which spans more than four decades of research, Lewis has been described by Christine Choi Ahmed as androcentric. Choi Ahmed (1995:159)

asserts that Lewis's work and that of others who have followed in his footsteps has "created the myth of the Somali woman as chattel, commodity, and a creature with little power." Janice Boddy (1989:141) has also made similar charges against Lewis's interpretation of spirit possessions by saying that "this is a classic but unhappily androcentric portrayal of women who are forever seen as reacting to men rather than acting for themselves within a specific cultural context."

Despite Lewis's oversights, it is indisputable that women in Somali society in general experience inequalities as a result of their gender. It is also a fact that kinship is where these inequalities are institutionalized. It is important, however, to be mindful of what Borofsky (1995:258) calls the "ambiguities of interpretation and flexibilities of structures". Lewis relied mostly on men, along with his own observations, to learn about Somali women. Taking a second look at marriage, which encapsulates social status, economic benefits and the promotion of political ties, from women's perspective will demonstrate that the kinship system was a source of support, even as it assigned women to subordinate status.

Women and Kinship from the Women's Perspective

The best way to conceptualize women's relationship with her kin is what Strathern (1970:93) calls "kin at her back." Writing about a New Guinean kinship system and women's position therein, Strathern argues that "a woman sees her lineage kin as a source of support: these are the people who will come to her aid. When a woman has no kin, her entire identification must be with her husband, which is why, it is said, the husband in such circumstances should be particularly understanding and tolerant." Strathern (1970:100), like Lewis, sees bride-wealth as a mechanism for establishing links

between clans “primarily for the acknowledgement of their own contribution to her upbringing.” In the Somali context, however, bride-wealth is not conceived as compensation for the bride’s upbringing and in fact the bride’s family often receives little, if at all, from this exchange (Abdullahi 2001:129). Half of the exchanged goods/money is returned to the groom’s family and the other half distributed among her kin. As Collier (1988:91) makes this explicitly clear, “exchanges between members of different households, like exchanges between members of the same household, fosters discussions of reciprocal status obligations, not discussions of price or value.”

If women are used to mediate conflicts and help establish good relations between clans, then their position can hardly be one of complete powerlessness. Thus, what Lewis characterizes as the “transfer” of women to their husband’s clans, Strathern (1970:131) sees as “women in the middle” because “women are not completely passive intermediaries, being able to manipulate” situations “to their own advantage.” More important, the fact that women retain ties with their kin and are able to establish new relations with their husband’s kin means that “each married woman [is]...the bearer of social capital,” which in turn means that good relations between the clans are contingent upon, in part, the way women are treated (Kapteijns 1991:5). This is even more so in cases where women are exchanged as part of peace treaties where mistreatment by husbands may lead to the resumption of hostilities (Ahmed 2004:54).

While women benefit, at least in terms of security from their kin’s help through bride-wealth and the reciprocal relations it creates between clans, they also derive support based on their fertility. Lewis (1961:138) suggests that a woman’s kin “temporar[ily] surrender[s] ...[her] fertility” to her husband’s kin and once she is no longer useful is

essentially returned back to her kin who then pass her on to other clans for a reduced bride-wealth. Lewis leaves the impression that a woman is simply a “womb for rent” (Choi Ahmed 1995:161). Collier (1988:132) instead sees fertility as a means by which a woman “builds her own and her male sponsor’s economic and political support.” She does this through bearing many children, particularly boys. The relationship between mother and sons in the Somali culture is particularly strong and ensures, in the context of a contested relationship between herself and her husband (and their respective kin), that sons remain strong allies. In fact, Collier (1988:126) observes for what she calls Equal Bridewealth Societies that “mothers are frequently their mature sons’ most trusted advisors.” This advice includes influencing whom their sons should marry, thus ensuring their loyalty. Clearly, women who are unable to bear children, or those unable to bear male children, cannot have the same support as a woman with healthy male children. Even for these, however, support from their brothers and maternal uncles remains strong.

Polygyny is perhaps a fundamental way a woman’s position remains precarious, especially if the family’s economic resources are limited. Under such circumstances, a woman is more concerned about the loss of livelihood rather than a loss of a husband. As a result, a woman often fights to ensure her children’s livelihood is not threaten by “obtaining all the resources she possibly can for her children” from her husband, even if it means the threat of returning home (Collier 1998:95). The fact that the woman can use her family and kin as an instrument for bargaining is demonstrative of the importance of the kin as a further means of support. Kandiyoti (1988:275) makes the assertion that “women strategize within a set of concrete constraints,” which she calls *patriarchal bargains* (author’s italics). Patriarchal bargains essentially implies that women in

different societies are faced with different types of patriarchy and, accordingly, each patriarchal experience “call[s] for different strategies [by the women] to maximize security and optimize life options with varying potential for active or passive resistance in the face of oppression.” These strategies are not time-bound but are “susceptible to historical transformations that open up new areas of struggle and renegotiation of the relations between the sexes”.

Even in the case when a woman passes away, a husband inevitably remarries through “sororatic replacement” (Lewis 1998). But far from merely replacing one sister for another, the system in fact benefits children the most. A woman often has the comfort that in the event of her death her children will not be raised by a step-mother but rather by her sister, who is expected to be kinder to the children while ensuring a continued relationship between the husband’s kin and that of the deceased wife (Abdullahi 2001:133). “Wife inheritance” (Lewis 1961) is similarly conceived as a way of ensuring that children are cared for by a member of their kin, in this case their uncle, and the widow finds a husband who continues to provide for them (Abdullahi, 2001).

By way of summary, a Somali woman’s position in the kinship system is both a source of constraints as well as of strength and support. What mitigates the socially inferior position ascribed to women, through marriage (and as sanctioned by a patriarchal and patrilineal system), is the support which the kin provides during her lifetime and, after her death, to her children. Thus, Somali women are rarely completely dependent on their husbands because they can always call on their kin and male relatives to advocate on their behalf. Urban women continue to depend on their kin even after some of them became economically independent from their husbands. Lewis’s observation in 1962

(31), that “a woman is never finally cut-off from her natal kin” and “retains firm ties, affective as well as jural” was still true for most women until the civil war that started in the late 1980s. The degree to which Somali women still rely on their kin for support to mitigate the effects of migration and resettlement, and the social relations they recreate in the absence of these, will be further underscored in the discussions with participants of this study.

The kinship system, however, remains significant for the purpose of this study because it highlights the myriads of ways women negotiate their inferior social position, which was precarious and always subject to the whims of men. By learning to continually strategize around their difficult social position, women, arguably, have honed their survival skills long before arriving in their new homeland. It is these skills, I suggest, that has given them the ability and determination to survive in their new environment as refugees and single mothers, albeit with fewer resources and support. The degree to which the women have succeeded in transferring their bargaining skills to challenge their marginalization in Canada will become clearer in the chapter dealing with coping strategies.

CHAPTER TWO: CHALLENGES OF RESETTLEMENT

The results of the data collected from the Somali single mothers¹⁰ in this study and the participant observation reveal challenges and barriers similar to those experienced by other immigrant and refugee women, and single parent families. The findings and analysis that follows emerged from the participants' experiences at different stages of their lives: life prior to migrating to Canada, the early years of settlement in Canada, and present challenges, and the health implications of these experiences. The responses from the data indicate that the comparison of the participants' lives at different stages was useful in terms of mapping out the trajectory of their health experiences, and the factors that helped or hurt them. The goal of this study is to highlight the health experiences of Somali single mothers in Ottawa as a result of the multiple barriers they have encountered and continue to experience in their present environment. Therefore, emphasis will remain on their Canadian experience, using only those aspects of their pre-migratory lives to contextualize their present conditions.

Life Prior to Migration

I had an extremely fulfilling life: I had a supportive family and friends, and I was among my people. I was always hopeful about the future because so many of my dreams came true. I was very confident because I was useful and although my job did not pay much, I was happy to do it (Indha-u-Roon,¹¹ mother of three).

The participants described their lives in Somalia prior to the outbreak of the civil war as either 'good' or 'wonderful'. Five of the participants were homemakers, two were working mothers, and the remaining four were still single and pursuing education in

¹⁰ In this study, participants, mothers and/or women will all be used to reflect the multiplicity of identities.

¹¹ All the names used in this study are pseudonyms to protect the identity of the participants. The participants were also asked to pick these names so they are able to review the quotes attributed to them, if they so wish.

Somalia and abroad. The participants came from various socio-economic backgrounds, but in the Somali context, the majority lived what they defined as “privileged lives”. Three of the participants were the spouses of high ranking government officials, including a diplomat. Two had husbands who were successful businessmen in the Arabian Gulf; one was the daughter of a prominent judge, although she was raised by her mother who struggled to support her children; two were the daughters of educators (a teacher and a high school principal), while one was the daughter of a wealthy business couple (both mother and father were independently wealthy) and attended boarding schools in various countries. At least four participants attended foreign universities and one of them, who came from a working class background, came to Canada for graduate studies.

As stated in the introduction, all the participants originated from major cities, which also explains why they were able to leave soon after the outbreak of the war in 1988. Well-to-do urban residents (and/or their relatives) were generally the first to leave the country because they had the financial and social connections to do so and all the participants of the study possessed this common characteristic. Regardless of their family’s economic situations, the participants identified two factors about their lives in Somalia which contributed to their overall health and well being: extensive social networks and future aspirations.

Social Support Networks

One of the most important features of Somali life for the participants was the role of their extensive kin and family in their lives. They always had access to social support – whether it was purchased (hired help) or through familial channels (relatives). Children

were cared for collectively, by the extended family and at times by the neighbors. A Somali household was never too crowded and the concept of loneliness was an alien notion.

In Somalia you have access to a lot people who are able to provide all kinds of support. If you cannot afford to hire help, then there were also relatives from rural areas living with you and so you had access to a lot of help all the time. (Filsan, mother of two)

My mother was able to raise ten children because she had cousins, sisters and brothers around. The whole community, including the neighbors, was looking after us (when we were young), so there was no need for my mother to worry about me if I [was] playing outside. Safety was not a concern at all. My mother could go and socialize with friends and neighbors because my relatives were always around to do the cooking and looking after us. You had a guaranteed support there. (Deeqa, mother of four).

In addition to social support, living in a place where “everyone knows you” was seen as essential to one’s sense of well-being:

You were surrounded by people who knew your family, extended relatives and even your ancestors through kinship. Your identity was solid because you had a space in the society, which gave you a sense of belonging. (Suuban, mother of five)

Suuban contrasts this perception of living “where everyone knows you” to coming to a place where no one knows you:

Here I am just Black or Muslim...no one knows your name – they do not even know if your name is masculine or feminine...it is terrible.

For a homemaker like Safiya, a 57-year old mother of four, who had schooling up to grade five and did not speak English or French, familiarity with Somali language and culture made life meaningful:

In Somalia, I was surrounded by my family and relatives and I knew the culture and language well so life was good.

The perceptions of participants about their lives in Somalia indicate that regardless of their socio-economic conditions, they had an overall sense of well-being as a result of living in a familiar environment, both linguistically and culturally. The importance of belonging and its implication for one's sense of security cannot be overstated, particularly as it pertains to Somalis whose principal identity is derived from their kinship relations. With family, extended kin and friendly neighbors around, the women had access to extensive support—a support which has either been lost or dramatically decreased with their settlement in Canada.

The centrality of social support in Somali social structure is further illuminated by the choice of the participants to settle in the Ottawa area. All the participants state that they moved to Ottawa because they had family members living here. In fact, one participant who did not have family in Canada moved to Ottawa because of the presence of a Somali community—more specifically, she was told of a particular apartment in Ottawa where many Somalis lived—which provided her with the incentive to move her family from Montreal where she felt isolated because of the language barrier. The need to recreate support networks and be closer to other Somalis was the subject of a *CBC* documentary called “A Placed Called Dixon” which explored conflicts between Somali and non-Somali¹² tenants in a West-end apartment block in Toronto in the early 1990s. The documentary which, according to Ryerson University School of Journalism's Diversity Watch “revealed the xenophobic fears of non-Somali tenants against the immigrant group as well as the panic syndrome that the media promulgate in reporting on

¹² The tenants, many of them owners of the condominiums were not all white and all expressed similar concerns about the large numbers of Somali refugees moving to their buildings. Their concerns were not simply motivated by racial prejudice, though this was partly true, but concerns about property value. See Margaret Cannon, *The Invisible Empire: Racism in Canada* for further analysis of the conflict.

‘swarms’ and ‘waves’ of refugees to Canada,” is noteworthy because it reflected how Somalis had to rely on each other in the absence of organized settlement programs by the Canadian government, a subject which will be discussed shortly.

Lost Dreams

In addition to social support networks, the participants spoke about their dreams and expectations for themselves, their children, and community prior to the war and migration. Similar to Indha-u-Roon, Haboon’s future aspirations encompassed more than a desire for a career and a family:

I was always a focused child and I had plans. I was supposed to be teaching at the university (the first woman ever to be asked to teach after graduation). I was supposed to go to the United States, get a graduate degree, then return home to teach and also contribute in a big way to my community. I had plans to build homes for my family; wells and hospitals in the villages [where my family originates] and I knew exactly how to get there (mother of one).

Despite these aspirations, life in Somalia was not so predictable for everyone, even in the best of times.

In our country, we lived in perpetual insecurity; if you had something today you were not sure if you would have it the following day. We were a poor country and there was always a shortage of everything and so we had to import most of what we consumed. This was a great source of anxiety for everyone (Ceebla, mother of nine).

The outbreak of the civil war in 1988 in northern Somalia (now Somaliland) signaled the beginning of a long and arduous journey into North America for many, including some of the participants of this study. While the experience of migration was different for each individual and her family, the overall experiences of the participants is best captured by Ceebla, a mother of nine:

We had to flee to Kenya, which took weeks because we had to get there by car. In Kenya, we were constantly harassed by the police who had no

sympathy for our plight. It was a very stressful time because I was afraid to leave my children for fear that they might be taken away if I left them home alone to run errands.

Other participants had to go through Italy, Saudi Arabia, Egypt and Uganda—countries that did not have refugee resettlement programs— before arriving in the United States, which only began accepting Somali refugees after the collapse of the Somali state in 1991 and well after the Somali crisis attracted international attention. All the participants, except one, arrived in the United States first and claimed asylum at various Canadian borders. One participant was already in Canada as a foreign student but had to claim asylum after the war started and her family fled the country. Some of the biggest worries the participants experienced occurred during the period of flight and family fragmentation:

It was very difficult to deal with family fragmentation and displacement because families had to flee to different countries and different continents, as far as New Zealand and Australia. Some [fled] to England and the Middle East... Being displaced in this way – not knowing where you belong and where your family members are, who is alive, who is not, who made it out alive, who did not. It was extremely difficult (Ayaan, mother of two).

The challenges of dealing with their new realities as refugees were exacerbated by anxieties about life in a new country.

All of sudden I realized I was going to a place where I had no social identity, no social location and social reference. No one knew who I was. But, I made the decision for my children and I thought that if I had peace everything else should be fine. I did not realize being a refugee I would be starting from zero (Kaaha, mother of four).

For the first time in my life, I was alone with my children and life was all of sudden uncertain. I was anxious about the future and the certainty I had [about life] was gone (Indha-u-Roon, mother of three).

But there was also optimism about life in a peaceful country,

We were refugees so in many ways we were happy to be coming to a safe and a peaceful country. I was optimistic (Safiya, mother of four).

This optimism about life in a new country, however, was short-lived as the participants had to face the difficult task of planting roots in an environment that was starkly different from their own and with little or non-existent resources and support to enable a successful integration.

Resettlement challenges: The Early Years

I understand that when we were allowed to come to this country, the Canadian government wanted to give us food, shelter and healthcare, but made no plans to integrate us into society. But a human being has a potential and life has to be more than food and shelter. (Indha-u-Roon, mother of three)

Life in Canada was unlike anything the participants anticipated and they encountered multiple barriers which adversely affected their health and well-being. All the participants of this study reveal that their early settlement needs (renting an apartment, registering children in schools, finding doctors and interpretation needs) were fulfilled entirely by their family members who preceded them in Ottawa. Opoku-Dapaah (1995:27) observes that “[it] is ironic that Somali refugees who originate from a socio-economic background that differs markedly from that of Canada, and whose refugee acceptance rate has consistently been over 92 percent since 1988, have been ineligible for counseling on durable adjustment programs.” In the past, Canada has made organized efforts to resettle refugees who arrived in large numbers, notably the Indochinese refugees in the 1970s. According to Lam (1996:1),

the Indochinese refugee resettlement program was the largest special program on behalf of refugees [Canada] has undertaken since the end of World War II. It was unique in that not only were different levels of government directly involved, but also because thousands of individual

Canadians magnanimously provided both material assistance, and by organizing themselves into sponsoring groups, moral support.

The contrast between the reception the Indochinese and the Somali refugees received may be due, in part, to the fact that the Indochinese were directly sponsored by the Canadian government, while the majority of Somalis claimed asylum at Canadian borders or inside the country. Nevertheless, whether it was a deliberate act or an oversight, the absence of information and counseling services caused tremendous hardships and suffering for the Somali refugees in Canada. Whereas the Indochinese refugees were “overwhelmed by the services and assistance made available to them by the host society” (Lam 1996:126), the Somali refugees were overwhelmed by the multiple barriers they encountered along every step of their migration process. These settlement challenges were exacerbated by the absence of an established Somali community in Canada, which would have been in a position to advocate on behalf of the new arrivals. Madaasho, a participant in this study, analogizes the lack of information about available resources as akin to having “clouds in front of our eyes: we could not see.” Thus, in the absence of state intervention and an established community, Somalis became entirely dependent on their families, kin and other Somalis for their settlement needs. Kaaha, a mother of four, underscores the significance of this relationship:

I received help with everything: I would not have done many of the things I have been able to do if it were not for family.

Indha-u-Roon, who had the least support (no family or friends) in Canada also reported the greatest health problem – severe depression and thoughts of suicide – thus further underscoring the importance of social support in preventing and alleviating the mental health breakdown she experienced. Some of the most challenging difficulties the

participants experienced in their early years in Canada included weather changes, language and employment-related issues.

Climate

The primary challenge the participants encountered was the grueling Canadian winter. The concern about the weather stemmed from both the backgrounds of the participants, who had not experienced cold winters or had experiences of winters milder than that of Canada, as well as the safety hazards presented by winter weather. As single parents, the fear of falling and breaking limbs could mean they would not be able to care for their children, who may be neglected, particularly if no other family member were around to help. The experience of Safiya succinctly encapsulates this concern:

One day, I was so afraid to walk on an icy ground, so I sat down and started to slide down on my hips (I was close to home) because I was afraid of breaking a limb, which I could not afford to, so I risked embarrassment instead.

Women with several children found the experience of shopping for food especially difficult during these early years when they had to get accustomed to getting around during extremely cold weather without a vehicle. Again, Safiya recounts this experience,

It was a cold day and I tried to go shopping for food while the children were at school. I was tired by the time I got on the bus from carrying all the food. When I got off the bus I left some of the groceries because I could not carry them home. I did that on several occasions.

Coming from a warm climate, grocery shopping in Somalia was a daily activity where going to the market early in the morning was woven into the fabric of the woman's life (shopping was done generally by women or hired help). The experiences of the Somali refugees were also corroborated by Indochinese refugees who were baffled by the culture of "weekly shopping and prepackaged food...since they were used to daily marketing and buying everything fresh and/or alive" (Lam 1996:96). But while the

Indochinese had sponsors who were ready to help them perform these shopping tasks, the Somali mothers, as with all Somalis, had to adjust to this new way of life without any orientation, guidance and assistance. For the women who came to Canada as single mothers, shopping for a family of four or more was cumbersome during cold winter days when they would need to travel some distance to find affordable venues to shop. Although not all participants endured the same excruciating ordeal as Safiya, the majority noted that their settlement experiences were greatly hindered by prevailing weather conditions which subsequently had an impact on their state of mind. Of particular concern was the problem of obtaining suitable winter attire:

I did not have proper shoes and so my feet were always cold. I felt cold and gloomy inside. If I had a place to go back to, I would have. I just did not expect this kind of winter (Sagal, mother of one).

Language

Language acquisition is frequently cited as one of the primary reasons why immigrants and refugees are unable to get employment and consequently experience ill-health, regardless of their previous education and work experience. The majority of the participants of this study, however, were conversant in English to varying degrees and only two lacked any knowledge of the language, although one spoke fluent French. At least six of these described their communication skill as 'very good'. Three participants did not speak English when they arrived in Canada. One of these was Safiya who experienced the greatest challenges:

One day, I took my son to the hospital, but I did not know how to go back home and could not ask for directions. It took us hours to find our way home. ... Another time, I was sent to a specialist for my shoulder which I injured when I fell in front of my building. I did not know the address and I did not have anyone to drive me there, so I did not go.

Ceebla possessed basic English but could not take lessons because she had to stay home with her children.

I was a single mother raising nine children and I was also looking after my grandmother and two nephews and a niece who came with me and so the first five years all I could do was focus all my energy on helping them integrate into the system. It was only after five years I was able to take English classes.

A participant who spoke French said that getting employment in Ottawa was a problem because of her lack of English skills:

I wanted to work, but I was told I could not be hired because I did not speak English. (Filsan, mother of two).

All the participants had knowledge of or were fluent in other languages besides Somali, namely Arabic and Italian¹³. At the time of this interview, all the participants were conversant, if not fluent, in the English language and so overall, language acquisition was not seen as a barrier for the majority of the participants. It is noteworthy that Somalis generally acquire language skills with relative ease, as McGown (1999:204) also discovered about Somalis in Toronto. Citing anecdotal evidence from educators, McGown writes:

A Toronto woman who runs a language school mentioned that the Somalis in her English classes are extraordinarily quick students, as did the principals of two high schools who noted that the Somali students had learned English and integrated into school activities more quickly than any immigrant group they had witnessed.

McGown made similar observation for Somalis in Britain. Still, the importance of language skills and communication cannot be understated. And even though this sample is relatively small, it does not contradict the ample evidence found in studies dealing with

¹³ Arabic was widely taught in schools and was the language of religious instruction. Italian was spoken by many Somalis in southern regions and many faculties at the universities were taught in Italian, while others faculties used English as medium of instruction. There were also several private schools that taught English, French and Italian.

the health of immigrants and refugees. The importance of language in terms of overall health matters of the research participants is made more lucid with the onset of social exclusion.

Finding Work and 'Canadian Experience'

Language skills may not have been a huge barrier to employment for the women in this study, given that the majority speak English; however, 'Canadian experience' was cited as huge barrier, particularly for those with education and work experience.

Finding employment was seen as a daunting task because they all lacked the so-called 'Canadian experience'. Those who came to Canada with education and work experience were most baffled by their inability to secure employment, despite the demands for such posts.

The fact that I spoke perfect English and have worked before made no difference. So, I had to start volunteering everywhere— with the courts, with the police, to rack up the so-called Canadian experience. Sometimes, I would train recent university graduates but they would get the paid position. I have worked with refugees in the Horn of Africa before and have been volunteering with shelters in Ottawa but that did not qualify me for a paid position (Ayaan, mother of two).

The problem of unemployment was particularly burdensome for those who had to support families in Somalia or elsewhere. This frustration was articulated by Madaasho, a mother of five.

I was supporting family members who were internally displaced or refugees in other countries...The war affected my emotional stability. Everything required too much work and energy—finding a job, or training for one, writing resume, networking, getting Canadian experience— all these were tiring for me. I could not understand how even hard work and desire to be employed and get off welfare was not getting me a job.

To gain Canadian experience, those who desired work took advantage of the training programs offered through social services (now Ontario Works). There were,

however, different circumstances that forced each mother to seek a job training program.

Kaaha, who had a university degree, but who was a homemaker before the outbreak of the war, was forced to seek retraining when the travel time for the only part-time, minimum paying job she could find became cumbersome:

Sometimes I worked 2.5 hours, but had to travel up to 2 hours to drop the children in two different daycares and then pick them again. I spent more time dropping off and picking up kids, and traveling to and from work, than actually working. So I began a job training (6 months and then 2 months placement) through social services. It is at this community center where I did the training that I saw an ad for a job and I applied and got it. They badly needed someone who spoke Somali and Arabic (mother of four).

Safiya was also a homemaker, who had never worked, and sought job training opportunities:

I found a course for cleaning houses through my social worker. After I finished the course I was given a placement at this elderly woman's home. I started cleaning houses after that.

Filsan was forced to look for work after separating from her husband:

I started asking for employment training program after I left my husband. I got the training through social services. I also started taking English classes and I was able to pass that. This gave me confidence to apply for work because now I am bilingual. It took me 7 months after the training to find work.

Many employers are often unwilling to hire someone who has not worked previously for a Canadian employer. The dilemma is that in order to gain the requisite Canadian experience, an employer has to be willing to hire them and this often times is a challenge in itself. To overcome this obstacle, many immigrants and refugees turn to volunteer jobs in the non-profit sector in order to gain the necessary experience. On occasion, these volunteer opportunities lead to paid positions for the volunteers. Additionally, volunteers

also benefit from such opportunities by establishing networks that could open up other avenues to finding gainful employment.

One outcome of volunteering as way of gaining ‘Canadian experience’, which has been widely noted, is the overrepresentation of immigrant women in the non-profit sector. Immigrant women are often forced to work in this sector where there is less job security because of project funding. Furthermore, this sector represents minimal opportunities for advancement, thus the “ghettoization” of highly skilled and educated women in unrewarding vocations. Dossa (2004:88-9) argues that there are structural reasons why most jobs available to immigrant women are in the non-profit sector, and are either temporary or volunteer. She writes:

The state plays a key role in placing immigrant women on the lower rungs of the labour force hierarchy. The state accomplishes this by two means: it establishes a gendered and racialized hierarchical structure, and it works through community agencies that it funds. Acting as agents of the state, the agencies then channel immigrant women into low-paid jobs.

Dossa further argues that this marginalized position of the women is “sustained by racialized (it is socially acceptable for women of color to work for nothing) and feminized (women are inclined by nature to undertake social service work) discourses”.

Lack of employment opportunities for the participants of this study had two important implications. First, the participants had to support family members in various parts of the world, and their inability to support their families was a great source of anxiety and consternation. Second, some of the women in this study left spouses behind on the condition that they would be reunited once they became permanent residents. The separation of the family meant that women assumed increased roles and responsibilities for their families and relatives who depended on them financially. Despite the difficult

economic circumstances, all the participants partook in various types of employment training and/or education programs while they were receiving social assistance.

Participants whose nuclear family was complete and who were able to secure employment had an additional problem to deal with: their husbands. Many male spouses had difficulties accepting their decreased roles as breadwinners, and consequently diminishing social status. This development is aptly described in the report *Parenting in Transition: Somali Fathers in Ottawa*, where a Somali father articulates the dramatic change in their new environment:

When we came to Canada, I became secondary to everyone in the family. Back home I was everything—the provider, the head of the family and the protector. Here, even the phone calls were mostly for my wife and children. Upon arrival, kids went to school and my wife went to school to learn English. I was the only one home and what followed was for me to do chores – there my life changed forever (Jama 2002:15).

Men who wanted to work and support their families were unable to do so because they could not find employment due to lack of the afore-mentioned Canadian experience.

Indha-u-Roon describes her husband's ordeal when he failed to obtain work:

When my husband joined us, he could not find work. He was a proud man who always supported his family. It was very difficult for him to have his family dependent on social assistance. He became frustrated and then hopeless. He has not been able to recover since.

Singer (1998:293) notes that “the fear of unemployment is not solely an economic worry; it is equally a dread of being blamed and of blaming oneself for inadequacy, for letting down one's family, for failing, while others succeed.” The changing social status of men, and thereby their authority as heads of households, as a result of unemployment and underemployment, and the increased roles and responsibilities of women, as primary breadwinners, in many instances led to marital strife resulting in divorce or long term

separation. The fact that nine out of the eleven participants in this study became divorced or separated from their spouses in Ottawa indicates that unemployment and underemployment was a critical factor in the emergence of families headed by single mothers. Equally critical is, however, while many men found it difficult to accept their rapidly changing (often declining) economic status, women in similar positions (i.e., those who were from affluent families or professionals) put the immediate and longer terms needs of their children before their own. Kaaha captures the overall attitude of mothers with regards to their new socio-economic realities:

The fact that I had four children dependent on me, becoming depressed or thinking what I did not have was a luxury I could not afford. I was on a survival gear.

Madaasho on the other hand resented the type of work she had to do as a result of lack of Canadian experience, and yet that resentment did not stand in the way of what she needed to accomplish for the sake of her children:

Finding work was difficult. My first job was a dishwasher, but I hated it because I thought I was educated so I should get better job. I was not used to this type of physical work.

Though women made tremendous sacrifices in protecting and providing for their families, this in a way suggests that Somali men failed completely in their role as providers. This is clearly not true and many fathers have sacrificed their aspirations by accepting positions far below what they had prior to the war, while the health of others suffered to the point of total incapacitation, such as Indha-u-Roon's husband cited above. The difference lies in the degree to which fathers and mothers have been willing to accept the transformation in their socio-economic status for the sake of their children. Dowd (1997:xv) believes that while fathers are often criticized for failing to provide for their families, "we do not expect any broader fathering role [from them]." It is this lack of

expectations from fathers beyond that of providers that releases them from further responsibilities towards their children, leaving women to assume the role of providers and nurturers. Hence, it is under the circumstances of parenting alone without the traditional social support network, living with constant job insecurity, coupled with the stresses of living in a dramatically different culture that symptoms of ill-health emerge. As the *Task Force on Mental Health Issues Affecting Immigrants and Refugees* (1988:29) concluded: “underemployment is a potent risk for emotional disorder.”

Challenges Somali single mothers encountered in the early years in Canada did not have significant health implications. Despite the uncertain future, the spontaneous departure from their homes and the resulting family fragmentation, newcomers remained relatively optimistic about their future in Canada:

In early years [in Canada] we were young and we were open for challenges. Even though we were always struggling we expected we would [eventually] do better (Deeqa, mother of four).

I did not think my ethnicity would be a barrier to getting a job... I believed if you work hard you can still make it (Madaasho, mother of five).

Refugees, who often flee persecution, have less expectation because their primary goal is to get to safety whereas immigrants come here with expectation for employment and therefore a better and brighter future. In writing about the experiences of Indochinese refugees to Canada in the 1980s, Chan (1987:125) believes that the experiences refugees had prior to arriving in Canada has acted as a buffer against the adversities they face in the new country:

Many years of wars, political and economic prosecution, poverty and famines in Southeast Asia , coupled with a daily existence in refugee transition camps characterized by anxiety, frustration and helplessness have, so to speak, ‘seasoned and weathered’ the refugees. These cumulative experiences have engendered in the refugees a firm sense of

resilience and invulnerability, making them realistic and pragmatic, and perhaps, more resistant to socioeconomic deprivation.

As refugees, the women in this study did not have the luxury to envision their future lives in Canada. In Kaaha's view, the important issue was that "if there is peace, everything will be fine." Despite this optimistic outlook, those with education and work experience prior to coming to Canada were surprised and frustrated by the lack of recognition of their credentials. For others with fewer skills, particularly those who were homemakers, their expectations were much fewer and were therefore less frustrated by the barrier they encountered. Over time, however, health problems emerged and participants' explanatory models attribute these health problems directly to their experiences of displacement and resettlement in Canada.

Challenges of Settlement: The Present

Now I have a professional job and moved from the subsidized housing where I lived, so things are much better. Besides, now I know how to go about finding resources if I need (Madaasho, mother of five).

All the participants noted great improvements in their lives. Ten of the eleven participants are working full-time, one is a graduate student. Six of the participants are home owners. Thus, economically, the women appear to have succeeded and attained a measure of stability, which they did not have in their first few years in Canada. This stability is something they all expressed being proud of, as Madaasho's statement above illustrates. But there are also new sets of challenges that have emerged over time and which have manifested themselves in symptoms of ill-health: employment—job insecurity and the type of work women perform—and systemic racism and social exclusion are two significant challenges highlighted by the participants in their present lives.

Employment

The participants indicated that their work is a source of stress and anxiety.

Women who work in the non-profit sector (five) expressed anxiety over lack of job security:

Every year when the funding time comes, I worry that if there are cuts, then my job will be gone. It is stressful. My biggest worry is that I may not be able to provide for my son the things that he has become accustomed to and I also hate the thought of ever going to back to welfare. I am happy to have become a tax-payer and I want to remain that way (Sagal, mother of one).

Stress at work is also experienced when promotions are not forthcoming because of perceptions about single parents or French language requirement:

People [at work] may not think that you cannot stay after five o'clock at work because children are waiting for you as you are by yourself; [they feel] you cannot take extra work, cannot travel...When you are single mom they think that probably you are not there a hundred percent (Deeqa, mother of four).

Learning French is difficult for me. I do not have the time and energy between working full-time and four children; I just do not have the energy. So it is a challenge (Kaaha, mother of four).

The type of work women do was also seen as challenging and contributing to ill-health,

My job as a custodian (janitor) is secure and has benefits. Still, it is hard work and years of stress, heavy lifting, mopping, going up and down stairs, and falling in the snow left my knees damaged (Safiya, mother of four).

I work with elderly people who suffer from Alzheimer. It is a difficult work both physically and emotionally (Suuban, mother of five)

The employment-related challenges are clearly not unique to this group of women; however, when examined in the context of volunteering and the overrepresentation of immigrant women in non-profit sectors and as caregivers, coupled with their role as sole caregivers to their families, the stress on their health is arguably

greater. The stress was further heightened for individuals who worked full-time and relinquished their mothering role to relatives or total strangers, namely daycare centers. This is what Segura (1994) calls *ambivalent employed mothers* – women, like the participants, who see their primary responsibility as mothers and labourers. While not all women see their primary role as mothers, they clearly feel guilty when they know their children are not getting the best care they deserve, either from themselves or close relations. Such feelings were particularly expressed by mothers who worked and traveled, with the full knowledge that their absence might affect the type of care their children received. Thus, under these circumstances of worrying about their children “ambivalent mothers report worrying about their children while at work. While this does not necessarily impair their job performance, it adds another psychological or emotional burden on their shoulders” (Segura 1994:222).

Social Exclusion and Systemic Racism

All the participants in this study felt despite their economic gains and overall improvement in their lives, they and their children do not have a sense of belonging to Canada:

You always feel you are an immigrant or you do not fit-in or you have to try hard to fit in and that takes a toll on you (Deeqa, mother of four).

I made the choice to save my children from war, but I realize that I brought them to different kind of war: systematic racism and all the hurt that comes with it. I tried to recreate my social identity ... I was a housewife prior to coming to Canada, but now I am a professional and yet despite all my efforts to integrate myself and my children we are still outsiders, particularly my male children (Kaaha, mother of four).

In the early years of settlement in Canada, racism was perceived most strongly in schools their children attended:

The school called to tell me that my son, who was in second grade, will be placed in ESL [English as second language] because he was having difficulties with language, because his mother tongue is not English. My son was born in Canada, not in Somalia. The real problem is that the teacher had difficulty disciplining him, so instead of finding other solutions they used language as an excuse. (Sagal, mother of one)

My son was a bit of a troublemaker and the teachers could not always control him. One day he was sent to a class for mentally and physically disabled children without my knowledge. He came home traumatized. When I asked the school I was told they wanted to scare him. They succeeded. That is when I removed him from public school and sent him to an Islamic school. My daughter who was bright was also put in ESD¹⁴, and she stayed there for 4 years (in the same class). I removed her and took her to Islamic school where she excelled after the first year. Now she is in college studying nursing (Safiya, mother of four).

Racism is what the participants say is responsible, in part, for the difficulties their children face, particularly teen-aged boys. Of particular concern are the experiences within the education system. Parents feel that teachers either stereotyped their children because they are raised by single parents or have low expectations because they are black. Racism from the teachers was the main topic of discussion at a Somali parents meeting with the administration of a local high school. In the meeting¹⁵ the parents accused several teachers of routinely giving their children lower grades than the children actually deserved. There was a particular case which was resolved in favor of the student, after a complaint to the school administration by the mother of the student, who cited as an example the kind of prejudice the children were being subjected to. There were also complaints of racial slurs, about blacks, uttered by a teacher in front of an entire class.

¹⁴ ESD—English Skills Development in elementary schools (also called ELD—English Language Development in high schools) is for children who have gap in their education, as result of living in refugee camps, for example. Students in these classes get credit only for English and not for other subjects. After ESD/ELD students then move up to ESL and eventually to regular classes. A consultant who works in the schools told me that children are often frustrated, particularly in high schools where a student can remain in an ELD class for four years. This becomes a source of frustration for students who are not able to take the same subjects as their peers in regular classes thus fostering lack of motivation resulting in students dropping out.

¹⁵ I attended this meeting as part of the participant observation for this study.

The perceptions of racism in schools by the parents at the school meeting and the participants of this study is not unjustified, as Margaret Cannon (1995:86) reminds us in *The Invisible Empire: Racism in Canada*:

In the spring of 1993, the Ontario government, stung by the consistent reports of systemic racism in the province's justice and education systems, decided on all-out offensive in the public schools. By September 1995, every school board in the province...[was to] establish pro-active policies on racial and ethnocultural biases and barriers in the system.

These policies were being announced, however, "in a season of austerity, when hard-pressed boards [were] reducing English as a second language classes, upping class size, [and] laying off teachers to meet budget reductions."

This particular school's on-going monthly meetings with the Somali parents, is clearly an indication of a proactive policy on the part of the schools to create an environment where parents can air grievances. This is partly due to the fact that the majority of the students in this school belong to racialized minorities; a fact which parents said gave the school a lesser reputation, which they felt may have further consequences: their children may be refused entry to universities. The efforts of this school, and others similar to it, however, do little to allay parents' fears that their children are being subject to racial discrimination, especially from teachers. But students may also experience hostility from the white student population, particularly those who have been exposed to White Supremacist messages. In a chapter in the same book entitled "Mold the Child and You Have him for Life" Cannon chronicles the careers of white supremacist teachers and academics who were also respected members of their communities. What is unique about these teachers and academics is that they have targeted their messages towards students, particularly those in high schools. Cannon writes: "it should not surprise anyone that the

radical right has targeted Canadian secondary schools as their front line for recruits” (ibid.89).

As mentioned, the worries mothers have about the alienation of their children were particularly strong with regards to their sons who were seen as bearing the brunt of the racism,

[I] do not trust the public schools...[I]... wonder what are they thinking about him, what assumptions are they making about him, then [I] go out of [my] way to build relationships so they will be kind to [my] son...(Haboon, mother of one).

The perceptions of the racism experienced by boys, which resulted in increased contact with the police and criminal justice system, were a source of great anxiety,

I worry every time my younger son steps outside the home because he has already being stopped by the police and questioned for no reason (Suuban, mother of five).

As a mother of boys, I worry constantly about their safety: what will you hear today? Will the police stop them? I have these fears because my sons have been stopped and questioned by the police before for no reason (Ceebla, mother of nine).

Boys are racially profiled because they make mistakes other young people make, but the punishment they receive are not proportional to the crime they commit. I ask myself: what did I bring my children in to? Our male children are bearing the brunt of the systematic racism (Kaaha, mother of four)

The problem that children face, as perceived by the parents in this study, goes beyond experiences and perceptions of racism within schools and racial profiling. Issues of parenting in a multicultural environment must be considered along with the structural barriers single mothers and indeed all mothers face. As Abdulkadir (2006) observes “parenting (mothering) is major aspect of the lives of Somali women in Canada; this aspect of their lives permeates all other aspects of their lives.” Many Somali mothers may lack the skills necessary to parent in a multicultural environment because all their

time and energy was consumed by the need to provide and care for their children in the face of the tremendous settlement barriers they faced. The need for multicultural parenting (mothering) becomes necessary and even paramount for the development of healthy identity and thereby the integration of children into their new society¹⁶. Children often “go through the process of cultural translocation and identity transformation at a stage in their development when they have not yet consolidated a solid sense of self and cultural identity” (Mohamed and Habbane 2003:18).

One of the emerging identities Somali youths have acquired pertains to that of being “black”. As with everything else in their migratory experiences, Somali mothers did not understand the concept of race and the meaning of “being black” because they came from an environment which privileged particular identities such as Islam and clan. Accordingly, they were not in a position to prepare their children for the prejudices they would encounter – not just as Somalis and Muslims, but more importantly as blacks. Spitzer (2006a:5) asserts that “identity is simultaneously a process and a resource that allows individuals to situate themselves and to be situated by others in relation to other individuals, groups and the social landscape.” The mothers in this study expressed ambivalence about a racialized label which is imposed upon them, and which some reject, and yet all are forced to acknowledge, if not accommodate, its significance and its

¹⁶ There are two important issues that emerged from the interviews and literature which the scope of this paper could not address. An important area of future research would be to investigate the issues of cross-cultural parenting and its effects on children (or parent-child relationship). Another important research area, which may be linked to the first, would be to study issues of transforming identities and the ensuing crisis amongst Somali youth who must make sense of several competing identities – Islam, Somali and Black. An important finding would be the extent to which these factors have helped or hampered their integration to Canadian society regardless of whether they were born in Canada or not. These two areas of research may provide a broader picture of the challenges the mothers talked about vis-à-vis their children and their experiences of institutional racism that alienates them from schools and leads to increased contact with the criminal justice system.

impact on their lives and the lives of their children. Despite their own discomfort with being labeled black, the mothers in this study have realized that the way their children are perceived by Canadian society, as blacks, has implications for the future of their children. Writing about how African women in Alberta negotiate their identities in their new environment, Spitzer (2006a:20) reminds us that “we must be mindful that the range of potential subject positions available to them remain circumscribed by larger social formations that may operate to delimit social mobility and stymie full inclusion in Canadian society.”

One of the more serious consequences of being labeled black, and arguably poor, for Somali youths is the increased contacts with the criminal justice system. Virtually all the mothers of this study said that the biggest challenges in their present lives are worries over their male children, as noted above. Anecdotes from parents and members of the Somali community, including those working in the school and justice system reveal higher drop-out rates for Somali boys and equally high incarceration¹⁷ rates, particularly for those over age of eighteen. A report entitled *Working for Youth Research Project* (Peera 2000:18), where the majority of the participants were Somali youth in Ottawa, found that for black males “it is part of their daily living that police check their identity and car papers and regularly go to their neighbourhoods, anticipating some incident to occur. This has evidently created an antagonistic situation whereby mainstream institutions [were], overall, seen to be not supportive.” The majority of these youths who

¹⁷ I attended court sessions over a period of six months, as well as visits to municipal and provincial detention centers. My observations from these reveal very high numbers of young Somali males (under 25) in the criminal justice system. In fact I was led to conclude that given the Somali population in Ottawa (under 18, 000 by most estimates), the incarceration of young Somali males can only be described as alarming. This was also confirmed by a non-Somali consultant who works in the prison systems. I was also able to meet mothers at these court appearances, hearings and visits to the detention center who expressed similar sentiments as the mothers in this study.

participated in this research had already dropped out of high schools and were unemployed.

Mothers' constant worries over the well-being and safety of children are also compounded by lack of employment opportunities for their college and university graduate children. Some parents whose children graduated from universities and colleges felt that after accruing enormous debts, their children are unable to find employment in their fields of study. As one mother said, "ten years ago I was worried about getting them through high school, now that they have gone to university, not having jobs is a big worry for us." The consequence of unemployment and underemployment of university graduates is that mothers who have spent a great deal of energy expatiating the virtues of education risk having younger children reject higher learning when they witness the fate of their elder siblings who are forced to seek employment at the lowest rungs of the labour market. Thus, for mothers in this study, their lives since the outbreak of the Somali civil war in the late 1980s have been characterized by endless anxiety and consternation about the welfare of their children. Experiences of racism, however, are not limited to children, but the participants similarly relate their own experiences of social exclusion.

Somalis come from a society where oral expression was privileged over other forms of communication and expressing oneself verbally was seen as an integral part of being healthy. The participants of this study felt pain when they were unable to express themselves adequately, either because of the language barrier or because of the absence of a 'safe' space to engage members of the larger society and institutions.

Safiya, a homemaker, did not speak English when she arrived in Canada. She related an incident which hindered her ability to express her feelings and was a source of

frustration. The incident occurred when her children were bullied by the neighbour's son. Her frustration resulted not from the incident itself, but her inability to communicate with the family. This is how she characterizes the barriers to effective communication:

When you have disagreements—with neighbours, school or at work—you cannot fight back because of language barrier, so you are frustrated.

Safiya uses the Somali terms *ciil bax/cad goosasho*¹⁸ (expressing anger/saying your piece) to emphasize the health implications of failing to communicate in a given social context. Recognizing the importance of language, minority counselors Sue and Sue (1999:72) state:

Clients who are limited in English tend to feel they are speaking as a child and choose simple words to explain complex thoughts and feelings. If they were able to use their native tongue, they would easily explain themselves without the huge loss of emotional complexity and experience.

These tendencies of “childish communication” evoke a deep sense of frustration and a sense of powerlessness for the women. In Safiya's case, language is seen as less of a challenge in terms of employment because her work as a custodian did not require language proficiency. Rather, knowledge of an official language would facilitate her need to express her views in social arenas where she feels powerless and insecure vis-à-vis other individuals and institutions.

Indha-u-Roon, in contrast, had a fulfilling career and family life prior to migration. She speaks four languages fluently (Somali, Arabic, Italian and English). In her opinion, there does not appear to be a space where immigrant mothers like herself can engage with the wider society in an effort to share her experiences, grievances and aspirations. In this sense, she is not unlike Safiya in that both women yearn to

¹⁸ *Cad goosasho* may also be translated as triumphing over challenges and is a proactive measure. In this context, Safiya implies that she would have felt better if she was able to defend herself and her children when she had disagreements with the schools, work and neighbours, instead of feeling dejected and disempowered.

communicate with the mainstream (read: white) but lack the means or opportunity to do so. Indha-u-Roon expresses her frustrations thus:

It is difficult to live among people who think they know better than you, who have no idea that you have a whole history— a reference culture— and who even think they are more human. Because you have a reference culture, you are constantly comparing the life you had before to this life. But no one understands that or will even listen to you. *No one is interested in your perspective.* You cannot communicate your feelings because of the barrier between you. You feel you are silenced and you feel your soul is in prison—a voluntary prison. This is type of prejudice is detrimental to your health (emphasis mine).

Parin Dossa's study, *Politics and Poetics of Migration: Narratives of Iranian Women from the Diaspora*, substantiates Indha-u-Roon's assessment of Canadian society. Dossa makes a comparison between the veiling of women during the 1979 Iranian revolution that brought the Ayatollah Khomeini to power and what she calls "invisible veils/wall" which Iranian women immigrants have experienced as a result of racism in Canada. The distinction she makes between these two veiling processes is crucial. Dossa suggests that while there was a space for women to negotiate their rights and contest their oppression in Iran (through magazines, poetry, etc), no such space exists in Canada because immigrant women of color are deemed socially invisible. Thus, as the racial Other, Iranian/Muslim women are seen as passive, oppressed and homebound. Iranian women's struggle may have started in Iran, but "ironically...women's most intense experiences of pain were felt in Canada" (Dossa 2004:117) because of the absence of a space to contest their marginalization.

Dossa (2004:20) is not suggesting that women lack agency; on the contrary, she is against the victimization of the women when she says that "analysis of only power and domination leads to victimization of the oppressed." Instead, she prefers to underscore how patriarchy, social exclusion, and racism, which she calls the "soft knife of politics",

cause women to suffer. And often times, this suffering may manifest itself in mental and/or physical complications. Similarly, Mooley (1997:352) asserts that “Canadian racism nowadays expresses itself less in direct personal discrimination but much more in a cultivated social distance to the constructed other.”

Health Issues, Interaction with Healthcare and Explanatory Models

Sometimes you do not even care about yourself: you are running—you wake up in the morning, you drop off the kids, go to work, come back home, cook, clean—[and] you do not have time to take care of yourself. So you [develop] iron deficiency, calcium deficiency, high stress level, insomnia. There are so many health issues that you just ignore as long as it is not painful and you do not have to go to a hospital (Deeqa, mother of four).

From the preceding discussion, it is clear that the mothers in this study experienced tremendous stress during their resettlement in Canada. Given that adequate social support was a critical buffer against the development of mental and physical breakdowns, women who had close family members endured far less psycho-social problems vis-à-vis those who were socially isolated. At the time of this study, all the participants, except one who was attending graduate school, were employed full-time, and while their jobs are not without stress as such issues of job insecurity, particularly for those in the non-profit sector, and doing difficult work, for those whose jobs are labour-intensive (janitorial or Senior Care), the issues that caused the greatest pain, which the mothers associated with their present health problems, have to do with perceptions and experiences of systematic racism and social exclusion, particularly as experienced by their children.

The main health complaints expressed by participants included high cholesterol, high blood pressure (at least one participant was hospitalized for cardiac problems as a result of hypertension), iron and calcium deficiency, pneumonia, mental health issues

(sadness and depression), aches and pains—back ache, neck pain, constant headaches and migraines. The participants spoke about perpetual worry and anxiety (*wer wer iyo walaac*), exhaustion (*daal*) and a general sense of helplessness in articulating their frustrations (*ciil bixid/cad goosasho*) to mainstream society—both institutions and individuals. Their explanatory models show that their health problems are directly related to their social conditions, both as refugees and single mothers:

I was isolated...so I experienced depression [and] a lot of anxiety (Ayaan, mother of two).

I developed high cholesterol and high blood pressure and then was hospitalized for cardiac problems. My iron level was also very low. I know these problems were because I had issues with my teenaged children and I work fulltime with patients with Alzheimer's disease (Suuban, mother of five).

Guilt over not fulfilling their mothering duties also caused mental health issues:

I became severely depressed and suicidal because I could not keep up with being a single parent and going to school full-time. I had moral dilemma because I felt I was neglecting my children by going to school (Indha-u-Roon, mother of three).

Brown et al (1998:11) make the distinction between disease and illness, both of which constitute *sickness*. “*Disease* refers to the outward, clinical manifestations of altered physical function or infections” whereas “*illness*...encompasses the human experience and perceptions of alterations in health as informed by their broader social and cultural meanings” (author’s italics). In the context of multicultural Canada, individuals and communities from various parts of the world bring with them an understanding of what causes particular illnesses and methods of healing. A “lay person’s” etiology which is sometimes different from the diagnosis by biomedical doctors does not prevent patients from accessing multiple healing strategies. A patient may seek a combination of treatment or multiple healing for a particular illness which

may be biomedical, traditional medicine or healers or healing by religious persons- priests/sheikhs. Indha-u-Roon, who suffered depression which she directly attributed to her hectic lifestyle, sought psychiatric treatment for her depression, while simultaneously relying on the healing power of prayer, the *Qur'an* and other spiritual activities for a cure. Amarasingham (1980:82) rationalizes this multi-pronged approach to healing as the ability to “hold almost all the available explanations simultaneously and without any apparent discomfort”.

Interaction with the healthcare system was seen overall as positive. In fact, all the participants were unanimous in their appreciation of having access to universal healthcare which they did not have in Somalia. This sample of participants also expressed positive impressions of the healthcare professionals they dealt with:

I have a good family doctor who always gave us good advice. Because she too came from a large family that was poor, she encouraged my children to work hard. (Safiya, mother of four)

It is noteworthy that because of their status as single mothers and the hectic schedules they led, the participants would only go to the doctors after “things really got bad”, as Deeqa’s previous comments illustrate. Shortage of family doctors and a longer waiting period, however, was seen as a barrier to getting good care more effectively.

It is impossible to find a family doctor. Also there is always a lot of waiting time at doctor’s offices or at the walk-in clinics. After waiting for two hours, the doctor only takes a few minutes, gives you prescription and then sends you off. They do not even have time to hear all you problems (Filsan, mother of two)

Conversely, all the participants noted the inferior healthcare system and the dearth of healthcare professionals in their home country. However, they were quick to point out that due to the private nature of the healthcare sector and the shared cultural experience,

they felt that doctors in Somalia were more attentive and interested in the well-being of their patients.

Back home, doctors listen to your problem and although they did not have many equipment and the facilities were modest, you still left the doctor's office feeling better because you had shared all your problems. That is not the case here (Madaasho, mother of five).

The problem of the limited time at the doctors and longer waiting periods has been noted elsewhere (MacKinnon and Lee Howard 2002) and participants understood this as a problem faced by all Canadians who must deal with a declining healthcare system. The participants, however, were able to make a critical distinction between medicine as practiced in the West and what they perceived as a more humane and holistic therapy in their home country. They emphasize that lasting treatment entails more than a simple drug prescription and that an open and honest doctor-patient interaction is just as crucial to achieving a cure as the medication prescribed.

Osherson and Amarasingham (1981:224) assert that the human body in Western medicine (biomedical) has come to be seen as a machine where the patient is increasingly perceived as an object because doctors emphasize treatment of the disease – or the localization of illness – rather than the treatment of the person:

the localization of illness changed the status of the patient's body; no longer was it primarily the seat of subjective impressions interpreted by the patient to the doctor, but rather it became the site of specific disease entities to be detected and evaluated by the doctor independent of the patient.

This localization of illness and the objectification of the patient fail to take into consideration the social determinants of health which is increasingly being recognized by Health Canada. Nearly all the study participants sought the help of doctors to relieve problems and symptoms which were clearly caused by and therefore only curable within

the social and economic realms. As Tiilikainen (1998:312) notes when studying the health experiences of Somali women in Finland, “there is a connection between ill health experienced by the woman and the social world around. She is talking about her physical symptoms, but at the same she is talking about the war, refugeeeness and the difficult life in Finland”.

Thus, the picture that emerges from the challenges faced by the Somali single mothers in this study and their explanatory models of health indicate that these challenges have had serious implications for their overall health and well-being. While the women spoke positively about their lives in Somalia, these must be understood in the context of their experiences as refugees which makes life in Somalia more idealized. One of the greatest pains they suffer stems from concerns over the well-being of their children because “protecting Black children remains a primary concern [for]...mothers because Black children are at risk” (Hills Collins 1992:237). Furthermore, the women come from a culture where motherhood is valorized and their circumstances as single mothers, which force them to be primary providers, detract from the fulfillment of their mothering role, thus resulting in additional worries. Glen (1994:15) observes that mothering has come to be denoted “as women’s primary and exclusive identity [and] an ideology that places mothering exclusively in the private, emotional realm creates conflicts for mothers who have to work outside the home”. Thus, it is the combined experiences of displacement, difficult resettlement experiences in Canada, decreased social support, and concerns over offspring that triggers the onset of ill-health.

As ominous as this scenario may be, especially when compounded by the protracted war in Somalia which remains an overarching burden, the mothers in this

study remain pragmatic and resilient. The final section of this study focuses on the survival strategies the women adopt to mitigate the effects of the challenges described above. This discussion will encompass specific and proactive measures women have undertaken to counter their experiences of oppression.

CHAPTER THREE: COPING STRATEGIES

Here I have gained a lot. All the hardships matured me. I realize life is not as simple as I saw it...I learned to appreciate it. I took things for granted. Now I am more humble, more spiritual, much stronger, much more patient. I learned diplomacy, tactfulness, which I did not have before. I have become more resilient (Haboon, mother of one).

What emerge from the preceding discussions are the myriad pressures which Somali single mothers encountered since the outbreak of the Somali civil war in the 1980s. The destruction of their country and displacement of their families were compounded by difficulties in establishing themselves in Canada and the additional barriers they encountered throughout their settlement. Dossa (2004:37) laments that “unfortunately, the possibility of...immigrant women becoming part of the Canadian landscape is remote, as their struggle and social exclusion is intense.” This social exclusion is due to “the absence of social spaces and networks in the women’s new home of Canada [which] takes the element of struggle (hope for change) out of their lives” (Dossa 2004:166).

Dossa’s assessment in many ways is parallel to Spivak’s (1988:307) observation about women in developing countries stating that “there is no space sexed subaltern subject can speak”; in other words, women are caught between patriarchy and imperialism. While both Dossa’s and Spivak’s arguments are relevant and historically valid insofar as they underscore the multiplicity of women’s oppression across geographical spaces, this study reveals that in the case of Somali refugee women, there exists a space in which women not only speak, but in fact challenge the powers that be, even if these spaces are at the margins. Arguably, resistance to oppressive social norms, which even Dossa (2004:166) admits immigrant women do engage by “reconstruct[ing]

their worlds through narratives to engage a listening community,” also emerge at these marginal spaces.

Writing about resistance, and its corollary domination, is not an easy task because of what Abu Lughod (1990:41) calls “the complexity of the nature and forms of domination” where the dominated may sometimes appear to consent to their domination. Abu Lughod sees Foucault’s declaration “where there is power, there is resistance” as a useful way of analyzing the inseparability of resistance from power. In this sense, resistance is useful in so far as it identifies sites of power and “how people are caught up in them.” Gupta and Ferguson (1997:19) accept this definition but go further and link resistance with identity. In this context, resistance is “an experience that constructs and reconstructs the identity of subjects” in a way that is “profoundly transformative.” The Somali single mothers may be said to be experiencing these identity transformations, as discussed previously, as they redefine themselves in the context of new socio-economic realities, as immigrants, mothers and heads of households (breadwinners).

Understanding resistance in relation to power may be useful but ultimately it is deficient because it masks the role of agency. Without examining the source and role of agency, the subject is placed in a two-dimensional position of only feeling and reacting to the power. Viveiros de Castro (1998:470) makes the interesting claim that in Amerindian cosmology what determines agency is “perspectivism” – having a “distinct point of view.” That animals have a perspective on humans is an indication of their agency. In a similar vein, Boddy (1989:345) states that women in Hofriyati village in Sudan do not engage in spirit possessions merely as a reaction against domination (of their husbands for

instance), but do occasionally “transcend them.” She says that “to pursue this suggestion requires consideration of women as actors in their world.”

Despite the “ambiguities and ambivalences of resistance” (Ortner 1995:190) it is sufficient here to state that Somali single mothers utilized various methods of resistance strategies to challenge their subordination in their new environment. Their agency is demonstrated in the options they create for themselves – which they *do* create as it is not given to them – to combat what Patricia Hill Collins (1992) calls the interlocking systems of oppression of race, class, and gender. Thus, the Somali single mothers of this study often empower themselves by identifying solutions to their socio-economic challenges through the recreation of supportive social networks, while at other times they directly engage and challenge institutional racism. And yet other times, the women find healing through Islam and through increased awareness of healthy practices.

Kinship Transformation—Recreation of Social Networks

If it was not for my women friends, I would be in Ottawa Royal Hospital¹⁹
(Sagal, mother of one)

The participants in this study spoke about several coping strategies which they credit for surviving those crucial years of settlement in Ottawa and for being able to confront the challenges they encounter in their everyday lives. One of these survival strategies is the role of social support networks which women had to recreate in their new environment. The literature indicates that immigrant and refugees who have access to social support (family and friends) often find the process of resettlement easier and consequently they are healthier than those who lack such support. Refugee women who have experienced violence during their flight are particularly susceptible to these factors.

¹⁹ A psychiatric hospital in Ottawa.

In Toronto, a support group established by doctors for Somali refugee women found that women were isolated either because they were raped and were consequently ashamed of these acts, or were single mothers. In both situations, the women had lost traditional mechanisms of social support and were experiencing severe difficulties in overcoming their problems. Blakeney et al (2000:1) clearly note that “social support is the single most important predictor of recovery from traumatic events”.

The observation of medical staff in Toronto regarding the importance of social support is also true for the women in this study, as the findings in the preceding discussions show. Although some women had access to family support, they all indicate that while the help was available and they could rely on it when they first arrived (for example, staying with family members until they could find a place of their own, registering children in schools, and so forth), overtime the reliance on family decreased. Haboon’s analysis shows, not only the decline in social support, but also women’s reluctance to expect such support as their mothers have done in Somalia:

The support I have here is wonderful, [but it] is not enough because everyone of them [i.e. family members] have similar lifestyles like I do; their plates are full. So, when I ask for people’s support and help, I feel guilty – which is a very Western disease I developed here. I am sure my mother never made a phone call saying ‘can you cook dinner?’ She knew people would cook dinner, she expected that, and she in turn gave something back: it was a reciprocal relationship...there was an unwritten contract somewhere...My relationship with my family has also changed because *I don’t expect people to do things for me; I kind of beg them which places some burden on me*” (emphasis mine).

Haboon’s sentiment was expressed by several women and shows the shift in attitude as people integrate and adapt Canadian lifestyles and values, often causing the fragmentation of refugee families within a particular province or city as individuals pursue economic opportunities. Ayaan notes:

We are discovering the breakdown, the dissolving of the family, which traditionally you would not see. In the past a person may go away for a while – to work or go to school – but you would not have an entire family living in the same city all living different lives, barely seeing each other.

Decreased reliance on family also means a decrease in kinship relations. For instance, all the participants said that despite the fact that members of their kin (clan families) were in the city, they did not necessarily rely on these for help, although they acknowledge that they were occasionally called upon to provide financial support to needy families (referred to as *qaaraan*²⁰) whom they shared kinship ties with. Kinship for Somalis was a form of “insurance policy to fall back on in times of difficulties or loss” (Abdulle 1999: 52). Similarly, those women who have families and extended kin felt that despite the fact that they did not always seek the help of their family members once they passed the difficult settlement stage, the knowledge that help was available, both from family and kin, was sufficient comfort. Janes (1990:129) who studied Samoan migrants in California made similar observations:

the one factor that may serve to ameliorate stress is the existence of a supportive group of relatives and friends. Not only does this group buffer the effects of an event by providing funds and psychological support, but a person’s knowledge that such a group exists and can be called on in times of need is, in the long run, likely to be a powerful emotional, as well as instrumental, boost.

Though this observation rings true for Somali refugees everywhere, this study goes further to explore the new developments of self-reliance while still maintaining

²⁰ *Qaaraan* is “a collective and spontaneous economic activity to respond to an urgent financial need by a member of the community.” (Mohamed, 2003:257). *Qaaraan* is generally initiated by members of the community rather than the needy individual or family. Traditionally *Qaaraan* was used by the members of clan families, however, in the diaspora, *qaraan* often involves the whole of the Somali community and is frequently initiated by women who are more in touch with the plight of other families. It is frowned upon if one declines to participate when asked to do so. There have even been cases where *qaaraan* was collected for members of non-Somali communities (this is very much akin to calls for donations for bereaved family). The emphasis of *qaaraan* is on the interdependence of people or kin.

social links with the broader group. The majority of the women emphasized their independence and took pride in accomplishing the smallest of tasks, mindful that their peers were also in similar situations and could only be supportive to a limited extent.

Filsan captures this spirit of self-determination below:

Getting a job helped to get out of subsidizing housing, which was one bedroom. I moved into 2-bedroom apartment paying full rent. My boys have their own room and I have mine. I feel I can do something for myself without the humiliating experience of being on welfare. I even feel confident because I do not have to depend on former husband. Even though he provides child support, I feel that by having my own money, which I worked for, I do not have to wait for his checks to come. That money is extra and I can do things for my boys, but at least I can pay my rent, food and basic necessities. It is an accomplishment for me to be able to support myself and my children.

The absence and decline in traditional support, coupled with the challenges of single parenting, compelled women to establish alternative support systems, one where they felt less guilty and more empowered. As a result, women with several children began to rely more on the elder ones, most frequently girls. This kind of help was particularly crucial for Ceebla who is the mother of nine children:

At first I received a lot of help from my family members who were here, but since they too had their own lives to deal with, my older children started taking care of the younger ones, so I did not have to rely on anyone else as much.

For women with small children or a single child, reliance on other women in a similar predicament became a survival strategy:

My sister and brothers moved out of town so now I do not have family members. I moved into a building where there were some friends so that I could rely on their help whenever I needed to take a child to the doctor or do the laundry. My friends also helped me do the shopping because I do not have a driver's license yet (Filsan, mother of two).

We are trying to establish our own village with my friends who have children – that is, anyone who can afford to get housing in our neighbourhood. We are trying to be closer to each other. We try to get

together on the weekends, bring our children together, eat together, and cook together (Deeqa, mother of four).

In addition to moving into the same neighbourhoods, women have also found creative solutions for their economic challenges which are plenty given their low income bracket and familial obligations. They revived a loaning practice known as *hagbad/shaloongo*, which was traditionally used by women as a form of credit (Mohamed 2003; Spitzer 2006). *Hagbad* “is a process whereby a group of women agree to put in a certain amount in a common pot and give the accumulated sum to one participant at the end of a specified period on a rotating basis” (Mohamed 2003:256). The purpose of *hagbad* is to give women access to funds in times of emergency, such as having the first and last month’s rent or purchasing airline tickets for sponsored family members. There is no interest associated with *hagbad* and considering the women’s economic conditions, the overall amounts pooled generally tend to be small. Thus, the significance of *hagbad* underscores the ingenious ways poor women obtain crucial credit which they cannot access from other individuals or institutions. Some of the women participants in this study revealed that without *hagbad*, they would have not accomplished many of the things they have been able to do for their families, both in Canada as well as in their home towns.²¹

However, all the activities women engage in to compensate for the absence of traditional social support in Canada are not limited to overcoming barriers (in terms of financial and childcare needs), but also a need to support each other to decrease their social isolation. Most women participate in the organization of social functions purely as a venue to reconnect and revive their spirits in a positive way.

²¹ To protect the women’s privacy and their financial information, their comments on the *hagbad* phenomenon have not been recorded.

I socialize; I am very social; I used to invite Somali men and women in my neighbourhood to come for tea in my house after the children sleep and that helped me a lot. I even try to be friends and exchange gifts with my co-workers who are not Somalis. I have not felt alone (Safiya, mother of four).

Cross-cultural friendships helped several women with crucial information and guidance they needed during the early years when other sources of information were not available.

I made friends with mainstream Canadians who became my mentors and provided me with the encouragement and direction I needed. But I still had to initiate these discussions (Madaasho, mother of five).

Mohamed (2003:249) argues that increased women's reliance on other women was also a response to the social exclusion they have experienced in Canada and "constitute... creative ways of combating isolation and provide some sort of substitution for the communities in their homeland". Thus, in women-only wedding ceremonies and parties, as well as monthly potluck dinners, women enjoy the opportunity to dance and laugh without the prying eyes of men. Several participants stated that they dance and listen to music in order to heal, as Kaaha's statement confirms:

I take a little time for myself; I love to dance so I release all my frustrations at weddings and social gatherings. I love music.

The healing properties of music are widely accepted and it is believed that there is a "relationship between pain and suffering experienced through oppression and the transformative and healing roles that music seems to play within many different societies" (Gouk 2000:6). The purpose of these gatherings, particularly dinner parties, also serve the dual function of providing relief from stress while simultaneously giving women a forum to discuss issues and exchange advice on issues relating to work, schools

and children. These interactions take place amidst much traditional food, laughter and *uunsi* (Somali incense)²².

Resisting Oppression

As previously mentioned, a major challenge experienced by all women was the incidence of racism on a broad scale. Instead of being discouraged, some of the study participants turned their anger and frustration with the system into a positive instrument by actively challenging the root causes of racism (as well as other “isms”) by using existing, yet little known resources, such as the legal system. Safiya, who had the least linguistic and education level of the entire study group, recognized the importance of individual rights in Canada:

I was evicted from my apartment because my children were running in the hallways: I did not know that was not allowed, but since I was paying my rent on time, I got a lawyer (with the help of a Somali relative) and I went to court and won the case (mother of four).

She gained confidence from this victory which allowed her to confront school administrators and employers whom she felt were mistreating her or her children. Her vigilance in protecting her rights and those of dependents are illustrated in her acts to transfer two of her children from public school to the Islamic school and her insistence on accessing free services such as after-school tutoring programs for under-privileged children. Her plan seems to have paid off because three of her children are currently enrolled in university/college with the youngest one still in high school.

²² One interesting aspect which I noted during interviews is the décor of the participants' homes. Without exception, all the women decorated their homes in a distinctly Somali and Islamic way. The Somali incense and incense burners made from clay is a permanent fixture in all these homes. As are framed *Qur'anic* verses which adorn the walls and the entrance of the houses and apartments.

Ayaan also felt that knowing she had rights in Canada, something she clearly did not have in Somalia, was empowering. She not only learned to advocate for herself and her family, but in fact has become a social activist:

Now I have a better understanding of what my human rights are in this country and so I am able to speak up. In my earlier years in Canada I saw a lot of racism and what I would call real discrimination towards newcomers, not just Somalis. This made me extremely angry and I turned that anger into activism. And I have been battling and fighting and standing up against [in] justice. So, the only difference [between now and earlier years in Canada] is that I have learned that I can say: ‘No, excuse me, you cannot do that to me...you may not treat me this way, or yes, I have the right to access this [service], or yes, I’ve the right to adequate services...” (Ayaan, mother of two).

Mohamed (2001:297), in writing about Somali women in Ottawa, notes that “realizing the challenges facing poor families in social housing, some women are taking leadership roles in joining tenant association to improve the conditions of safer, proper housing and maintenance.” Ayaan above is one such woman who has not only challenged the conditions of some of the social housing, but also has taken her complaints to the national media, hence proving that empowerment comes from not only working to better oneself but working for the benefit of others as well.

Healing through Faith

I believe if you have faith you will have no problems coping with difficulties (Safiya, mother of four)

Many mothers have turned to Islam to mitigate the compounded effects of war and migration. An overt sign of this increased religiosity is the use of the *hijab* (head scarf) which the majority of the participants wore. Islam was the only certainty in their lives when everything else seemed to have veered out of control:

I was tired, stressed, and depressed and what saved me is this religion (Islam). Now if I do not pray a single day, I panic (Indha-u-Roon, mother of three).

Islam not only provides women a measure of control in a life that is seemingly dictated by the vagaries of refugeeness, but Muslims “are [also] under moral obligation to continually reflect and reform themselves” (Valiante 2003:2). In doing so, believers are instructed to remain patient in the face of adversity, a central Islamic precept, for “verily, with hardship, there is relief” (*Qur’an* 94:6).

Prior to the war, women’s religiosity in general was neither expected nor encouraged and only men became religious leaders and teachers. Since the war women have begun to study the *Qur’an*, written in Arabic, and have learned to interpret its meanings along with study of the *Hadiths* (the words and deeds of Prophet Mohamed which all Muslims are to emulate). Women have also assumed teaching positions in schools for children and women. Accordingly, for many Somali women, including the participants of this study, Islam has become an identity even more privileged than that of clan/kinship. Mohamed (2003:243) believes that

by making religion the basis of their identity and finding empowerment within it, women are defying both the host society that excludes them and has placed them in a marginal space and the conservative aspects of the Somali community that perceives them as a threat to traditional gender norms.

McGown (1999:208) suggests that women’s increased religiosity is also in part “to protect children from foreign values and set an example.” Children, as previously discussed, form the crux of the women’s existence. All their struggles are for the sake of their children and thus how the children turn out becomes a reflection of how well they have performed as parents. Islamic instruction— through schools and mosques— is one way in which busy mothers ensure their children receive the kind of advice and instruction that they are unable to provide. Islam thus becomes the thread that holds their

fragmented lives together. Increased religiosity, however, also serves a more pragmatic and survival orientated objective.

Women generally receive religious instruction from female instructors at women-only study sessions which frequently take place at community centers or private homes during the weekends.²³ These gatherings not only provide specific therapy in terms of strengthening their relationship with God, but also act as an additional outlet for social and economic support. Time is slotted at the end of each session where members, present and past, can make announcements, solicit information and even sell products, if they are entrepreneurs.

Reflecting on their background and former family structures is also another common bond which the women share and consider as a guiding force in their new lives in exile. Madaasho, whose mother died when she was young, was raised by her father who was a teacher. As the eldest of seven children, she had to care for her younger siblings with her father, but he also had very high expectations of her in terms of education and careers achievements. It is remembering him and his expectations of her that drove her to improve her life and that of her children. Thus, she says “I wanted more because that is how my father raised me.” In addition to raising five children, and having already raised some younger siblings, she has completed graduate school, bought a house and is employed full-time in the non-profit sector.

²³ I attended one such gathering of older women held at a community centre in a social housing neighbourhood (low-income). The session lasted for three hours led by a Somali woman teacher educated in a well-known Islamic University. Each woman recited lessons from the *Qur'an*, which she has memorized, providing its interpretation as well. This was followed by the interpretations of the *Hadiths* (deeds and words of the Prophet) from original Arabic sources. There was laughter, jokes and small talk during breaks. In this particular session, the lesson dealt with the struggles of Hagar, the wife of Abraham. Hagar's struggles resonated with the women and the teacher emphasized the importance of patience and fortitude in the face of adversity. At the end of the session, two former members, who've completed their *Qur'an* instruction and have themselves become teachers, brought items of imported Islamic clothing for sale.

Ayaan similarly draws her strength from her grandmother whom she lived with when she was very young: She describes her grandmother as resilient and she expects the same from herself:

My grandmother raised me when I was young in a tiny village and one thing she taught us is to never, ever, let anything get you down, never. She raised us to say there is always the next minute, there is always tomorrow, there is always someone else doing worse than you are. She would always have us help other people in the village. So what she taught me there is what carries me through life here...She had us working hard...she taught us how to survive...

Healthy Practices and the Concept of Self-Care

It is not just in areas of social interaction that women actively seek to fight for their rights, but they have also become proactive in matters relating to their own health and well-being. The women in this study recognized that many of their health concerns are the result of their social conditions and while seeking to change those conditions, they have also taken measures to reduce the experiences of ill-health. To this end, all the participants relate that they do not rely entirely on physicians but found other ways of achieving remedy. Several of the women said they go to Chinese practitioners (acupuncture and chiropractor) to relieve pain. Massage therapy was also seen as a way to relieve stress. Though exercise was seen as desirable, many women said they do not always have the time to exercise. To compensate for lack of exercise, some women recognized the importance of healthy eating:

I try to eat well and also make sure my children do not eat processed foods. In fact, my children only drink pure juices. So since I cannot exercise, I make an effort to eat well and pass that on to my children (Filsan, mother of two).

Garlic, honey and black seed (*haba sooda*) are widely used by Somalis and are believed to have healing properties, particularly for colds and general aches and pains.

Most participants revealed that they use these herbal remedies before visiting a physician. Baer (2003:41) believes that “oppressed populations may attempt to cling to or resurrect traditional ethnomedical practices as an expression of resistance to domination.” For the mothers in this study, the emphasis was on prevention of illness and saving time which the majority can ill-afford. As single mothers, their most persistent worry was the fear of getting sick and having their children neglected as a result. Therefore, the proactive measures they take to improve their health are driven by a need to stay healthy so they can continue the struggle of survival. Accessing multiple healing systems (western and traditional) is not contradictory, as discussed previously, and the women are merely using all available options to heal.

In sum, the single mothers in this study continually strategize to find ways to cope with poverty by forming loaning groups with other women, moving into the same neighbourhoods to recreate social support and decrease isolation and finally strengthen their spirituality through Islam. They have also taken measures to improve their health through self-care and community support groups in the hope of avoiding a regular visit to the doctor except when absolutely necessary. These strategies are clear indication of their agency to find alternative resources to ameliorate their marginal position in Canadian society.

The prevailing North American stereotypes about black single mothers as “lazy” women who are a drain on the welfare state (Dowd 1997) are not internalized by Somali mothers in this study. As previously mentioned, Somali mothers in this study do not subscribe to these perception because their core identities are informed by culture, kinship, religion and personal accomplishments which offer protection and a decided

barrier against the negative and racialized stereotypes that so devalue black single mothers. In many cases, Somali single mothers are not even aware that such labels are applied to them, providing immunity from further emotional and social traumas. Single parenting for many Somali mothers was a result of war and the ensuing arduous journey from their homelands where they either lost their partners or were separated from them. For others, their single parent status was a result of divorce. Equally, their dependence on welfare was perceived as being similar to the economic assistance provided by the Somali kinship networks to needy families. As such, welfare is perceived as a positive, even noble system, whereby the state assumes responsibility for providing and protecting its citizenry in the event they cannot afford to do so themselves. As with other forms of Somali community social assistance (*qaaraan*), welfare assistance was considered to be a temporary income scheme until the mothers were in a position to support their families. Hence, most single mothers in the Somali community did not internalize nor comprehend the negativity associated with being single *and* on social assistance. It is worth noting that all the participants in this study were able to assume economic responsibility for their families after some time. Thus, it is the combined experiences of the aforementioned coping strategies and lack of internalization of negative perceptions (as blacks and welfare single mothers) that aided the mothers in this study to prevail despite difficult circumstances.

CHAPTER FOUR: CONCLUSION

War disrupts communities and causes tremendous human and material suffering. Conversely, it can also result in social change. The social upheaval of conflict has implications for women who both suffer tremendously while simultaneously encountering new opportunities to change their social and economic status and in the process develop “a heightened sense of gender awareness and political activism” (Moghadam 1994: 23). The suffering women undergo as a result of war is well documented and has generally been in the form of sexual violence which is itself used as a strategy by warring factions. Somali women have not been exempted from this horrendous experience and all forms of violence have been committed against them during the war and in refugee camps while in exile (Muse 2004; Abdi 2006).

War also provides women with the opportunity to assume roles and responsibilities as a result of the breakdown of gender norms. Somali women took on different roles, traditional as well as non-traditional, in guiding their communities through this difficult period, whether inside the country or in the diaspora. In fact, a common catchphrase denotes how the survival of the Somali people in the past decade and a half is solely credited to actions and innovations of women. These women sacrificed a lot in caring and protecting their families and communities, physically, psychologically as well as economically. It is widely accepted that a fortunate family is one which has one or more daughters – both within and outside the country. These statements are momentous when one considers that Somalis have historically formed patrilineal kinship system which favors male children who are expected to carry the family name. While girls were valued in terms of their domestic (labour) contributions,

particularly in the rural areas, a household without a male child was considered a doomed one. Thus, to witness the rising status of women in the post-conflict era—despite the numerous constraints and challenges accompanying this process – is nothing short of remarkable. This rise in women’s status, however, is not unexpected because, as I have suggested in the introduction of this study, Somali women who have learned to negotiate with patriarchy because of their position in the kinship system, were equally better prepared than their male counterparts in facing the new and frequently overwhelming challenges of being refugees. While men lost everything at migration, women’s loss, though still great, nevertheless offered new possibilities for regeneration.

And yet the challenges were many and its impact on their health and well-being too many to count. To study the impact of war, migration, and resettlement on Somali women, this study examined the lives of Somali single mothers in Ottawa and how these social and economic transformations affected their health and well-being. The objective of the study was two fold. Firstly, studies dealing with health experiences of immigrant and refugee women often emphasize the increased health disparity between this population and the general native population. These studies, however, rarely focused on the health experiences of those that were deemed as the most vulnerable, namely single mother refugees and seniors. By focusing on Somali single mothers, this study hoped to highlight some of the unique challenges this sub-population of immigrant and refugee women experienced and ways of ameliorating their condition.

Secondly, this study proposed that the focus on health and the experiences of “refugeehood” fail to underscore the resiliency of people who are confronted with seemingly intractable socio-economic problems. The women of this study were lone

parents, refugees, black and Muslims – social labels that all indicate multiplicity of oppressions and thereby suffering. Despite their seemingly insurmountable plight and the existence of socio-economic barriers, the women found creative and ingenious ways to overcome such obstacles and even triumph over them. The greatest suffering, and consequently ill-health, was experienced by the participants in times of defeat – such as inability to secure employment – which was crucial not only to the survival of their immediate families in Canada, but also to those abroad whom they supported.

All the participants had to rely on social assistance when they first arrived in Canada, but soon became self-sufficient upon obtaining full time employment or enrolling in educational programs. Social assistance was crucial in providing several women with the opportunity to leave difficult and sometimes abusive marriages. For others who are widows, welfare was all they had to rely on until they were able to find gainful employment. Ironically, while welfare assistance was crucial to survival in the first few years, it was also seen as encouraging single parenting. As one participant noted,

It is unfortunate but this system only helps you when you are alone; I did not have help when I was married, but after my marriage ended I had help with daycare (Madaasho, mother of five).

This sentiment was also reflected when women spoke about how their husbands, who were educated and skilled, were unable to find work leading to marital strife and divorce.

Health problems similarly emerged as a result of worry and anxiety about the well-being of the children, particularly male children. Racism by institutions and individuals (schools and criminal justice systems) was seen as the biggest challenges facing children and are source of the greatest pain for the mothers:

We (society) make the assumption that the reason black kids are not doing as well is because they come from a broken home. This is not

true. This is a society not caring for its children (Haboona, mother of one).

Their biggest loss, they admit, is the loss of the traditional support of family and extended kin, and not necessarily the loss of a husband. A Somali woman in a similar predicament in Somalia would have experienced some sense of stigma as a result of being divorced, but her children would not have been affected by her status. In fact, there is no comparable word for “single mother” in the Somali language. Therefore, the problem, with raising children alone, is not one about concerns of being a single parent, a task the mothers in this study are capable of undertaking, but living in a socio-economic reality where their efforts are continually undermined by structural barriers, as this mother sums up:

I was always tired, but my fatigue was for the sake of my children. If your children turned all right and realize their aspirations, then all your struggles become meaningful and your being a single parent in this case is great, and you are even motivated to work harder. You only regret your exhaustion if your efforts are wasted and the aspirations you have for your children are lost (Ceebla, mother of nine).

While the existence of social support can ameliorate the effects of isolation and make adjustment easier, it does not eliminate the feeling of social exclusion—the reality of living in an environment where you and your children are treated like strangers. The feeling of alienation did not diminish even when some of the women became bilingual (English and French) and professionals. This is what one participant refers to as living in *Qurbe*, signifying that this is exile, rather than home. And indeed, the mothers in this study desire Canada to be home and recognize the good it has done for them and their families, as this mother reflects:

My sister and I called the daycare our children went to ‘Grandmother’. Grandmothers were always there for you and so we would joke that we were picking up our children from ‘Grandmother’. The daycare is a

system, but it is there for you; yes you pay for it, but it is there for you, you know, you trust your child with them. Without the daycare system, I would not be where I am today (Deeqa, mother of four).

The core issue for the participants, however, is one of being accepted in the public sphere, particularly for their children. McGown (1999:165), citing Hannah Arendt, asserts: “the public realm contains what is accessible to every and any member of society, and, furthermore, that the very fact of being common, or commonly available renders it substantively different from matters that are private or intimate. Acceptance in the public realm constitutes a kind of legitimacy.”

The worries about the children, however, goes far beyond the experiences of social exclusion, but also reflect issues of cross-cultural parenting and how some mothers, particularly those with older children, were unable to communicate with their children in their new race-centered Canadian realities, which exacerbated the alienation many children, particularly boys, felt at schools and at home. The role of the state in the lives of the women reveals a paradox. The state policies which the women credit for providing crucial programs, of employment training and childcare in early years, in addition to providing food and shelter, is replaced by institutional structures that undo the admirable work mothers were able to accomplish, with the help of the state. As Patricia Hill Collins (1998:5) asserts “formal citizenship rights do not automatically translate into substantive citizenship rights.” Thus, Somali single mothers may have been able to secure employment and education to improve their conditions, but they have done this at a cost to their health and well-being. The suffering of the children is at the heart of the matter.

Despite the suffering the mothers experienced and continue to experience, they reject the perception that they are victims. As Bell Hooks (1995:58) states “to name oneself a victim is to deny agency,” and women have sought to ameliorate the

debilitating effects of poverty, structural barriers, and social exclusion “by making the margins livable” (Mohamed 2003). Thus, to cope with these challenges they revived a traditional loaning practice, *Hagbad*, to meet their critical financial needs, moved into the same neighbourhoods to recreate social support, empowered themselves through self-improvement and social activism, and found solace and empowerment through Islam. Increasingly, mothers have learned to appreciate their accomplishment, and expressed pride at their independence and self-reliance which provides them the impetus to continue to seek solutions to life’s challenges. More importantly, they have realized the importance of remaining healthy for their families, through increased self-care and accessing of multiple healing mechanisms, thus showing that they are conversant with Canadian discourse of healthy living.

Being a single mother while challenging and resulting in overt health problems, was not internalized as being something negative, but rather it engendered in the women desire to be independent, and self-reliant, in a way most were not when they were married as this mother reflects on:

I grew up and lived, but I lived in the shadow of my husband, but I had the status that was important in that society. Although life here is a struggle and I have triumphed in many ways, it is still something I created for myself and I would not trade that experience for anything: I grew intellectually here. The refugee process was hard, but it provided me with a lot of learning opportunities (Kaaha, mother of four).

Perhaps Juffer (2006:54) in her book *Single Mother: The Emergence of the Domestic Intellectual* best describes the resilience and resourcefulness of the single mothers in this study:

The single mom is an enterprising figure, constantly organizing, plotting and strategizing about ways to maximize her time and opportunities in order to make life better for herself and her children.

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