RESETTLEMENT TRANSITION EXPERIENCES AMONG SUDANESE REFUGEE WOMEN

by

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DEDICATION

This dissertation study is dedicated to the women of the world who try to make a better life for themselves and their children.

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ABSTRACT

The prolonged civil-war and famine in the African nation of Sudan has displaced millions over the last two decades, many of these are women and children. Refugee women who are resettled to the US with their children must make profound adjustments to learn how to live in the American society and culture. Very little is understood about the factors and conditions that affect the health of immigrant and refugee populations who resettle to a host country.

This ethnographic study investigates the influences to health and well-being in 10 refugee women from the Dinka tribe of southern Sudan who were resettled with their children to a Midwestern city in the United States (US). The in-depth interviews and participant observation that occurred over the one-year period of the study resulted in an interpretive theory of *Well-Being in Refugee Women Experiencing Cultural Transition.* Well-being in Dinka mothers is understood through the relationships between three major themes: *Liminality: Living Between Two Cultures, Standing for Myself,* and *Hope for the Future*. *Liminality: Living Between Two Cultures* describes how the women struggled to maintain a delicate balance between their traditional Dinka culture and the new American culture. The theme of *Standing for Myself* addresses how learning new skills and taking on new roles in the US, led to transformation of the refugee women. The third theme of *Hope for the Future* emphasizes the Dinka cultural values of communality and religious convictions that gave the women hope for a better future for their families and countrymen.

The middle-range theory of transitions was used as a theoretical framework to guide the investigation of well-being of the refugee women and their families during resettlement. The study extends of the theory of transitions to refugee women from southern Sudan by developing a theoretical explanation for how refugee Dinka women attain well-being during transition. The results of this study strongly indicate that 'cultural transition' be added as a distinct type of transition significant to understand the health needs of refugee women. The knowledge from this study will lead to the development of culturally competent interventions for resettled refugee families.

CHAPTER 1: INTRODUCTION

Forced migration due to global conflict is rapidly increasing throughout the world (McGuire, 1998). At the beginning of 2006, there were estimated to be 20.8 million people uprooted and displaced from their homes due to war, ethnic and civil unrest, and political instability (UNHCR, 2006d). This represents a 6% increase from the previous year, and the numbers are expected to rise as the world population increases and competition for land and scarce resources intensifies (Massey, 1995).

Of the 20.8 million displaced person worldwide, 8.5 million were identified as refugees (UNHCR, 2006b). Refugees and internally displaced persons (IDP) are both considered "forced migrants," in that they are forced from their homes and communities often due to armed conflict (Zlotnik, 1999). However, a refugee is distinguished from internally displaced person (IDP) by the fact that they have fled across an international border, whereas an IDP is still within the borders of the home country.

Historical migration trends reflect a world refugee population that is increasingly made up of women and children (Castles & Miller, 1998). Women and children account for approximately 80% of the world's refugees, most of these from underdeveloped countries (UNHCR, 2005). This trend has been referred to as the "feminization of international migration" (Castles & Miller, 1998). This population is particularly vulnerable during migration and requires substantial support and resources to reestablish lives in a new country.

Refugee women, who resettle in foreign countries with children, and other dependent family members, face multiple challenges as they attempt to adapt to complex

situations. Very little is understood about the ways refugee women, who have limited resources, cope and assimilate to their new environments. Most research studies on refugee women focus on physical problems and the psychological responses to trauma and relocation. Unfortunately, this perspective often presents the refugee woman as a helpless victim rather than focusing on her sources of strength and resilience (Gozdziak, 2004; Watters, 2001). In addition, this perspective is thought to place refugee women at risk of further discrimination and marginalization in a host country, rather than facilitating their positive assimilation and contributions to their new country.

Women are often the persons in a family who are responsible for acquiring the resources necessary to assure the health and survival of other family members. It is often the woman in the family, usually the mother, who arranges for healthcare services or who seeks other resources when family members are ill or need medical treatment and/or other outside resources. In order to promote adaptive rather than maladaptive strategies, it is important to gain the perspective of refugee women by focusing on their assets rather than their deficits.

Refugee women and their families present complex challenges calling for interdisciplinary responses that focus on ways to foster healthy outcomes. Displaced populations create a global crisis with far reaching political, social, economic, and health consequences. It is important to understand the conditions that influence healthy outcomes for refugee women migrating with children so that strategies can be developed to support a positive transition.

Purpose of Study

The purpose of this study is to understand the resettlement experiences of a group of Sudanese refugee women from the Dinka tribe who are resettled with children from refugee camps and countries of asylum to the U.S. The study will examine influences to health and well-being, such as cultural beliefs and practices, community and social conditions such as peer and professional support systems, during resettlement. This study will also expand knowledge about the situational transition of resettlement associated with forced migration and in turn extend the theory of transitions to refugee women.

Refugees

Refugees were first defined as a protected status at the 1951 UN Refugee Convention in Geneva, Switzerland as a result of the large numbers of displaced people following World War II (UNHCR, 1996). Refugee is a legal status that is conferred by the United Nations High Commissioner for Refugees (UNHCR) and is defined as

> "A person residing outside his or her country of nationality, who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, or membership in a particular social group, or political opinion." (UNHCR, 1996)

This definition was expanded to include people who have fled due to war or civil conflict at the 1969 Organization of African Unity Refugee Convention and the 1984 Cartagena Declaration in Latin America (UNHCR, 2006d).

The United Nations High Commissioner for Refugees (UNHCR), established in 1950 by The United Nations General Assembly, is charged with relocation, protection and safety of refugees and others displaced from their homeland (UNHCR, 2006b). The UNHCR has offices worldwide, concentrated in areas of global conflict. Today there are

146 countries that recognize the official status of refugees (UNHCR, 1996). The UNHCR considers three durable solutions in attempting to resolve the dislocation of refugees (Weitkamp, 2006). The first, and most desirable solution, is for a refugee to return to the home country, once it is considered secure and there is no longer a threat to safety. The second option for a refugee is to seek permanent status in the country where they originally fled, or the country of asylum. The third, considered the option of last resort, is for a refugee to be resettled to a third country. In 2005, only 16 countries accepted refugees for resettlement, with the U.S.A., Australia, and Canada accepting the largest numbers of refugees (UNHCR, 2006d).

The U.S. has historically been one of the top three destination countries for refugees worldwide (UNHCR, 2006d). Since the passage of the Refugee Act in 1980, the U.S. has resettled 2.5 million refugees. The numbers of refugees admitted to the U.S. annually is determined by the President with counsel from Congress. In 2005 the U.S. accepted 53,813 refugees (UNHCR, 2006d) and has set a quota of 70,000 refugees for resettlement in 2007, with 22,000 reserved for African refugees (Office of the President, 2006).

The national origin of refugees fluctuates depending on political and socioeconomic conditions. War or genocide is the most common precipitant of mass migrations. International migration has grown in volume and significance since 1945, following World War II, and especially since the passage of the Refugee Act in 1980 (Muecke, 1992b). From the mid-1970s to 1995 the number of refugees increased tenfold, from 2.5 million to 23 million people (McGuire, 1998). In the 1970s and 1980s large

numbers of refugees originated from Southeast Asia at the end of the Vietnam war, and the Central American countries of Guatemala and El Salvador (Massey, 1995; Zlotnik, 1999). The 1980s and 1990s saw an increase in refugees from the Eastern and Soviet bloc nations at the conclusion of the cold war (Zlotnik, 1999). During the later part of the 1990s and the first part of the 21st century there has been an increase in forced migrations from the Middle East and from the African nations due to civil war and ethnic conflict (McGuire, 1998). The latter half of the twentieth century has been referred to as the "age of migration" (Castles & Miller, 1998). Refugees are expected to continue to flee from these unstable regions well into this next century.

Africa is one of the leading producers and hosts of refugees in the world today (Zlotnik, 1999). It is estimated that one-third of the world's refugees are in Africa (Castles & Miller, 1998). Four and one-half million refugees are estimated to be living in refugee camps in African nations (Pavlish, 2005). Since 1980, more than 185,000 African refugees have been admitted to the U.S. for permanent resettlement originating from the nations of Somalia, Ethiopia, Sudan, Liberia, Democratic Republic of the Congo, Rwanda, Sierra Leone, and Angola (Bureau of Population Refugees and Migration, 2006).

Sudanese Refugees

Sudan is one of the largest refugee producing countries in Africa and the world today (Kizito, 1998). In 2004, 730,600 refugees originated from Sudan, second only to Afghanistan in numbers, reflecting a 21% increase in the refugee population from Sudan (UNHCR, 2006b). Forced migration and displacement has been occurring in Sudan for

decades. In 1991, the U.S. Department of State estimated that the war had displaced as many as 4.5 million Sudanese (Library of Congress, 1991). These refugees are the result of Sudan's civil war that started in 1955 when the country gained independence from Britain, in the south, and Egypt, in the north (Adar, 2000). Prior to Sudan's independence, the northern portion of the country had been under Egyptian rule since 1821, and southern Sudan was under colonial rule by Britain from 1899-1955 (Library of Congress, 1991).

The Sudanese civil war, the longest lasting civil war in the world, is considered a result of ethnic and religious conflict between the predominantly Muslim north and the minority indigenous and Christian south (Adar, 2000; Library of Congress, 1991). It is reported that 2 million people have died and 4 million people have been displaced as a result of this 50-year civil war (Adar, 2000). Refugee camps are shown in Figure 1, along the Sudanese border with Ethiopia, Kenya, Chad, Eritrea and Uganda demonstrating the magnitude of this displacement (Figure 1).

Until recently, only African Union forces have been permitted by the Sudanese government to help stabilize the country. This measure has not been effective and the genocide and humanitarian crisis' have continued (Morrison, 2006b). Recently, a multinational mission from the United Nations (U.N.) met with the official government of Sudan to pressure the ruling Islamic government to allow a multinational U.N. force entrance to Sudan to stabilize the country. Negotiations are currently underway to increase the number of U.N. peacekeeping forces in Sudan (Morrison, 2006a; United Nations Security Council, 2006).

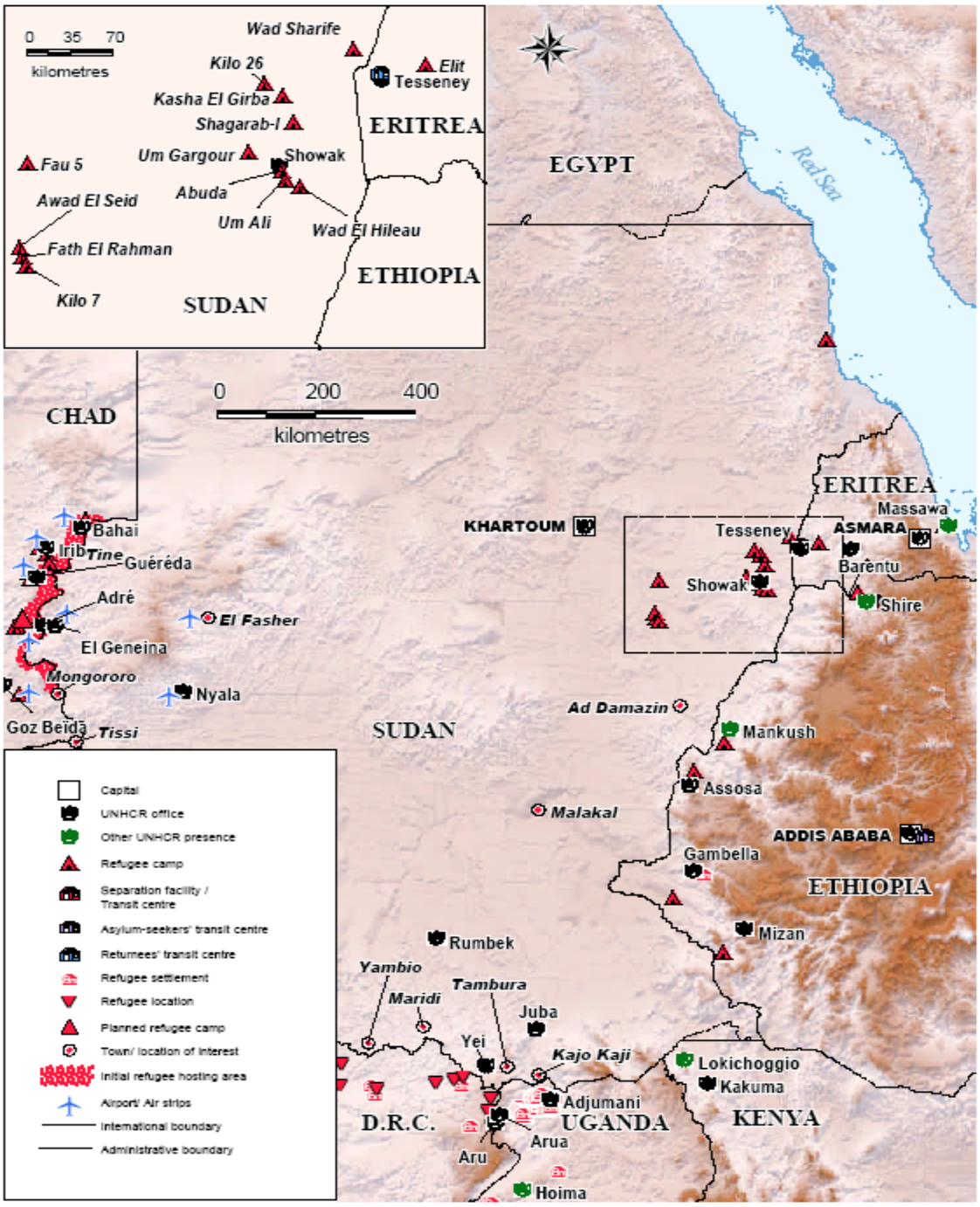


FIGURE 1: Map of Sudan

Note. From "Sudan map," by UNHCR, 2006, Retrieved at http:www.unhcr.org. Copyright 2001-2007 by UNHCR. Reprinted with permission.

The Democratic Republic of Sudan is the largest country in Africa occupying the central third of the continent with an estimated population of 35 million (Kizito, 1998). Sudan has numerous ethnic groups, the largest ethnic majority is Arab or Arab mix descent (60%) and primarily live in the northern part of Sudan and follow the Muslim faith and traditions (Library of Congress, 1991). Arabic is the official national language, although English is spoken in Sudan along with 115 tribal languages (UNHCR, 2000).

The minority population lives in the southern part of Sudan and is primarily of black Nilotic descent (Deng, 1984, p. 187) and follow either an indigenous or Christian faith. Southern Sudan is made up of approximately 400 ethnic tribes, one of the largest are the *Dinka*, compromising 12% of the population (UNHCR, 2000). The Dinka tribes reside in the low pasturelands and make their livelihood in agriculture and livestock. The Dinka culture revolves around their pastoral lifestyle and involves migrating with their herds seeking areas of rainfall (Library of Congress, 1991). English is more commonly spoken in south Sudan due to postcolonial British occupation. Most of the Dinka speak the tribal language, named after their ethnic clan, the Dinka, and also Arabic; though very few are literate in either.

Significant cultural differences exist between the Arab Muslim population in the north, and the African indigenous Christians in the south. The war has been primarily between the Government of Sudan with its Arabic affiliations and rebel forces in the south associated with the Christian faith. In 1983, the government of Sudan adopted *sharia* (Islamic law) as the official civil and criminal basis for the legal code (UNHCR, 2000). This law dictates all civil behavior, both public and private, including dress and

family relations. *Sharia* law not only applies to Muslim religious tradition, but "governs the socioeconomic and political relationships in Sudan" (UNHCR, 2000. p. 9). Despite the provision of religious freedom in the constitution, those who do not follow Islamic law are discriminated against and punished.

Longstanding environmental and economic problems have also contributed to the refugee problem in Sudan. Very little rainfall occurs in Sudan and the country has been stricken with severe droughts causing widespread famine during the 1980s and in the year 1991 (Library of Congress, 1991). In 1996, the United Nations Security Council placed economic sanctions against Sudan for its suspected role in an assassination attempt on the President of Egypt, Hosni Mubarak (UNHCR, 2000). Sudan is also host to refugees from neighboring African countries such as Eritrea, Kenya, and Ethiopia which has added to the strain of Sudan's limited resources (Library of Congress, 1991). Sudan is dependent on humanitarian aid to provide for its population. There are over 30 international and local nongovernmental organizations (NGO) providing aid in southern Sudan (Adar, 2000).

The country of Sudan has the third largest debt in the world, totaling 16 billion dollars by 1997. The U.S. has become involved in the affairs of Sudan, both financially and politically in support of the Sudanese People's Liberation Movement (SPLM), affiliated with the southern part of Sudan. This alliance is motivated by the U.S. concern for the Islamic fundamentalist affiliations of the Sudanese government and interest in the oil trade there. The U.S. has provided aid for both sides of the Sudanese conflict in the

past. Between 1989 and 1998 the U.S. gave $800 million in humanitarian aid to Sudan (Adar, 2000).

Sudan has gained worldwide attention for documentation of human rights violations including genocide and slave trade (Adar, 2000; UNHCR, 2000). Both sides of the conflict are thought to be involved in these violations; although it is evident that the government backed northern militia has targeted the minority south. It is estimated that over 80% of the southern Sudanese population are either internally displaced or are refugees in other countries and 1 out of every 5 southern Sudanese have died as a result of the civil war (Adar, 2000, p. 18). Most Sudanese are displaced in neighboring African countries such as Ethiopia, Kenya and Chad. The Sudanese conflict has spread into neighboring Chad and is a threat to both Sudanese who have taken refugee there and also Chadians (UNHCR, 2007)

Health Problems of Sudanese Refugees

The problems experienced by Sudanese refugees are the result of prolonged civil war and lack of nutrition and basic medical care. The life expectancy in Sudan is 55 years and the mortality rate for children under five years is 115/1000 live births (Kizito, 1998). Refugees arriving from Sudan may suffer from a variety problems including severe malnutrition, and a variety of diseases endemic to Sudan including malaria, gastrointestinal diseases, tuberculosis, schistosomiasis, sleeping sickness and HIV/AIDS (Brown, 2004; Kalipeni & Oppong, 1998; Orach, 1999; Pinto et al., 2005). In addition to physical problems, refugees from Sudan may suffer from psychological trauma due to

torture, rape, and brutality (IRSA, 2004). Many have witnessed the murder of family members and friends, as well as destruction of homes and communities.

Refugees are forced out of their country of origin and often travel many miles, some on foot, adapting to temporary environments while trying to make it through the daily struggles of living. They may have lost homes, jobs, family members and often find themselves dislocated from the things that provide a sense of identity and community. Many have witnessed and experienced the worst human atrocities including forced slavery, torture, rape and genocide. Refugee women are known to be especially vulnerable during migration without the protection and support of their families and community. Refugees have heroic stories about the struggle to survive in spite of unimaginable circumstances.

The Dinka tribe is one of the largest tribes in southern Sudan, and its members are some of the most persecuted. Their Christian faith and practices have made them a target of ethnic persecution by the Islamic northern militia. The next section will present a brief overview of the Dinka culture as a context to exploring well-being in Dinka refugee women who resettle to the U.S.

The Dinka Tribe of Sudan

The Dinka refer to themselves as *Monyjang,* which means “The lord of all people” (Deng, 1984, p. 2). Their tall, thin, graceful appearance reflects their peaceful and proud nature. The Dinka raise cattle and farm crops for a living. Men typically work outside the home and women are expected to stay home with the children and may grow vegetables for the family’s consumption. Cattle hold special significance in Dinka culture

and traditions, in addition to providing the livelihood of the tribe (Deng, 1984). Young men are sent away from home, for several days or even weeks, to migrate with cattle during the grazing season. The close relationship between the Dinka and their cattle is reflected in the tradition of giving young men a second "oxen name" that reflects their personality with the name of a type of cow. Cattle are also considered an important aspect of Dinka marriage rituals. A bride's value, or *bridewealth*, depends on the amount of cattle her union will bring to her family (Deng, 1984).

Socially, the Dinka are very generous and community-oriented, kinship and family ties extend beyond blood relatives. A husband may have more than one wife, and the wives and their children exist as one extended family. The first wife holds seniority and commands respect from the other successive wives. It is not uncommon for jealousy and competition to arise between a Dinka man's wives. Dinka women are traditionally subservient to men (Deng, 1984).

The Dinka are considered very religious and according to Deng (1984) are "the most religious group in southern Sudan" (Deng, 1984, p. 122). Spirituality is integral in all aspects of Dinka life and perspective. They practice a combination of African animist and Christian religious rituals. The Dinka of Sudan, are similar to many other African cultures, and have a holistic view of health and illness that integrates the mind, body, and spirit (Helman, 2007; Nelms & Gorski, 2006). The Dinka have a belief in an inseparable connection between the natural and supernatural world. Ancestors and past generations are closely linked to everyday life in Dinka culture (Deng, 1984; Nelms & Gorski, 2006). The Dinka believe that when bad things occur to individuals, or families, that one of the

ancestors may have been offended. A diviner, a specially appointed spiritual healer, is called on to perform rituals to appease the disgruntled ancestor spirit.

Health and illness for the Dinka are closely linked to spirituality and supernatural forces (Deng, 1984). The Dinka attribute illness to invasion of evil or malevolent spirits (Deng, 1984; Helman, 2007). They believe that illness or disasters are brought about by discord or wrongdoing; even accidents are believed to be under divine control. The Dinka use traditional healers, herbalists and diviners to treat illness (Deng, 1984; Nelms & Gorski, 2006). These traditional healers engage in many symbolic practices intended to remove or appease negative spirits, such as evil eye, *peath*, and evil medicine, *wa.* Animal sacrifices, fetishes and herbs are used by diviners to diagnose and remove evil spells and spirits (Deng, 1984).

Illness is considered a community affair and family and friends often gather at the bedside of a sick member to pray or sit in watchful silence. A popular Dinka saying reflects this community ritual of attending to the sick, “Illness, catch me that I may see my people” (Deng, 1984, p. 129). Death in Dinka culture is feared. Family members whose loved ones have died are considered impure and spiritually dangerous. Mourning is demonstrated by covering in ash and dirt and avoiding contact with others outside of the immediate family during the mourning period which may last for as long as one year (Deng, 1984).

Dinka women have traditionally been the center of family life and responsible for the transmission of the cultural values and beliefs to the children. The prolonged civil war in Sudan has permanently altered the traditional Dinka pastoral family life and left many

Dinka women alone to migrate in search of safety and sustenance for themselves and their family members (Deng, 1984). It is the Dinka women who are left to pass on the traditions that define this unique tribal culture.

Refugee Women

It is estimated that 50-80% of the world's refugees are women and children (Gozdziak & Long, 2005; Massey, 1995; UNHCR, 2006d) and 65% of the refugees relocated to the U.S. have been women (Gozdziak & Long, 2005). Despite the large numbers of women that represent the refugee population their experience has been largely understudied. Refugee women have been referred to as an "invisible and silent majority" (DeVoe, 1993; Gozdziak & Long, 2005). DeVoe traces the abuses and hardships facing refugee women during the three phases of migration, from the home country, in the refugee camps, and upon resettlement in the host country. This author suggests the need for more studies to explore the experience of refugee women during each of these distinct phases and asserts that "gender critically shapes the refugee experience and the adjustment process" (DeVoe, 1993, p. 21).

Women and children are the primary victims of human rights violations, including rape, torture, and abductions (Adar, 2000). There are reports that women continue to be victimized even in the refugee camps, especially if they are not accompanied by an adult male (UNHCR, 2006a). Responding to international pressure, the UNHCR has recognized women and girls to be particularly vulnerable during the refugee and migration experience to sexual violence, human trafficking and lack of food. Safeguards have recently been put in place to protect women and girls (UNHCR, 2006a).

It is often assumed that once a refugee is resettled, the problems are solved and the journey is over. In addition to the traumatic experiences that refugee women often experience prior to relocation, they must contend with adaptation to a country and culture that is very foreign. Refugee women continue to experience major challenges related to the transition of resettlement that may extend for years after the initial move to a new country (Catolico, 1997).

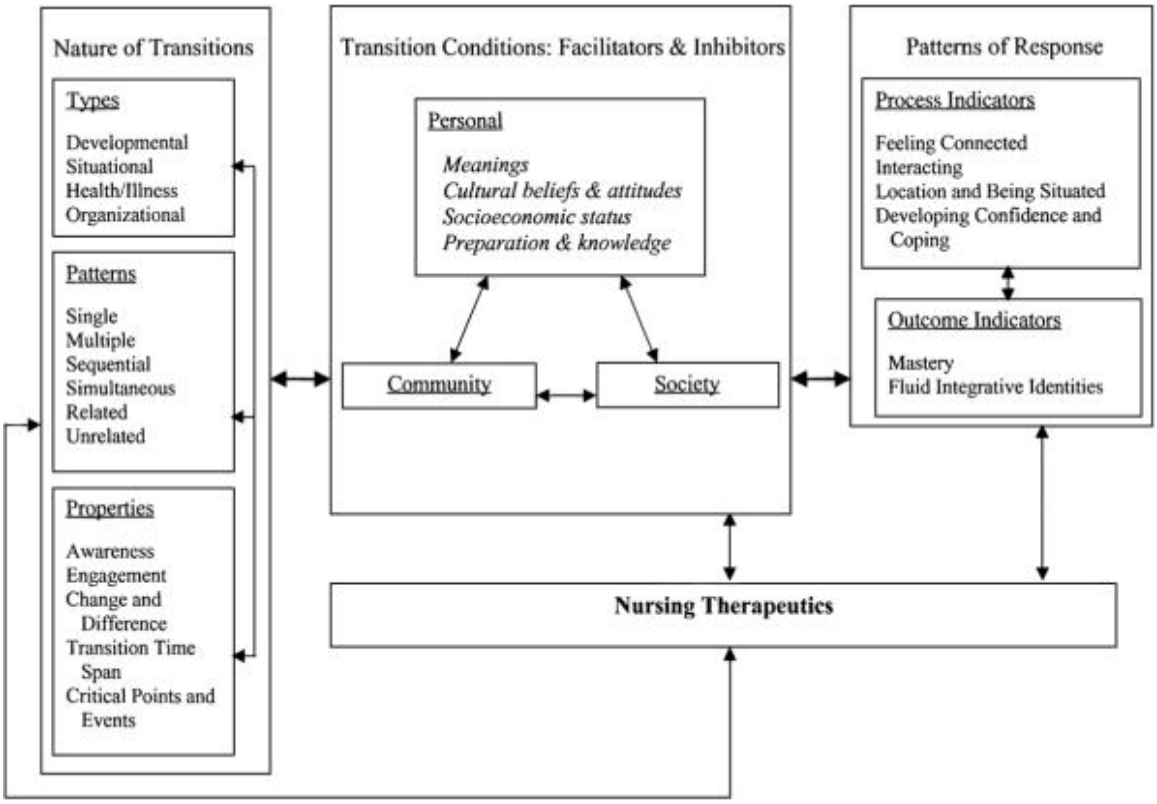
Transitions Framework

The middle range theory of transitions (Meleis, Sawyer, Im, Hilfinger Messias, & Schumacher, 2000) is used as a framework to explore well-being in Sudanese Dinka refugee women who resettle with children from countries of asylum and refugee camps to the U.S. The theory provides a framework or general guide from which to situate the resettlement experiences of refugee women, not as a means to confirm or to validate the theoretical assertions made by the authors of the middle range theory of transitions (Figure 2).

The middle range theory of transitions (Figure 2) is considered applicable for a theoretical framework in the study of the resettlement transition of refugee women because of its assumptions and its scope. Two underlying assumptions that are considered important for this study are that transitions are a natural part of life and considered essentially positive (Chick & Meleis, 1986). Transition theory takes into account the complexity of the resettlement experience for refugee women with children.

In the model of middle range theory of transitions (Figure 2), three general dimensions of transitions are shown. The first dimension is the nature of transitions

which includes the types and patterns of transitions, and essential properties of transitions. The second dimension of the model is the transition conditions which include personal, community, and social factors that can facilitate or inhibit the transition process. The third dimension is patterns of response to the transition and is divided into process and outcome indicators. Nursing therapeutics is shown to intersect at all three dimensions of the transition model demonstrating different points during the transition process that nursing actions can occur.



Note. From "Experiencing transitions: an emerging middle-range theory," by A. I. Meleis, L. M. Sawyer, E. O. Im, D. K. Hilfinger Messias, and S. Schumacher, 2000, *Advances in Nursing Science, 23*(1), pp. 12-28. Copyright 2000 by Aspen Publishers, Inc. Reprinted with permission.

FIGURE 2: Middle range theory of transitions

Nature of Transitions

The nature of transitions includes the types, patterns, and properties of transitions. The four identified types of transitions are: 1) developmental; 2) situational; 3) health/illness; and 4) organizational. Developmental transitions are considered those that occur naturally in the progression of life such as birth, marriage, growing older and eventual death. Situational transitions include migration, relocation, and role changes. Health-illness transitions involve the process of getting ill and recovery, access to healthcare services, and use of traditional healing practices. Organizational transitions refer to transitions that occur in systems such as a healthcare networks or aid organizations (Schumacher & Meleis, 1994).

All individuals experience developmental, situational, and health/illness transitions at some time during their lives. Transitions may occur as single unrelated events, but often occur in multiples, sequentially or simultaneously. Despite the distinct nature of these typologies, it is recognized that multiple, simultaneous transitions often occur together and can have a compounding effect (Meleis et al., 2000).

The properties of transition are identified as: 1) awareness; 2) engagement; 3) change and difference; 4) time span; and 5) critical points and events (Meleis et al., 2000). Awareness is the perception and knowledge that one is experiencing a transition and is necessary before one becomes engaged in managing the transition. Change and difference reflect individual perceptions of how the transition has affected their lives and the impact the transition has had on quality of life. Time span refers to the subjective perceptions about the temporal experience of the transition. Some transitions may have

definable beginnings and endings and others may be ongoing. Critical points and events are important experiences associated with the transition, for example the incident that led to forced migration or the point at which a person received official refugee status.

These five properties are not discrete but are interrelated and reflect the subjectivity of the transition process. Individual perceptions and meanings may differ with regards to important transition experiences; however there may also be identifiable patterns that can be generalized to certain types of transition experiences.

Transition Conditions

The second dimension depicted in the model are personal factors or community and social conditions that can have a facilitating or inhibiting affect on the processes and outcomes of transitions. Personal factors include subjective meanings associated with the transition, cultural beliefs and practices, socioeconomic status, preparation and knowledge, and religion. Community conditions include the presence or absence of available resources and social support such as friends, family, or support from healthcare providers. Societal factors include policies and laws, economic conditions, and social values that either support or discriminate against refugees (Meleis et al., 2000).

These factors and conditions can influence a transition by having either a mediating or a modifying effect on the process or outcome of a transition. Mediators and moderators are variables that can change the association between the transition event and the outcome (Bennett, 2000). Conditions and factors that mediate a transition have a more direct effect on the process and outcome whereas factors that modify have a more indirect effect. A mediator is more likely to be an internal property of the individual or

group (Bennett, 2000). For example, cultural beliefs and meanings may have a mediating effect on the process and outcome of a transition whereas the presence or absence of social services may have a moderating effect on transitions. An exploration of the factors and conditions that directly or indirectly influence the process and outcome of transitions is an essential first step to designing therapeutic interventions.

Patterns of Response

The third dimension in the model of transitions is patterns of response. Patterns of response are subdivided into process and outcome indicators. Process indicators are measures of how well someone is handling the transition process. Feeling connected, interacting, being situated, and developing confidence and coping are all indicators that one is making a healthy transition (Meleis et al., 2000). Negative indicators might be symptoms of illness, feeling disconnected, isolation, and a general lack of well-being (Schumacher, Jones, & Meleis, 1999).

Outcomes of transition can be conceptualized as either positive or negative. Positive or successful transitions are characterized by mastery and fluid integrative identity (Meleis et al., 2000; Messias, 2006). Mastery is defined as “the extent to which individuals demonstrate mastery of new skills and behaviors needed to manage their new situations or environments” (Meleis et al., 2000, p. 25). Fluid integrative identity refers to an individual’s ability to incorporate new aspects of the self along with their previous self in order to change and grow in response to their new environment. As an individual adapts to a new environment or culture there is evidence of a reformulation of personal identity (Meleis et al., 2000).

In the model presented in Figure 2 by Meleis et al. (2000) the patterns of response are exclusively positive in nature. The positive assumption underlying the development of this theory was proposed early on during development of the theory as demonstrated by the statement, “One important characteristic of transition is that it is essentially positive” (Chick & Meleis, 1986, p. 240). However it is acknowledged that individuals can have a negative or unhealthy response to transition. In a transition and health framework for gerontological nursing proposed by Schumacher, Jones and Meleis (1999) characteristics of both healthy and unhealthy transition processes and indicators are identified. In this framework a healthy transition process is characterized by redefining meaning and awareness, modifying expectations, restructuring life routines, developing knowledge and skills, maintaining continuity, creating new choices, and finding opportunities for growth. Whereas, an unhealthy transition process is defined as resisting new meanings, maintaining unrealistic expectations, clinging to former routines, avoiding new knowledge and skills, experiencing unnecessary discontinuity, limiting new choices, and refusing opportunities to grow. Indicators of a healthy process are minimal symptoms, optimal functional status, feelings of connectedness, sense of empowerment, and a sense of integrity. Indicators of an unhealthy process identified in this model include symptoms of illness, suboptimal functional status, disconnectedness, disempowerment, and loss of integrity (Schumacher, Jones & Meleis, 1999, p. 3).

Nursing Therapeutics

Nursing therapeutics are actions that can occur at each of the three dimensions within the transition process. They are referred to as: 1) promotive; 2) preventative; or 3)

interventive (Schumacher & Meleis, 1994). Preventative therapeutics can help to prepare individuals for an anticipated transition. Preventative actions are useful to assist people to become more aware and engaged at the start of a transition to prevent a negative outcome. Promotive actions facilitate certain personal factors or community conditions that are known to mediate or modify a transition in a positive way. An example of a promotive intervention for refugee women might be to promote the cultural pattern of communality as a way to encourage social support and problem solving. Interventive actions occur by evaluating patterns of response to a transition and intervening when the response is maladaptive to avoid a negative outcome.

Despite the linear design in the model, transitions are not considered linear or unidimensional. Transitions are characterized by an ongoing process that evolves over time but is not time-limited. In the earlier transition models, three distinct phases were depicted as: 1) entry; 2) passage; and 3) exit (Chick & Meleis, 1986). Later modifications eliminated the distinct phases, instead presenting transitions as more processual as opposed to a series of distinct time-limited phases.

Research Questions

This study will address three research questions. They are:

- How do Sudanese refugee women conceptualize well-being?
- What do Sudanese refugee women identify that facilitates well-being during the resettlement transition?
- What do Sudanese refugee women identify that inhibits well-being during the resettlement transition?

Significance of Study

As forced international migration is expected to grow (Massey, 1995), it is increasingly important for healthcare providers to develop a comprehensive knowledge base about factors that contribute to health and well being during displacement and resettlement. There is no comprehensive theoretical framework about how migration affects health and well being (Lipson, McElmurry, & LaRosa, 1997; Lipson & Meleis, 1999; McGuire, 1998), and specifically how gender shapes the migration experience (Aroian, 2001). Most of the literature about refugee women is focused on their pathologic responses to forced migration. Very little is known about their positive and healthy responses to the resettlement phase of forced migration and behaviors refugee women engage in to adapt. A theoretical framework is needed that takes into account the complexities of the forced migration experience of refugees and includes contextual factors such as cultural, historical, political, and economic conditions that led to forced migration and the impact these have on resettlement outcomes.

An understanding about what the resettlement experiences are like for refugee women will provide contextual information to develop strategies that are helpful and relevant for this population. Maximizing refugee women's efforts to support and sustain themselves and their family members are likely to be successful if they build on common experiences as well as familiar cultural values and practices. Minimizing barriers that refugee women experience during the resettlement process allows them to gain access to those resources, such as culturally sensitive healthcare services, that contribute to health and well-being.

The knowledge derived from this study will enhance understanding of the resettlement experience of refugee women and help to uncover and identify influences on the well-being of this population. This knowledge will contribute to theoretical understanding about well-being in refugee women refugee women and will extend the theoretical knowledge about situational transitions.

Summary

As refugee populations grow worldwide it is important to understand influences that support their success and healthy transitions. Refugee women with children experience multiple, complex transitions as they adapt to a new country and culture with limited resources. Very little is understood about the experiences of women who migrate with children and the strategies they use to adapt and cope. This study intends to fill the void about what factors facilitate or inhibit the situational transition of resettlement associated with forced migration for refugee women with children.

The middle range theory of transitions (Meleis et al., 2000) is used as a framework to understand influences to a healthy transition for this population. Additionally, this study will extend the middle range theory of transitions to refugee women and the challenges they face during resettlement.

CHAPTER 2: REVIEW OF LITERATURE

Vulnerability, Well-Being and Transitions

The concepts of vulnerability and well-being are used to extend the middle range theory of transitions to refugee women. Vulnerability and well-being are linked to transitions in a way that is important to the resettlement process of refugee women. Vulnerability is heightened during periods of transition rendering individuals vulnerable to illness, exploitation, and risk of harm (Meleis et al., 2000), yet transitions can also lead to opportunities for growth and change. Refugee women are vulnerable during the situational transition of resettlement and must develop new skills, relationships, and coping strategies to achieve well-being.

Several authors have suggested a conceptual link between vulnerability and well-being (Jones, Zhang, & Meleis, 2003; Reed, 2003). Reed suggests that life altering experiences, which result in an individual facing his/her own vulnerability and mortality, can lead to self-transcendence, which in turn, may enhance well-being. In a study of the care-giving roles of Chinese and Filipino immigrant women, Jones, Zhang, and Meleis (Jones et al., 2003) found that the strategies of accepting, mobilizing, connecting, enduring, and integrating transformed the women's vulnerability into well-being during the situational transition of immigration.

A review of the literature about refugee women reveals conditions that lead to vulnerability during the situational transition of forced migration and factors that contribute to their well-being. In the following sections the concepts of vulnerability and

well-being are defined and discussed as they relate to refugee women and children in transition.

Vulnerability

The concept of vulnerability was originally developed in the disciplines of sociology and epidemiology and refers to risk of harm (Allen, 1998). Aday (2001) observes that the word vulnerable originates from the Latin verb *vulnerare,* which means "to wound". Refugees are considered some of the most vulnerable populations in the world today (Aday, 2001; Rogers, 1997). Vulnerable populations are defined as "social groups who have increased relative risk or susceptibility to adverse health outcomes" (Flaskerud & Winslow, 1998) "by virtue of their marginalized sociocultural status, their limited access to economic resources, or personal characteristics such as age and gender"(de Chesnay, 2005, p. 4). Refugees carry a majority, if not all, of the risk factors associated with vulnerability, including lower socioeconomic status, language and cultural differences, being a member of an ethnic minority, and limited access to resources (Aday, 2001; Aroian, 1993; Aroian, 2001). However, attaining the status of refugee provides individuals and groups with protection they would not otherwise have.

The UNHCR provides protection to refugees and provisions necessary for survival such as food, water, and shelter. Refugees also receive a comprehensive health screening and treatment for illnesses such as tuberculosis (TB), prior to resettlement in the host country (UNHCR, 2006c). Refugees receive special services and resources in the host country which are not immediately available to other immigrants. For example, upon arrival in the U.S., refugees receive a social security number; are eligible for all public

benefits such as food stamps; cash assistance; subsidized public housing; and Medicare and Medicaid (Weitkamp, 2006). These resources can provide a protective barrier to vulnerability for refugee women.

Two of the most frequently cited frameworks in the study of vulnerability are Aday's (2001) and Flaskerud and Winslow's (1998) models for the study of vulnerable populations. In Aday's (2001) model, both the individual and community correlates of vulnerability are related to ethical and political contributions. The underlying ethical values of a society are considered to contribute to factors that influence health and well-being in that particular society. For example, a society that values individual autonomy and accountability for health decisions may not support public law that mandates health promotion activities. Aday's (2001) framework depicts a direct link between resource availability, relative risk, and health needs of individuals and the community. The final outcome of this framework hypothesizes that a decrease in the factors that lead to vulnerability results in an increase in well-being.

Flaskerud and Winslow (1998) propose a disease model of vulnerability with a population-based, community health focus in which resource availability, relative risk, and health status are related and affect "morbidity, as defined by pathophysiologic and psychopathologic processes and changes" (Flaskerud & Winslow, 1998, p. 70). In this model, lack of socioeconomic and environmental resources is hypothesized to increase relative risk. Their model of vulnerability predicts that a decrease in societal and environmental resources and an increase in risk factors lead to increased incidence of mortality and morbidity. In both of these models the responsibility of the health of the

individual occurs at the community level. Aday (2001) suggests that “poor health results because communities fail to invest in and assume responsibility for the collective well-being of their members” (Aday, 2001, p. 2).

The vulnerability frameworks presented by Aday (2001) and Flaskerud and Winslow (1998) are very useful models to understand the link between community investment and vulnerability, but they lack the personal account of vulnerability. These models present vulnerability from an epidemiologic and biomedical risk perspective, yet fail to take into account vulnerability from the individual(s) perspective. Neither model presents the individual or community perspective of vulnerability. The concept of vulnerability presented in this way views the individual or the community as passive to the experience of vulnerability and dependent on available community resources to facilitate well-being.

Spiers (2000) asserts that any model of vulnerability must include the individual’s lived experience of vulnerability in addition to an outside appraisal of vulnerability. Spiers (2000) uses the anthropologic terms *etic* and *emic* to make a distinction about the way in which risk of vulnerability is defined. The *etic*, or outsider perspective, is the most common method of determining risk. Methods of *etic* risk determination include statistical analysis of demographic variables that correlate with indicators such as education and socioeconomic status, or mortality and morbidity rates. The *emic*, or insider perspective, refers to the lived experience of risk and the individual risk perception. Spiers (2000) distinguishes between vulnerability that is based on an outside, or criterion measure of risk, and vulnerability as perceived from the inside, as a

dimension of quality of life. “The primary assumption of *emic* vulnerability is that vulnerability exists as lived experience. The individual’s perceptions of self and challenges to self, and of resources to withstand such challenges, define vulnerability” (Spiers, 2000, p. 719).

Spiers (2000) argues that the concept of vulnerability needs to be theoretically expanded to encompass a nursing perspective by extending the epidemiologic and biomedical risk perspective to include the lived experience of vulnerability. To fully understand vulnerability that is inherent in the situational transition of resettlement associated with forced migration, the perspective of the refugee women themselves must be included.

Despite their obvious high risk for vulnerability, many refugees demonstrate extraordinary human capacity for survival, adaptation, and resilience. Very little is understood about refugee women’s perception of risk to vulnerability. A more thorough understanding of vulnerability in refugee women is needed that considers how refugees manage with limited resources, their experiences in changing and unstable circumstances, as well as numerous risks they face during the resettlement process.

Well-Being

The concepts of health and well-being are often used interchangeably but can have different assumptions and meanings especially cross culturally. The word ‘health’ is a western European term that originated from the old English term ‘*hoelth*’, which means a state of being sound, originally referring to soundness of the body (Ustun & Jakob, 2005). The World Health Organization (WHO) defines health as “a state of complete

physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization (WHO), 1948). This definition associates health with well-being and encompasses the importance of the social aspect to well-being. It also qualifies that health is more than just the absence of illness; it implies interrelatedness between the physical, mental, and social aspects of life in order to have well-being. Well-being is defined by Merriam Webster's dictionary as "the state of being happy, healthy, or prosperous" (Merriam-Webster, 2004, p. 1421). This definition of well-being includes both physical and emotional aspects, in addition to prosperity, which relates to resources. Neither definition takes into account the spiritual aspect of well-being, yet many cultures associate health and illness with spiritual order and balance (Helman, 2007). The nurse theorist, Martha Rogers, described health as "symbolic of wellness, a value defined by culture or individual" (Spector, 2004, p. 49). This definition gives credit to the influence that culture and an individual's perspective has on health and well-being.

Well-being is considered a universal indicator of health as defined by the World Health Organization (WHO, 2007) and is chosen as a concept for study in refugee women because of its universal and holistic properties. Well-being implies the emotional, social, and spiritual aspects of health, as well as the physical properties associated with health. The concept of well-being also implies an individual's personal account of how one is doing and is defined in accordance with one's own criteria for wholeness and health (Reed, 2003).

An assumption of this study is that refugee women who experience the situational transition of resettlement are vulnerable, yet they have the potential for well-being. Well-being is depicted as the final outcome in both the Model of Vulnerability (Aday, 2001) and in the Model of Transitions (Meleis et al., 2000) (Figure 2). However, in Aday's model of vulnerability, the focus is on the factors that lead to risk rather than the factors that provide a buffer to risk. A model is needed that creates a framework to explore the strengths and abilities of refugee women to maintain health and well-being so that these can be fostered and promoted.

Well-being in refugee women must be explored contextually from the complex socio-economic, historical, political, and cultural backdrop from which it arises. These *intersectionalities of influence* which are described as the "intersection of multiple sources of influence on our physical, mental, and spiritual health and well-being" (Guruge & Khanlou, 2004, p. 34), take into account the importance of context in a study of refugee health and stress how the views of refugee women are shaped by the experiences in their countries of origin. Ahearn (2000) asserts that there is little agreement of what constitutes well-being and there are no instruments to measure well-being. Well-being is defined by cultural expectations, values, and orientation. "Culture is something that mediates and shapes virtually all aspects of human behavior" (Marsella & Kameoka, 1989, p. 233). Culture is defined as a "shared learned behavior that is transmitted from one generation to another for purposes of human adjustment, adaptation, and growth…" (Marsella & Kameoka, 1989). Health promotion activities with refugees must include the perspective of culture and an understanding of how the particular culture

shapes the values, attitudes, and behaviors that are involved in health decisions and behaviors.

In this study the concept of well-being is defined as:

> 'A condition or state in which one has adequate resources to meet basic physical, emotional, social, and spiritual needs. An individual experiences peace of mind, acceptance of life as it is presented, sound physical condition, a state of emotional and spiritual balance that leads to a belief of hope and that life is worth living.'

This definition will be compared with the definition of well-being elicited from the refugee women in this study to provide for conceptual equivalency between the women's conception of well-being and that of the researcher.

Refugees and Immigrants

"Refugee populations in the U.S. are understudied and underserved" (Barnes, Harrison, & Heneghan, 2004, p. 355). Much of the research literature that does exist about refugee health is included under the broad category of immigrants (Aroian, 2001; Beiser, 2005; Guruge & Khanlou, 2004; Lipson & Meleis, 1999; Meleis, Lipson, Muecke, & Smith, 1998). This is most likely due to the fact that the majority of the research about refugees originates from host countries who consider the problems associated with integrating resettled refugees very similar to integrating all categories of immigrants. There is a need for research about refugees that is distinct from other categories of immigrants (Barnes et al., 2004; Loue, 1998). The circumstances that lead to forced migration of refugees are often very different from those that influence an immigrant to relocate and these differences can have very distinct health implications (Olness, 1998).

In a review of the nursing research literature on immigrant and refugee health, Lipson and Meleis (1999) identified a conceptual blurring that occurs about immigrants and refugees. They argue for the need to make a theoretical distinction when conducting research about refugees and immigrants since the response of refugees to the migration transition may be quite different from that of immigrants. Immigrants usually choose a country of resettlement, making a planned move in which resources often await them, whereas refugees are often forced out of their country suddenly, with violence and trauma. This distinction can best be explained by a kinetic model of immigration that conceptualizes the immigrant as "pulled into" the country of resettlement, and the refugees as "pushed out" of their country of origin (Kunz, 1973; Segal & Mayada, 2005, p. 564).

Review of Literature

The research literature about refugees dates back a little over 25 years after the 1980 Refugee Act was passed and reflects contemporary sociopolitical events worldwide (Muecke, 1992b). During the 1980s most of the literature about refugees focused on Southeast Asian refugees following the Vietnam War. The refugee literature of the 1990s reflected the conflicts associated with the dissolution of the Soviet Union. The second millennium is replete with research about African refugees (Muecke, 1992a).

Much of the published literature about refugees has been concerned with management of communicable and infectious diseases (Ackerman, 1997; Adams, Gardiner, & Assefi, 2004; Aroian, 2001; Gellert, 1993; IRSA, 2004) and psychological adjustment problems (Aroian, 1993; Aroian, 2001; Aroian & Norris, 2003; Drumm,

Pittman, & Perry, 2001; Gozdziak & Long, 2005; Gozdziak, 2004; IRSA, 2004; Jaranson *et al.*, 2004; Ritsner & Ponizovsky, 1998; Savin, Seymour, Littleford, Bettridege, & Geise, 2005; Silove, Sinnerbrink, Field, Manicavasager, & Steel, 1997). This focus perpetuates the marginalization of refugees by creating a stigma of refugees as infectious and traumatized (Gozdziak & Long, 2005; Gozdziak, 2004; Watters, 2001). This trend has been referred to as the "medicalizing of human suffering" (Gozdziak, 2004; Helman, 2007; Kleinman, 1997). *Medicalization* is a term used to denote the current trend of transforming nonmedical problems and situations into medical entities (Helman, 2007). Studying and understanding the refugee as a medical or psychiatric diagnosis, minimizes the sociopolitical factors that cause forced migration. The view of "the refugee problem" as a diagnostic entity implies that medical treatment will cure it, as opposed to a perspective that considers the complex sociopolitical situation that created it calling for a multidisciplinary intervention. In addition, the view of refugees as ill or malfunctioning runs the risk of further marginalizing and isolating refugees from mainstream society. Refugees end up being viewed as a liability rather than an asset in the host country. This approach unintentionally victimizes refugees for the hardships and trauma they have endured and makes the transition to successful relocation more difficult.

The psychiatric diagnostic categories of Post-Traumatic Stress Disorder (PTSD) and depression are often assigned to the refugee (Jaranson et al., 2004; Lipson & Meleis, 1999), yet there is concern that categories of mental disorders may not be conceptually relevant and the instruments used to measure the existence of these disorders may not be accurate for refugees from non-Western countries (Ahearn, 2000; Marsella & Kameoka,

1989; Tilbury & Rapley, 2004). It is questionable whether refugees can be understood using diagnostic screening instruments designed according to Western models. The most frequently used instruments to measure the psychosocial response to forced migration and resettlement are those that measure symptoms of mental illness and disorders such as the Diagnostic Interview Schedule (DIS) and Diagnostic and Statistical Manual of Mental Disorders (DSM), which have primarily been tested for validity on Western populations (Ahearn, 2000). The Hopkins Symptom Checklist (HSCL-25) and the Harvard Trauma Questionnaire have been translated and validated in several other languages and cultures for use with refugees from Bosnia, Cambodia, Croatia, Japan, Laos, and Vietnam (Harvard Program of Refugee Trauma). Tilbury and Rapley (2004) question whether refugee women's responses of loss and grief should be categorized as depression. "Diagnostic criteria which (implicitly) classify Western male affective norms as universals, mean that women's experiences and expressions of grief, for example, are pathologized" (p. 56).

Muecke (1992b) conducted a review of the nursing literature about refugees during the 1980s. The majority of studies (79%), during this period, focused on refugees from Southeast Asian countries, primarily on maternal-child health issues. As a result of this review, Muecke (1992b) identified two paradigms that have shaped our understanding of refugee health. The first paradigm views refugees as a "political class of excess people." The alternate paradigm reduces refugee health to "disease or pathology" (Muecke, 1992b, p. 515). She suggests a more useful paradigm is to view the refugee as

an exemplar for resilience and an example of the "human capacity to survive despite the greatest of losses and assaults on human identity and dignity" (Muecke, 1992b, p. 520).

Watters (2001) also criticizes the tendency to study and understand refugees using the Western psychiatric diagnostic categories of PTSD and trauma related disorders and states, "Rather than portraying refugees as "passive victims" suffering mental health problems, critics have argued that attention should be given to the resistance of refugees and the ways in which they interpret and respond to experiences, challenging the external forces bearing upon them" (Watters, 2001, p. 1709). Several authors have suggested that refugees should be viewed as "prototypes of resilience" (Ahearn, 2000; Muecke, 1992a; Whittaker, Hardy, Lewis, & Buchan, 2005) rather than focusing on their distress and or disease states.

Refugee Women

Sixty-five percent of the refugees relocated to the U.S. are women (Gozdziak & Long, 2005), many of these are unmarried or widowed with children. In a study of the makeup of refugee families living in refugee camps in the 1980s, it was estimated that 80% of Cambodian families, 75% of Somalian refugee families, and 60% of Sudanese refugee families were headed by women (DeVoe, 1993). Women, whose husbands are murdered or stay behind to fight in the conflict, are often forced to flee with children or elderly family members alone. Women refugees carry a substantial burden during the migration process and are considered an essential component in adaptation of the family (Meleis & Rogers, 1987).

Vulnerability in refugee women. Vulnerability as conceptualized as risk, occurs at both the individual and group level for refugee women (Aday, 2001). Refugee women can be at risk as a group, by their association as a discriminated and persecuted ethnic and religious minority, and at the individual level due to gender and their responsibility for dependent family members. Women and children refugees are considered to be doubly vulnerable due to age and gender characteristics associated with vulnerability (Moore & Miller, 1999; Rogers, 1997).

Refugee women are vulnerable during all three phases of the migration transition: flight from their homeland, life in the refugee camp, and during resettlement to the host country (DeVoe, 1993). Each of these phases renders refugee women vulnerable for different reasons and warrants separate investigation. Refugee women are vulnerable during the flight from their homeland due to such things as violence, abduction, rape, psychological trauma, and exposure to the natural elements as they flee sometimes on foot, with few if any resources for sustenance (Halcon et al., 2004; Hynes & Cardozo, 2000; Jaranson et al., 2004; UNHCR, 2006a). Women refugee's vulnerability is compounded as they care for children or disabled family members during forced migration. Many have witnessed the murder of husbands, brothers, and their even their own children. Some have been tortured themselves. Despite these traumatic losses, they often endure difficult and dangerous journeys to another country of asylum and settle in refugee camps.

Once in the refugee camps, refugee women continue to experience discrimination due to their gender, resulting in lack of food and physical assault as they access necessary

resources such as firewood for cooking (Pavlish, 2007). Women and female child refugees continue to be at great risk during this phase to gender-based violence, sexual exploitation by armed forces, government officials, and even aid workers (Hynes & Cardozo, 2000). Sexual assault can lead to other sources of vulnerability with long lasting consequences such as an unwanted pregnancy, sexually transmitted diseases (including HIV/AIDS which may preclude their acceptance for resettlement in another country), and psychological problems associated with the trauma (Hynes & Cardozo, 2000). The risks facing female refugees were addressed recently by a special committee for the United High Commissioner for Refugees. This report resulted in publication of *Guidelines on the Protection of Refugee Women* which recommended heightened awareness of the risks facing female refugees, a need to increase medical, especially reproductive health and psychosocial services in the refugee camps (Executive Committee of the High Commissioner's Programme, 2006). Many women are forced to live in refugee camps for decades raising families and waiting for return to their country of origin or disbursement to another country for permanent relocation.

Even after resettlement in the host country refugee women continue to be vulnerable to marginalization, discrimination, and social isolation due to their minority status, lack of language and educational skills necessary for employment (Lipson et al., 1997). Meleis (1991) addresses the stress and risks inherent in living “between two cultures.” Refugee women must negotiate language, cultural, and value differences for themselves and their families as they attempt to integrate into institutions within the host country, such as schools and healthcare systems. Women refugees also may have to

adjust to new roles associated with change in family structure due to death or dislocation from male family members requiring them to work outside the home for the first time in their lives (Drumm et al., 2001). Refugee women experience stress as they try to keep the family together. Children often readily acculturate to the new language and cultural environment, which may leave refugee women further isolated as their only available support system, their children, move away from them and make connections outside the home. In spite of the profound trauma and adversity that refugee women experience during flight and time in the refugee camps, they identify problems with resettlement as the cause of their depression (Tilbury & Rapley, 2004).

Literature about refugee women. Despite the fact that the majority of refugees are women, very little is understood about their experiences. Studies about women refugees have been limited in the past; however this seems to be a growing area of interest across professional disciplines. Several authors have conducted literature reviews concerning refugee women's health and well-being. Gozdziak & Long (2005) conducted an annotated literature review about refugee women over a 25 year period, from 1980-2005. They identified two opposing worldviews represented in this literature. One worldview presents refugee women as a traumatized population at risk for a variety of physical and psychological problems that require medical or social interventions for resolution. The opposing worldview acknowledges the hardships and suffering of refugee women's experiences of forced migration, as a normal reaction to an abnormal situation, and in some situations a demonstration of resilience and strength.

Aroian (2001) conducted an extensive literature review about immigrant and refugee women's health during the decade of the 1990s. In a total of 292 articles published during this period, the majority was done in the U.S., by nurses, and most were focused on reproductive and childbearing issues. Muecke (1992b) also notes the tendency for nursing literature about refugee women to be focused on maternal child health issues. Despite the importance of maternal and child health issues for refugees who resettle to a host country, this perspective is limited. It is a given that refugee women's own health is often or implicitly tied to the health of their children, however research about refugee women needs to expand to other areas of concern to fully capture their experience of the resettlement transition.

At the 1995 the Sigma Theta Tau International Conference, focusing on immigrant and refugee women's health issues, an expert panel of nurse researchers concluded that there is a lack of recognition and understanding about immigrant and refugee women's inner resources and power and that "the biomedical perspective often guides health researchers and practitioners to focus on pathology rather than on factors facilitating health" (Meleis, Lipson, Muecke, & Smith, 1998, p. 20).

Health needs of refugee women. Historically, studies of refugee women have focused on reproductive issues (Aroian, 2001; Herrel et al., 2004; Muecke, 1992a; Pavlish, 2005). More recently the trend is the psychological study of refugee women's response to trauma (Drumm et al., 2001; Savin et al., 2005). There is a developing body of literature about factors that influence the health of refugees and strategies they use to cope and manage health-related issues despite extreme adversity and dislocation (Aroian,

1990; Boyle, 1989; Donnelly, 2002; Goodman, 2004; Herrel et al., 2004; Messias, 2002; Messias, Hall, & Meleis, 1996; Simich, Beiser, & Mawani, 2003). In addition to the fact that most of the information about refugee health is negative, there is a lack of studies about "refugee health or about the healthy refugee" (Muecke, 1992b, p. 520). Anderson (1985) suggests that in order to provide effective healthcare, health professionals must "go beyond the biomedical framework, and invite discussion relating to women's well-being" (Anderson, 1985, p. 74).

Lipson and Meleis (1999) have identified several individual and group characteristics that can influence well-being during the resettlement transition of refugees. Factors such as level of acculturation, degree of marginalization, integration, or assimilation; length of time in the host country; socioeconomic and employment status; degree of social support and the presence of an ethnic community; age; individual appraisal of the situation, attitudes and coping abilities all affect the resettlement transition (Lipson & Meleis, 1999, p. 90). The next sections in this chapter will review studies about factors that that facilitate as well as inhibit well-being in refugees.

Facilitators of well-being in refugee women. Well-being in refugee women is influenced by the loss, separation, stress, and trauma associated with forced migration and is hypothesized to be mediated by coping ability, social and emotional supports, and religion (Ahearn, 2000; de Chesnay, Wharton, & Pamp, 2005). Schumacher and Meleis (1994) identified three indicators of healthy transitions which included a subjective sense of well-being, mastery of new skills, and well-being of interpersonal relationships.

Refugee women often associate their own health and well-being with that of their family members (Guruge & Khanlou, 2004). When Tilbury and Rapley (2004) asked a group of refugee women who resettled in Australia from the African nations of Sudan, Somalia, Eritrea, and Ethiopia, what constituted social and emotional well-being, their answers focused on relationships. The study participants identified informal social support networks, such as having family and friends nearby and religion as factors that protected them from mental distress. The women associated their well-being as tied to the well-being of their families. The younger women identified employment as important for their social and emotional well-being. In study of the health-promoting beliefs and practices of Salvadoran refugees, Boyle (1989) found that supportive networks of friends and family, religious affiliations and jobs all contributed to well-being. In a two year follow-up study of 1,647 Soviet immigrants living in the Boston area, the presence of relatives in the area showed a significant inverse relationship on incidence of depression (Aroian & Norris, 2002).

Refugees require support from multiple sources in order to be successful during the resettlement process. In a study of 47 refugees resettled in Canada, Simich, Beiser, and Mawani (2003) demonstrated how social support contributed to well-being in those going through the resettlement process. They identified four types of support: 1) informational; 2) instrumental; 3) emotional; and 4) affirmational support. Informational support involved getting reliable information in advance about their refugee status such as destination and time frame for resettlement. Instrumental support included those services that provided necessary resources to refugees such as cash assistance, help with

housing, and medical care. Emotional support was obtained from the resettlement staff and from family and friends in the host country. However, the researchers discovered that affirmational support, from family and friends who had successfully adapted to the resettlement country was the most important type of support and provided newly arrived refugees the confidence they needed to adjust and cope with their new environment.

Social connectedness and integration is a social resource that is hypothesized to decrease vulnerability (Flaskerud & Winslow, 1998). Connection with a similar cultural and ethnic community in the country of resettlement is reported by refugees to facilitate their well-being to the resettlement transition. In a study of 19 Afghan refugees who resettled in California, involvement and participation in the community helped them to make the transition to the new environment (Lindgren, 2004).

A study by Whittaker, Hardy, Lewis, and Buchan (2005) focused on resilience, strength and well-being in refugee women. The study explored understandings of psychological well-being among young Somali refugee and asylum-seeking women, and found that being strong, dealing with emotions and moving on with life were all factors indicative of emotional well-being. Family, friends and community and religion were important themes.

In an interpretive qualitative study of the narratives of 14 Congolese refugee women residing in a Rwandan camp, Pavlish (2005) found that cultural values and traditions contributed to the action strategies they used to improve their own health and the health of their families. These actions included rearranging circumstances to improve their families' lives, advocacy in the forms of supporting and advising on behalf of other

women and girls in the camp, resistance to social pressures, resignation and sorrow in response to the dire situation of life in the camp, and faith in God.

A study of 41 Chinese American and Filipino American women revealed strategies they used to transform their stress related to a filial care-giving role. These strategies included relying on personal and family resources, connecting with their own inner strength and religious faith. By providing care to their parents the women experienced a "growth process of expanding and transcending self" that was described as increased meaning, strength, and well-being (Jones, Zhang & Meleis, 2003, p. 849).

Refugee Youth

Several studies indicate that refugee youth demonstrate an extraordinary ability to adapt and cope despite severely traumatic pasts. Several studies indicate a pattern that suggests cultural and social factors play a significant role in helping refugee children adapt. In a study of 338 Somali and Ethiopian Oromo refugee youth living in Minnesota, the youth identified praying, sleeping, reading, and talking to friends as helpful coping strategies. The youth in this study demonstrated overall adaptation, as evidenced by low levels of social, psychological and physical problems (Halcon et al., 2004). In another study of 14 unaccompanied boys from Sudan, strategies reflected Sudanese cultural values. The boys presented themselves as members of a group of survivors, looking forward to their future with hope. Narratives of the Sudanese youth revealed four themes associated with coping with the trauma of forced migration: 1) collectivity and communal relationships; 2) suppression and distraction; 3) making meaning; and 4) emerging from hopelessness to hope (Goodman, 2004).

A study by Rousseau, Said, Gagne and Bibeau (1998) found that the cultural factors of Somali refugee youth helped them to cope with the extreme adversity upon forced exile from their country. The nomadic lifestyle of the Somali culture taught these children the ability to survive in harsh conditions as they fled on foot being chased by armed government soldiers and wild animals. Collective meanings and kinship, related to lineage and peer group in Somali culture, provided a support system that acted as a protective barrier to the unaccompanied boys during migration and resettlement.

In an ethnographic study of eight Ethiopians who, as children, were orphaned and survived the famine of 1984-1986, Lothe and Heggen (2003) found that faith, hope, having a living relative, and memories of one's personal history and roots were all important factors that promoted resilience and contributed to their survival.

Barriers to well-being in refugees. Refugees can have significant psychological responses to pre-migration trauma and post-migration stressors that can act as barriers to well-being during the resettlement transition. Aroian and Norris (2002) have identified variables associated with depression in a variety of immigrant and refugee populations from Asian, Southeast Asian, Middle Eastern, Latin American, Eastern European, an Southern European countries to include: lack of local family, female gender, being unmarried, unemployment, pre-migration loss, novelty, language difficulties, occupational change, discrimination, and not feeling at home. Personal factors such as age, time in the resettlement country, education, and gender can have an influence on well-being during the migration transition. In a study of 450 Russian immigrants to Israel, Aroian and Norris (2000) found that immigrants who were women and older

reported a higher incidence of depression and greater demands from immigration than those that were younger and male. In a large study of 1,953 Russian immigrants in Israel, Ritsner and Ponizovsky (1998) found that immigrant women had much higher incidence of psychological distress symptoms than men. In a study of 40 asylum-seekers from 21 countries in Asia, Latin America, the Middle East, Europe, and Africa, living in Australia awaiting refugee status, the authors found that being female, having conflict with immigration authorities, being lonely and bored, and poor were positively correlated with higher anxiety scores and a history of trauma was associated with symptoms of PTSD (Silove et al., 1997). In a population of Vietnamese refugees resettled in Finland, Liebkind also found that age and female gender were the best predictors of acculturative stress (Ahearn, 2000).

Religion is often identified as a protective factor by refugees in facilitating well-being. However, when the religion is different than that of the dominant host community it can serve as a barrier to integration and well-being. In study comparing the integration of two African refugee groups into a rural Midwestern community it was found that the Somali refugees who were of the Muslim faith had a much more difficult time integrating and feeling welcomed in the community compared to southern Sudanese population that practiced the Christian faith (Shandy & Fennelly, 2006).

Lipson and Meleis (1999) conclude that factors within the social context of the resettlement country have a larger impact on health and health seeking behaviors than do the specific cultural characteristics. Resettlement issues that may create barriers include lack of jobs, poverty, and ethnic discrimination in the host country. Most refugees must

rely on public health sources such as Medicaid and it can be difficult to locate providers that accept Medicaid reimbursement. In a study of African refugee women, barriers to well-being included structural and bureaucratic factors related to education, healthcare, employment or services (Tilbury & Rapley, 2004). This perspective was supported by a study of the perspectives of 137 service providers and policymakers in health and immigrant resettlement in Canada (Simich, Beiser, Stewart, & Mwakarimba, 2005). These providers and policymakers indicated that social support played an important role in immigrant resettlement by fostering a sense of "empowerment, community and social integration, building networks, sharing experiences and problems, reducing stress, and contributing to physical and mental health" (Simich, Beiser, Stewart & Mwakarimba, 2005, p. 263). These providers identified that "systemic issues such as limited resources, lack of integration of policies and programs and narrow service mandates limit service provider's abilities to meet immigrant and refugee needs" (Simich, Beiser, Stewart & Mwakarimba, 2005, p. 265-266).

Differences in language and explanatory frameworks of health and illness between refugee and healthcare providers create barriers to access in the healthcare system that lead to miscommunication, misdiagnosis, and lack of follow-up. The more different the dominant culture is from that of the refugee, the more potential for disparate explanatory models. In a study of African women's belief about health and illness, it was found that the women attributed poor health to supernatural causes such as punishment from God, a curse from an evil spirit or witch (Nelms & Gorski, 2006). Mental illness is likely to be attributed to spiritual possession or an imbalance in social order in many

African cultures. African refugees may have a negative stigma associated with mental illness and may prefer to use traditional healers or diviners for treatment (Deng, 1984). This may create a misunderstanding between the refugee and the healthcare professional (Savin et al., 2005). A group of Somalian refugees reported valuing professional services (such as doctors or counselors) as promoting well-being, yet they identified religious and cultural conflicts in accessing these services. These conflicts included differences in beliefs about spirit possession, gender, family responsibilities, and female circumcision. They reported a fear of revealing beliefs about spirit possession to Western doctors and counselors due to fear of being misunderstood and being over-medicated (Whittaker et al., 2005).

Social conditions are those elements in a society that affect a healthy and a successful transition. Laws that govern refugee benefits and social attitudes all contribute to a refugee's ability to acclimate and adjust. Healthcare providers from the dominant culture rarely understand the experiences, explanatory frameworks of health and illness, or communication patterns of refugees (Lipson & Meleis, 1999). Discrimination by healthcare professionals due to race and ethnicity is perceived as a barrier by refugee women. In a study comparing the perceptions of Greek and East Indian immigrant women who resettled in Canada, the authors found that the East Indian women felt health professionals were less approachable and felt less understood than the Greek immigrant women (Anderson, 1985). The authors concluded that immigrants who were more different in physical appearance than the dominant group received unfair treatments as a result of their physical differences. In another study using focus groups with Somali

refugee women to explore their childbirth experiences in the U.S. revealed that the women believed they received poor treatment and a lack of sensitivity to their needs by the nursing staff due to their race and ethnicity (Herrel et al., 2004). In a study of 26 Brazilian immigrant women's experiences accessing health care, the women reported negative perceptions of U.S. health care providers due to being discounted, blamed, not understood, or acknowledged (Messias, 2002).

Lack of cultural awareness and competence is also perceived as a barrier for providing healthcare to refugees. In one study of 13 nurses who provided care for Kosovar and East Timorese refugees in Australia, the nurses found that they had the necessary clinical skills to care for the refugees, but lacked knowledge in how to provide culturally competent and trauma-sensitive care (Griffiths, Emrys, Lamb, Eager & Smith, 2003). The study concluded that health care providers in host countries need to be knowledgeable about the unique cultural aspects related to providing sensitive and effective care. Kang, Kahler and Tesar (1998) provide an outline for healthcare providers of basic essential factors to consider in an assessment of refugee healthcare needs. These include the cultural, socioeconomic and educational background, cause of refugee's relocation, general health status within the home country, use of traditional medicine including understanding of basic concepts of health and illness, incidence of torture and rape, basic provision of basic needs in refugee camps, and ability to adapt to new social environment.

The middle range theory of transitions is a relatively new middle range theory (Meleis et al., 2000). As such, there are limited, but growing studies applying this theory

to a variety of transition types and health conditions. The next section will provide a synopsis of the studies using this theory as a framework to investigate a variety of conditions in diverse populations.

Studies Using the Theory of Transition

A review of the literature that uses the middle range theory of transitions reveals studies associated with each of the three types of individual transitions: developmental, health-illness and situational in a broad variety of multicultural and ethnic populations. Two studies were found that explored developmental transitions. Im and Meleis (1999) examined Korean immigrant women's developmental transition to menopause and found that the transition to being a working immigrant was more difficult than their menopausal transition, that within their cultural background menopause was a hidden experience, and the women either normalized or ignored the transition to menopause. In Sawyer's (1999) study of the transition to motherhood by a group of African American women, facilitators to a successful transition included support from partners and families, information from trusted healthcare sources and providers, and active involvement in choosing role models and in asking questions. Inhibitors to a successful transition identified by these women were inadequate support, unsolicited or negative advice, insufficient or contradictory information, lack of sufficient resources, and the hassles of being stereotyped.

Health-illness transitions have been studied in a variety of cultural groups. In a study of Taiwanese patients undergoing the transition to cardiac surgery, Shih et al., (1998) identified that the patients concerns were affected by cultural values and beliefs related to being a person, resuming normality, and empowerment. Strategies used by

these Taiwanese patients to cope with these concerns were person-focused effort, seeking help from others, and turning to metaphysical power. In a study of relatives experiences of moving a loved one to a nursing home, Davis (2005) identified three phases to this health illness transition: 1) making the best of it; 2) making the move; and 3) making it better. In a study of the recovery process with hospitalized depressed patients, Skarsater and Willman (2006) found that the transition model was a useful tool for nurses to plan interventions for patients. They concluded that nursing interventions should be more frequent at the beginning of the recovery process from major depression rather than later. In an intervention study of the health-illness transition in Mexican immigrant women with diabetes McEwen, Baird, Pasvogel and Gallegos (2007) found that diabetes education and social support provided by culturally similar lay professionals, *promotoras,* facilitated a healthy transition.

The situational transition of migration has been studied in three immigrant populations. Messias (2002) documented the migratory transition of Brazilian immigrant women to the U.S. and the complex process of how they managed their health. The immigrant women in this study created and used informal social networks to access healthcare information and resources. They continued to use health resources from their country of origin, such as self-prescribing with medication stocks they brought from Brazil and sharing medications with family and friends, as well as resources in the U.S., simultaneously, to manage their health. As a result of this study, Messias characterized immigration as a “transnational transition” characterized by dynamic, multidirectional movements that were ongoing and recurring, rather than linear and time-limited and

suggests that cultural identity can serve as a health resource for immigrants (Messias, (2002)p. 197).

Jones, Zhang and Meleis (2003) explored situational transitions of immigration and role changes in two groups of Asian American immigrant women and found that these women felt the stress of providing care “between two cultures” to elderly family members. They experienced role strain due to the dual challenges of providing care for parents in the current American culture, yet still having the filial expectations from the Asian culture. Most caregivers in this study reported increased well-being and a sense of growth. Higher education and economic status provided a buffer for the stress in these women. Lindgren (2004) used transition theory as a framework to study community participation in a group of Afghan refugee women who resettled in the San Francisco Bay area. She found that Afghan history and culture were important in how Afghan women lived their lives and was the context for their community participation. She identifies three themes in the cultural transitions of these women: gendered role and adjustment patterns, changing family dynamics, and generational conflicts.

Summary

The literature about refugees is dominated by a biomedical and deficit perspective. This perspective by which the refugee is studied and understood is lacking, especially for women refugees. Presenting refugee women as traumatized and maladjusted only further marginalizes them and may result in their continued oppression in the host country.

The vulnerability caused by the resettlement transition may be considered by the refugee women, themselves, as a positive challenge and an opportunity for growth and self-redefinition. It is important to gain the perspective of refugee women themselves in order to understand fully the factors and conditions that influence their situational transition of resettlement to a new country. Several authors have referred to refugee women as exemplars of resilience and strength (Gozdziak & Long, 2005; Muecke, 1992a; Watters, 2001), yet the literature reveals very little about the strategies they use to attain well-being for themselves and their families during all phases of the refugee transition.

There is a developing, but limited body of literature about factors that refugees have used to cope and foster well-being. A recurring theme in the literature is that community conditions that facilitate transitions include support from family, friends, and health care professionals. Social support is identified in the resettlement process as one of the most critical factors that promotes health and well-being. Refugee women from a variety of ethnic origins identify the proximity of family, friends, and community as providing a protective buffer to the stress of resettlement. Social support of family and friends in the host countries appears to be one of the most important facilitators to well-being for refugees and may provide a cultural bridge to ease the situational transition to a new country. The cultural values and traditions that refugees maintain after resettlement provide resources to develop healthy strategies such as communality, hope, and religious practices.

Barriers to well-being in refugees include depression which is associated with being older and female. Older women are less likely to be employed outside the home

and therefore may be more isolated and thus have less chance and motivation for acculturation. Other barriers include societal factors in the host country including lack of access to culturally sensitive and relevant healthcare, discrimination, and misunderstandings due to language and cultural differences. Depending on the culture of the refugee, differences in explanatory models of health and illness can affect the success of healthcare interactions and outcomes.

This study fills a gap in knowledge about how African refugee women, from the Dinka tribe in southern Sudan, who migrated with children, foster well-being in themselves and their families during the situational transition of resettlement. There are very few studies that examine the resettlement phase of the situational transition of migration. This study uncovers factors and conditions that influence this transition so that interventions can be developed that support refugee women with children to attain well-being.

CHAPTER 3: METHODS

Study Design

This qualitative study used ethnographic methods to explore the situational transition of 10 Sudanese refugee women from the Dinka tribe who were resettled in a Midwestern city in the U.S. Qualitative research is a method of inductive inquiry to develop a body of knowledge about an area where little is known (Morse & Field, 1995) or when a cultural perspective is important to understand a phenomenon. As discussed in the previous two chapters, other than studies about the physical illnesses or psychological maladaptation of refugee women, little is understood about the challenges of the resettlement experience from the perspective of refugee women themselves. The literature about refugee women fails to adequately address the lived experiences of refugee women and the strategies they use to cope and adapt to situational transitions.

According to Morse and Field (1995), "the goal of qualitative research is theory development" (Morse & Field, 1995, p. 17). Theory serves to guide actions in the practice of nursing and are used to organize and direct thought, observations, and actions" (Sidani & Braden, 1998, p. 43). One of the goals of this qualitative study was to extend the middle range theory of transitions to Sudanese refugee women and uncover aspects of the resettlement transition associated with forced migration that can lead to interventions designed to enhance well-being in this population.

One basic assumption of all qualitative methods is that "no single interpretive truth exists" (Denzin & Lincoln, 2000, p. 23). Truth or reality is contextual and is created by an individual or group of individuals. Another underlying assumption in qualitative

research is the role of the researcher within the research itself. In qualitative research the researcher is an integral part of the research process and influences the results with his/her past experiences, views, beliefs and values. This is distinct from quantitative research which has the underlying assumption that the researcher can employ methods to be a detached and unbiased observer. The subject or research participant is considered the expert in qualitative research, and the researcher is considered a "co-participant." The truth or reality in qualitative studies is co-created by participant and researcher. Another aspect of qualitative research is the ability to capture the cultural context from which the experiences can be situated for a full understanding of the phenomenon under study. "Qualitative research is the world of lived experience where individual belief and action intersect with culture"(Denzin & Lincoln, 2000).

Within the qualitative paradigm, ethnography was chosen as a methodological perspective due to the importance of culture on the experiences of Sudanese refugee women in the situational transition of resettlement.

Ethnography

Ethnography is defined as "the systematic description, analysis, and interpretation of culture and subcultural groups" (Germain, 2001p. 277). Etymologically, the word ethnography refers to "the practice of writing (*graphy*) about cultures/races (*ethno*)" (Prasad, 2005, p. 76). The focus of ethnography is the study of culture (Spradley, 1979), and the ultimate purpose is description and theory development. "Qualitative ethnography is theory generating" (Germain, 2001p. 282). It is an inductive method

designed to create a story or theory of a culture in time. “Those who write culture, write theory…and those who write theory, write culture” (Denzin, 1997, p. xii.).

Ethnography is grounded in the epistemology of constructionism and theoretical framework of symbolic interaction (Crotty, 2003). Constructionism is the belief that there is no one objective truth or reality but that that people construct their realities by interacting and engaging with their world. These interactions are symbolic of implicit meanings that derive from one’s culture. “Ethnographic inquiry seeks to uncover meanings and perceptions of the people participating in the research… Meaning is not discovered, but constructed” (Crotty, 2003, p. 7, 9).

Ethnography, as a methodology, originated from the discipline of anthropology during the nineteenth and early twentieth centuries to meet the needs of frontier and colonial expansions as “a way to understand natives in their own culture” (Prasad, 2005, p. 75, 88). Toward the second half of the twentieth century ethnography was influenced by the social sciences and humanities and evolved into the study of different social groups within the U.S. (Denzin & Lincoln, 2000). Early ethnographers spent considerable amounts of time living with, and immersed in the cultures under study. Ethnographies have become less time intensive and more focused on specific problems related to particular research questions within different disciplines.

Ethnography, as applied to phenomena relevant to the discipline of nursing, is usually focused on the influence of cultural factors on health beliefs and practices (Boyle, 1994). Focused ethnographies are much shorter in duration and are concentrated on a specific area of inquiry within a cultural or social group. A focused ethnography is

defined as a “time-limited exploratory study within a fairly discrete community or organization” (Muecke, 1994). This study is a focused ethnography of the influences to well-being in a group of southern Sudanese refugee women who experience the situational transition of resettlement to the U.S. Omidian (1999) identifies three advantages of ethnographic research: 1) it views behavior in its own setting; 2) it gains understanding from the participant’s point of view; and 3) it provides the researcher the flexibility and ability/opportunity to change the research design to fit new data (Omidian, 1999, p. 42). These three advantages allow the researcher to obtain the meanings people attach to their experience.

The strengths of ethnography come from its methods, which combine the “insider” with the “outsider” perspective. In this ethnographic study, data were collected from refugee women with the purpose of obtaining their perspective, combined with the researcher’s theoretical perspectives, about their experiences in the situational transition of resettlement. Both perspectives were considered essential to gain a full perspective of the phenomena that was studied (Holloway & Wheeler, 2002).

Rationale for Study

The purpose of a study and the research questions direct the type of methodology chosen. Since the link between the question and the method chosen determines the types of results obtained and ultimately the usefulness of the results (Morse, 1994), a qualitative design using ethnographic methods was chosen to study the experiences of Sudanese refugee women’s situational transition of resettlement. Ethnographic methods were useful to study how culture influenced the refugee woman’s perspectives. The study

contributed to the theoretical development of the Middle-Range Theory of Transitions and the knowledge base of how the resettlement phase of forced migration affects health and well-being of refugee women and their families.

Sample and Setting

Study Participants

A purposive sample of 10 southern Sudanese women from the Dinka tribe who were resettled from refugee camps and countries of asylum to the U.S. with their children participated in this study. The women in the study were 25-44 years old with an average age of 34.4 years. The women had from 3 to 7 children ranging in age from 2 months to 27 years old. Women who had children at the time of resettlement to the U.S. were chosen for the study to capture the unique experiences associated with migrating across international borders and resettled to a new country with children. Refugee women with children were considered to have the shared perspective of adapting to a new environment and learning to parent children in a foreign country and culture.

Most of the Sudanese refugees from the Dinka tribe were resettled to the Kansas City metropolitan area within the last 10 years. At the time of the study, the women had been living in the U.S. from 2 to 11 years, with an average time living in the U.S. of 6.6 years. Refugees are eligible to apply for U.S. citizenship after living in the U.S. for five years. Five of the 10 women in the study had lived in the U.S. for more than five years, although, only three of these had received their U.S. citizenship. Seven of the 10 women in the study were married and living with their husbands during the study, two of them were separated from their husbands, and one was divorced.

The educational level of the women varied from no formal education whatsoever to 13 years. Four of the 10 women had some college but the majority of the women had no more than a sixth grade education when they left Sudan. All of the women were Christian and some identified as having a Catholic or Protestant affiliation. All of the women spoke the Dinka language and three of the women were able to speak understandable English during the interviews. However, none of the women could read or write English or Dinka, and a few reported they could read a little Arabic. Interpreters were used for 17 of the 21 interviews. Two out of the 10 participants spoke Arabic during the interviews (which was discovered only during back-translation), and the rest of the interviews were in English or Dinka. The demographics of the study participants are presented in Table 1.

Recruitment

It was originally planned to recruit women for the study from the two refugee resettlement agencies in the Kansas City metropolitan area—Catholic Charities Refugee Resettlement Program in Kansas City, Kansas and Jewish Vocational Services in Kansas City, Missouri. However, I learned that there were very few Dinka refugees still receiving services from these agencies since the resettlement programs only provide direct services to refugees during the first 8 to 18 months after arrival to the U.S. The majority of the participants were recruited from the Sudanese Community Church congregation and by word of mouth from refugee women participating in the study and from the two interpreters who were hired for the study. Recruitment sites included the Sudanese Community Church (SCC) and the Della Lamb Community Center. An agreement was

obtained at each of these sites to recruit women who met the inclusion criteria (Appendix A). Recruitment began in October 2007 and continued until July 2008. In October 2007, after speaking to the senior pastor of the SCC, the primary study interpreter and I passed out recruitment flyers printed in both English and Dinka language following the Dinka worship service at the church (Appendix A); the recruitment flyers were posted near the front entrance of the Sudanese Community Church on the church bulletin board. However, it was later learned that none of the potential participants could read English or Dinka. During my next visit to the church I noted that the flyers had been removed from the bulletin board. A flyer was given to a Dinka man who worked as a case-manager at Della Lamb Community Services, but no referrals resulted from this site.

The women at the church who were interested in participating in the study were given the recruitment flyer with the phone number of the researcher and interpreter to contact if they were interested in participating in the study. Several women in the church gave me their phone numbers to contact them and other women called the interpreter to inquire about participation. Once the women agreed to participate in the study, an initial meeting was arranged to give the women the University of Arizona informed consent form either in English or Dinka language (Appendix D). Since none of the women were literate in either language, they all chose to have the interpreter read them the consent form translated in their preferred language (Appendix D). A copy of the informed consent was given to each of the women to allow them an opportunity to discuss the study with their family members or friends prior to making a commitment to participate. All of the women chose to sign and receive a copy of the English version of the consent form rather

than the translated Dinka version, because they had husbands or children that were able to read English. I was very surprised that the three research documents that were translated from English to Dinka and back-translated from Dinka into English were not chosen by any of the women in the study considering that all of them spoke Dinka as a first language. I learned from this experience during the recruitment phase of the study that very few Dinka know how to read or write the Dinka dialect.

TABLE 1. Participant Demographic and Migration Experience Information (N=10)

Demographic variable	Average	Range
Age (current)	34.4	25-44
Age (at migration)	23.8	18-35
Age (arrival in U.S.)	27.2	19-38
Years since left Sudan	10	5-17
[1]Asylum (total # and names of countries prior to resettlement)	1.3 E 90% ; K 20%; Eth 10%; Z-10%	1-3
Asylum (total # of years lived in asylum)	3	1-8
Childbirth (# countries delivered)	2.3	1-3
Children (# living children)	4.6	3-7
Children (ages)	10.16	2 mo.- 27 yrs.
[2]Citizenship	30%	
Education (# years formal)	8	0-14
Employed	80%	
Family members (extended family members living with participants)	50%	
[3]Languages	D 100%; A 100%; E 40%	
[4]Marital status (percent)	70% M; 20% S; 10% D	
Religion	Christian 100%	
Years (since resettled in U.S.)	6.7	2-11

[1] E- Egypt; K- Kenya; Eth- Ethiopia, Z- Zambia
[2] Eligible for citizenship after 5 years in US
[3] Languages D= Dinka; A= Arabic; E= English
[4] Marital status M= Married; D= Divorced; S = Separated

Gatekeepers

It was necessary to align with gatekeepers to gain access to the Dinka community in Kansas City. A gatekeeper is someone who acts as a liaison between the researcher and participants. The Dinka community is fairly isolated from the other social communities in Kansas City and it would have been impossible to access potential participants without gaining the trust of respected community leaders. Two individuals acted as gatekeepers for this study. The senior pastor of the Sudanese Community Church provided an entrance into the Dinka community as a whole and a female interpreter helped to recruit Dinka refugee women for the study. I set up a meeting with the Dinka pastor and the interpreter to discuss the research study. This worked out very well because the interpreter was a member of the church and she and the pastor were very familiar with each other. I received the pastor's endorsement, as the church leader, to participate in church services and recruit women for the study from the church congregation.

The interpreter, Rebecca, was invaluable as a gatekeeper and liaison to the Dinka women in the community. She was a well-respected member of the Dinka refugee community in Kansas City, as a married woman with a child, who was also resettled as a refugee to the U.S. She was an active member of the Sudanese Community Church and participated in Sunday worship services and social events held at the church. Rebecca had received a four year degree in nursing from a university in northern Sudan. She was trained and certified as a professional interpreter and had provided interpretation services for other Sudanese women in the Kansas City area. She acted as an informal expert to the

Dinka Sudanese in the Kansas City community due to her command of both the English, Dinka, and Arabic languages and her understanding of healthcare issues.

My association as a nursing professor in a Christian college provided me with initial legitimacy with the interpreter and the senior pastor of the Sudanese Community Church. The Dinka have very strong religious affiliations due to their persecution in Sudan and their religious beliefs and practices are closely linked with their values. In fact, shortly after my initial meeting with the pastor, he came to my office to visit me at the college.

Hammersley and Atkinson (2005) warn that a gatekeeper can be a liability as well as an asset to the research (p. 64). As essential as a gatekeeper is for access into a cultural group or situation, they can also pose some risks to the credibility of the research. Gatekeepers may also have their own agenda or interpretation of the intent of the research project. A gatekeeper may lead a researcher to only certain subjects for participation in the research project because of an impression he or she believes should be represented by his/her cultural group. As the study progressed, it became obvious that the relationship that potential participants had with Rebecca affected their willingness to participate in the study. Participants self-selected based on their relationship and trust with the primary study interpreter.

Special Considerations in Conducting Research with Refugee Women

The participants for this study were considered to be an extremely vulnerable population, therefore stringent measures were taken to assure they were protected from any undue harm or coercion as a result of this research study (Dunn & Chadwick, 2002).

The rights of the vulnerable are fiercely protected by new rules implemented by the government as a result of past exploitation of minority groups (U.S. Department of Health and Human Services, 2005). As a nurse researcher, I am bound by the American Nurses' Association's Ethical Principles in the Conduct, Dissemination, and Implementation of Nursing Research (Anderson & Hatton, 2000) to assure that no harm would be caused to this population of refugee women as the result of this research project. The pastor was advised that he should neither encourage nor discourage members of his congregation from participating in the study. He offered to announce the study during the study worship service, however, I advised him not do this because it was assumed that some church members would feel they should participate in the study to please their pastor. Also, I discovered during the study that women in the Dinka community do not trust each other and that often there is a great deal of conflict between the Dinka women. Therefore, I had to take extra caution to protect the privacy of those participants enrolled in the study.

The anticipated benefits and risks of inclusion in the study were shared with the participants. The anticipated benefits included being able to tell their stories and share the hardships and challenges they experienced with someone who cares and is interested. Another potential benefit was that by participation the refugee women may have felt validated that they have had shared experiences with other women and that may have provided a sense of communality for the participants, which is congruent with Dinka culture. Women who participated in the study were compensated for their time and

contributions to the study. Each participant was given token Wal-Mart gift certificate of $10 for the first interview and $15 for the second and third interviews.

In preparing for the study, it was acknowledged that cultural and language differences had the potential to affect the informed consent process and consequently the rigor of the study. I was aware that potential participants may not have understood the purpose or aims of the research and might have been suspicious of a researcher coming to talk with them about their experiences as a refugee (Lipson, 1994). Many refugees were persecuted by their governments which may have led them to be hesitant to sign an official document giving permission to be interviewed and audio-taped. To account for this potential misunderstanding and suspicion, it was necessary to continuously renegotiate the informed consent with participants throughout the data collection process and repeatedly articulate the purposes and aims of the study (Germain, 2001; Muecke, 1992b).

In working with participants that have been traumatized it is important to account for the effects associated with retelling a traumatizing story on the researcher, interpreters, as well as the participants (Ahearn, 2000; Lipson, 1994). Many of the refugees in this study witnessed murder of family members, experienced sexual assault and other atrocities associated with their experiences leading to their forced migration (Gozdziak, 2004). I was prepared to make provisions for counseling or follow-up care for participants if needed as well as providing a time for debriefing with the interpreters after each of the interviews.

Several of the participants became sad and tearful as they shared their stories during the interviews. Participants were told that they could stop the interview process at any time and were not required to share any information with the researcher they chose not to share. None of the participants dropped from the study and all 10 women were able to complete the interviews. However, after the interviews the interpreters frequently reflected on their own reactions to the detailed stories of the women, as it brought back traumatic memories for them. The debriefing time spent with each interpreter at the end of each interview proved necessary and valuable as a way to process some of the disturbing information that was shared. The researcher consulted with the faculty advisor in an ongoing manner to discuss and address difficult and disturbing information as it affected me, as the researcher, as well as the effect on the interpreters (Ahearn, 2000).

Setting

The data for this study were collected in multiple settings. The individual interviews were conducted at a place and time that was convenient for the women to account for privacy and to avoid interfering with family activities. Most women chose to be interviewed in their homes. One woman requested to be interviewed at the church after the Sunday service and another chose to be interviewed at her mother-in-law's apartment. Women were observed in their homes for roles and responsibilities as they interacted with their children, spouses, and other family members.

The Sudanese Community Church (SCC) was used as a site for observation participation, as well as for recruitment. This church serves as a site for religious events and social gatherings for the Dinka community in Kansas City and the surrounding areas.

For example, in August 2007, two memorial services for John Garang de Mabior were held at the church. John Garang was the past president of southern Sudan and the leader of the Sudan People's Liberation Movement (SPLM) who was killed in 2005 in an airplane crash. Sudanese from all over the Midwest attended these services which included prayer, traditional dancing, and sharing of traditional Dinka food to honor the fallen military leader of the SPLM.

Two other sites were arranged for observation participation, Samuel Rodgers Community Health Clinic and The Della Lamb Community Services; however it was never possible to coordinate a visit with the study participants at these sites. Samuel Rodgers is a local health clinic that provides secondary health services for indigent populations and provides interpreter services and Della Lamb offers English as a Second Language classes for refugees and immigrants.

In each of the settings my role as a researcher was made explicit and privacy was considered and accounted for to assure confidentiality of subjects. It was necessary during the consent process to clearly communicate with the women participants, that their participation in this study had nothing to do with the services they received from the community health organizations, or the church, and that they understood that their participation in the study was completely voluntary.

Data Collection Methods

A hallmark of qualitative research is the use of multiple methods to collect data and ongoing analysis (Omidian, 1999). Data were collected three ways: 1) demographic questionnaire; 2) in-depth semi-structured interviews; and 3) observation participation.

Data from each method were analyzed separately and then triangulated to arrive at common themes.

Demographic and Migration Experience Questionnaire

The Demographic and Migration Experience Questionnaire (Appendix F) was designed to elicit information sequentially according to the three phases of the forced migration experience beginning with the events that led to their forced migration from Sudan, the locations and amount of time spent in the refugee camp(s) or countries of asylum, and finally about the resettlement phase. The questionnaire elicited information about the age of participants when they left Sudan, the number of years spent in countries of asylum or refugee camps, and the number of years since they were resettled in the U.S. This information was important as it provided a temporal context for their resettlement experiences and provided information about the background and developmental stage of the women at each phase of the forced migration experience. The family constellation was elicited to provide information about the women's responsibilities for dependent family members, as well as births, deaths, or losses during each phase of the forced migration experience. This information was considered influential to the women's resettlement experiences. Information was elicited about which city in the U.S. the women were first resettled, length of time there, and their experiences and the numbers and locations of other resettlement locations prior to coming to Kansas City. The last part of the questionnaire elicited personal information such as number of years of formal education, language, employment, religion, and U.S. citizenship, all of which were

considered to have an influence on the women's well-being during resettlement in the U.S. The demographic information is presented in Table 1.

Observation Participation

Observing and participating in the lives of the people under study is considered a major data collection method of ethnography (Germain, 2001). Hammersley and Atkinson (2005) define different levels of participation corresponding to the amount of involvement and engagement of the researcher in the setting. These are: the complete participant, participant as observer, observer as participant, and the complete observer. These levels range on a continuum from complete immersion in the lives and culture of the participants to a more detached and outside role. The complete participant functions covertly as a researcher completely immersed and subjectively involved in the world under study. Participant as observer is the more common term used for ethnographers who spend considerable amounts of time in the setting with informants in order to gain an "insider" perspective, yet they are open about their role as a researcher. The observer as participant is more detached and engages in selected activities or events. There is usually no confusion in the researcher's role in observer as participant, as it is clear that the researcher is an 'outsider' in the setting. The last category is the complete observer. This is the most objective and detached role for a researcher (Hammersley & Atkinson, 2005, p. 104).

In this study the term "observer as participant" is used to denote the limited involvement of the researcher in the world of the participants under study. It is important to make this distinction since my role as "observer participant" was considered to affect

the behavior and interactions of the participants under study. In each setting my role as a researcher was made explicit. This was to avoid any suspicion about why I was observing and participating in events and activities and also to clarify that my role had no affect on their resettlement status.

In this study a variety of selected activities was chosen that provided opportunities to observe the refugee women's interactions with each other, their children, husbands, and other family members. The following is a listing of specific sites and particular activities that were observed in this study.

- Sudanese Community Church — The church is supported by the Lutheran Diocese of Missouri and is located in an urban area of Kansas City, Missouri in an older dilapidated but ornately decorated American Lutheran church that was donated to the southern Sudanese community for services and community events. This church is a religious and social center for many of the Sudanese refugees that have been resettled in the Kansas City metropolitan area. In addition to religious practice, this site is used for many of the social events and holidays in the Dinka community. Observations at the church included women in social interactions with each other, their husbands and children and other members of the community. Observations of dress and food at the events, and cultural symbols such as music, pictures and videos from Sudan were made and recorded in field notes.
- Women's homes during the individual interviews — Observations were made of family interactions and relationships which contributed to an understanding

> of roles and cultural factors that were considered to influence well-being. The children were often present in the homes during the interviews, but were frequently instructed by their mothers to remain in an adjacent room during the interviews. Observing the women in interaction with their children provided an opportunity to learn about their parenting behaviors. On several occasions friends and neighbors of the participants would visit during the interviews and the tape recorder had to be stopped. This unexpected interruption provided an opportunity to observe the women in a social role in their homes as well. Observations in the home also included the furnishings, decorations, family pictures and artifacts from Sudan that had symbolic significance, such as family pictures and religious and art objects.

Observation participation occurred over a 12-month period. Elements of observation participation included gaining trust and familiarity with the participants. By spending time in the natural settings of the participants I was able to gain an insider, perspective, that provided a context that could not have been obtained by quantitative methods such as a survey (Hammersley & Atkinson, 2005). The ongoing documentation of the observation participation was recorded as field notes and was an essential component of ethnographic data collection.

Field Notes

Meticulous field notes of selected activities were kept to document observations, my own feelings, hunches or attitudes about what was being observed. Spradley (1980) referred to these field notes as “the ethnographic record” which also included tape

recordings, pictures, artifacts, and other observations that documented the social situation important for this study (Spradley, 1980, p. 63). Field notes were made of observations of participants, situations, and occurrences that existed in the natural setting and provided a cultural context for the other data collection methods such as interviewing of the participants.

Recorded field notes were organized into four different types: observational notes, theoretical notes, methodological notes, and personal notes (Wilson, 1989, p. 426-427).

- Observational Notes (ON) were an account of what was observed in terms of "who, what, where, and how." These notes contained no interpretation, just my observations.
- Theoretical Notes (TN) provided an analysis of observations, interpretation events and situations that led to hypotheses and eventually contributed to theoretical development.
- Methodological Notes (MN) were reflections of the research process itself and specifically related to research techniques that may have affected other types of interpretation.
- Personal Notes (PN) were an account of my feelings, hunches, and perceptions that occurred during the data collection process.

Distinguishing between these four different types of field notes assisted in data analysis by helping me to separate out what was my opinion versus an observation. It helped to keep a separate record of what was observed and created a trail to document how linkages and hypotheses were derived from the data. The field notes reflected

behavior which at times was not congruent with the information reported in the interviews. This incongruence provided interesting information about cultural nuisances and pointed to further or additional areas for exploration.

Field notes were taken during observation participation experiences that included social events at the church and in each woman's home during the interviews. Field notes were also used as a reflexive method to document my own reactions, thoughts, and feelings during the data collection process. Theoretical hunches or ideas were documented during the study to show the development of the interpretive theory derived from the data. Transcribed field notes were typed and coded separately to allow distinction of subtype in the final analysis.

In-depth Semi-structured Interviews

The refugee women's perspectives were gained by conducting two individual, in-depth, semi-structured interviews with each participant and a third interview was conducted with one participant. Each interview lasted approximately 60 minutes, with an interval of two to five months between the first and second interviews. Most of the women were interviewed in their homes, with a Sudanese Dinka woman as an interpreter. Four of the 21 interviews were conducted without an interpreter.

The interview questions were designed to reflect the women's experiences of the resettlement process over time. Examples of the questions that were asked are presented in the Interview Guide (Appendix E). The interviews began with questions about the events that precipitated the women's departure from Sudan. Then information was sought about the journey from Sudan to countries of asylum and how they lived their lives in

transit. The questions then proceeded to their resettlement experiences in the U.S. The questions were designed using Spradley's (1979) guidelines for developing ethnographic interview questions and Patton's (1990) techniques for qualitative interviews. The three dimensions of the Transition Theory (Figure 2) were also used as a framework to elicit specific information about situational transition of resettlement.

Spradley (1979) identified three types of questions used in ethnographic inquiry: 1) descriptive; 2) structural; and 3) contrast questions. These three types of questions were used progressively to elicit information of increasing specificity during the interview process. Descriptive questions were asked at the beginning of the interview to begin conversation and provide direction for subsequent questions. Structural questions elicited information about how the participants organized knowledge and made sense of their world. Contrast questions were designed to get at the meanings associated with events and experiences. Questions for each of the interviews are presented in an Interview Guide using these three types of questions as a general format (Appendix E).

The first interview was concerned with developing trust and rapport, obtaining demographic information (Appendix F), and gaining a beginning conversation about the events that led to the women's resettlement transition to the U.S. The first interview question, "Why did you leave Sudan?" or "Did something in particular occur that caused you to leave Sudan?" was designed to gain a context for the precipitating events that led to their forced migration. Further questions were designed to attain an understanding of their journey from Sudan and the length of time and quality of life in the country or countries of asylum.

The second interview was scheduled after the data from the first interview was transcribed and analyzed. The goal of the second and third interviews was to obtain more detailed information about information that was shared in the first interview. In the second interview questions were designed to uncover factors and situations that influenced their resettlement transition to the U.S. This second interview focused on strategies that the refugee women used to adapt to life in the U.S. for themselves and their children. It was during the second interview that the women's perspective of well-being was explored. It was at this juncture that information was obtained about how they organized their resettlement experience in terms of time, space, and critical events. In the second interview there was an attempt to "funnel [information] from the general to the specific" (Morse, 2001, p. 572). "Ethnographic research should have a characteristic 'funnel' structure, being progressively focused over its course" (Hammersley & Atkinson, 2005, p. 206). Questions asked in the second interview were designed to allow participants to clarify and expound upon information presented in the first interview. One strategy that Morse (2001) suggests is to funnel interview responses from the general to the specific or to ask the participant for an example to clarify his/her response. Even though I had an outline of what to ask, the format was not rigid and inflexible. The interview questions were built upon previous information shared by the women and was considered iterative, or in other words, the direction of the questioning was developed as the research progressed (Omidian, 1999).

The data reached saturation after two interviews with each participant. It was necessary to conduct a third interview with only one participant. Contrast questions were

asked in the second interviews and were designed to uncover meanings the women associated with their resettlement transition. In every culture there are certain symbolic meanings associated with the language of objects, events, and relationships (Spradley, 1979). Contrast question attempted to uncover what something is not, in order to understand the meaning. An example of a contrast question asked was, “What is the difference between having good health and having well-being?”

Translation and Interpretation

Three people were hired to translate research documents and interpret interviews for the dissertation study. The primary interpreter for the study, Rebecca, was recruited from a social service agency that resettles refugees and trains translators and interpreters. In addition to translation and interpretation, she acted as a cultural broker, providing connections with members of the Dinka community, interpreting social cues and contexts, as well as interpreting for the majority of the interviews. Rebecca’s involvement in the study was a crucial link into the Dinka community, both in the initial phases of the study and as the study progressed. Rebecca is a married mother of a four year old child with a degree in nursing from a university in northern Sudan. She is literate, trilingual in Dinka, Arabic, and English and certified as a professional translator and interpreter through a 40-hour program called *Bridging the Gap*. She had several years experience interpreting for immigrants and refugees in a variety of settings including a similar research study about southern Sudanese refugee women in Egypt.

Three research documents were translated into the Dinka dialect and back-translated into English using an adaptation of Brislin’s technique (Jones, Lee, Phillips,

Zhang, & Jaceido, 2001). Rebecca's husband, John, was hired to translate the University of Arizona subject consent form, a recruitment script, and the recruitment flyer from English into the Dinka language. After John transcribed the documents into Dinka, the three of us, Rebecca, John and I met and reviewed the two versions of the documents. Rebecca read aloud the Dinka version, interpreting it to English, while I followed along by reading the original English version to check for transcription accuracy and conceptual meaning. We then discussed the meaning of certain words or phrases to reach conceptual equivalence between the English version and the Dinka translation of the research documents (Berry, 1969). Discrepancies between the two versions were discussed among the three of us and consensus was reached about the best way to translate the written information.

Margaret [not her real name] was hired as a second translator to back-translate a portion of the audio-recorded interviews from Dinka into English as a reliability check. Margaret is a 23 year old married Dinka woman with three children. She came to the U.S. with her aunt when she was 15 years old and learned English in the U.S. where she attended high school. She was also trilingual, speaking Dinka, English, and Arabic; however she could not read or write any of these languages proficiently. When Rebecca dropped out of the study suddenly due to medical reasons, Margaret filled in as an interpreter for 3 of the 17 interpreted interviews. Margaret had no professional training as an interpreter and had little experience interpreting prior to this study. It was necessary to train Margaret how to interpret only what the participant said without summarizing or adding her own personal interpretation.

The two female interpreters hired for the study underwent training and certification in Collaborative Institutional Training Initiative for the Social and Behavioral Services (CITI-SBS) through the University of Arizona Institutional Review Board prior to participation in the study. Interpreters were used for 17 of the 21 interviews and each interview was audio-recorded and reviewed for accuracy in translation by both myself and an interpreter. I transcribed each of the interviews from translated English version verbatim and compared each of them to the tape recordings for accuracy. To account for the possibility of inconsistencies in interpretation and translation, approximately 25% of the interviews were translated a second time by the alternate interpreter and checked for accuracy and consistency as a measure of inter-rater reliability. This process revealed that two of the interviews completed by Rebecca had been spoken in Arabic. In addition, I learned that in the women used a combination of Dinka, Arabic, and English words throughout the interviews.

Data Analysis

Data analysis is considered both a rigorous and creative task in ethnography and one of the most important. Data analysis requires interpretation that takes the data to a level of abstraction different from the original data (Morse, 2001). Data were analyzed during the process of collection. A distinctive feature of qualitative research is that understanding from data emerges as the analysis proceeds (Morse & Richards, 2002). Each source of data were analyzed separately and then triangulated for patterns, themes, and thematic linkages:

- Demographic and Migration Experience Questionnaire — Information from the questionnaires were analyzed using descriptive techniques of reporting frequencies and averages of ages and number of years since resettlement, education, and numbers and ages of children.
- Observation participation field notes were coded according to type, whether ON, TN, MN, or PN.
- Individual interviews — Data collected from each of the 21 individual interviews were explored and compared for reoccurring themes and meanings. The goal of the individual interviews was to compare the information obtained with that from other participants to arrive at shared meanings so that themes could be generated in the development of the theory.

Data analysis proceeded according to the four steps recommended by Germain (2001). The first step was coding the data. “Codes are labels assigned to units of meaning” (Germain, 2001, p. 296). The data were reviewed and designated by certain codes to identify categories of data that were relevant to answer the research questions. This was done by breaking the transcribed interview text and the field notes into discrete segments, indexing them into a coding or classification system, and then labeling these segments by assigning units of meaning. Coding was important because it provided a direct link with the original data.

The next step was to group or cluster codes by combining similar codes into categories. Conceptual categories were developed from recurring patterns that emerged from the data and were used as a way of clustering the data for easier analysis.

Development of conceptual categories is considered a central step in the process of analysis (Hammersley & Atkinson, 2005). Categories were then reviewed for emergent patterns or themes. The conceptual schema illustrating how the theory of well being in refugee women experiencing cultural transition was developed using this inductive method is presented and discussed in Chapter 5.

The qualitative software management program, The Ethnograph (Qualis Research Associates, 1998), was used as an aid in data management. The Ethnograph assisted with data storage, management and retrieval and in compiling and examining patterns in text data from a word processor program (Creswell & Maietta, 2002). The Ethnograph also has a feature called *memos* that assisted with separating out the observations into categories of descriptive, methodological, personal and theoretical.

Data from all three methods including the demographic questionnaires, interviews, and field notes were '*triangulated*' to arrive at a cohesive whole that answered the research questions. Triangulation is a term borrowed from the nautical sciences to describe a process of "finding a position or location by means of bearings from two points" (Merriam-Webster, 2004, p. 1335). In this study triangulation refers to using two or more data collection techniques to arrive at conclusions that could not be obtained using only one method (Duffy, 1987). After the data from the three different types of data collection were analyzed separately, they were then triangulated and explored for recurring patterns or themes that contributed to knowledge about how refugee women achieve well-being in the situational transition of resettlement.

Themes are considered crucial for the analysis of qualitative data and contribute to theory development (DeSantis & Ugarriza, 2000). The themes that were identified were derived from patterns that emerged from the data and linked the observations and interviews with the women. “Thematic analysis involves the search for and identification of common threads that extend throughout an entire interview or set of interviews” (Morse & Field, 1995, p. 139).

The final analysis of the data and the conclusions reached were informed by the researcher’s theoretical perspectives (Germain, 2001). In the final analysis, the finished product was compared with other ethnographies and existing midrange theories. I attempted to avoid imposing my *a priori* theoretical schema on the data as they were collected, for this would have violated a basic principle of inductive research. However, during the final analysis the derived interpretations were compared with other theories, with a resultant extension to the middle range theory of transitions (Germain, 2001) (Figure 2).

Qualitative ethnographic analysis was done to inductively derive patterns and themes from the data (Germain, 2001). Field notes and interviews were analyzed for patterns that affected well-being during resettlement. In this study themes were explored about common experiences related to the situational transition of resettlement or strategies that the women used that contributed to their well-being. The themes were compared to other qualitative studies that related to refugee women’s experiences and studies using the middle range theory of transitions to explore themes and linkages with

these prior studies. This process is referred to as “qualitative synthesis [which] is a way to build theory through induction and interpretation”(Patton, 1990, p. 425).

As compared to quantitative measures, the data obtained in this study were considered highly subjective and the influence of myself, as researcher, was considered central in the analysis (Hammersley & Atkinson, 2005). Reflexivity is a characteristic component of effective qualitative research and involves the researcher’s constant awareness of the influence he/she has on the context of the setting, interpretation of the data, and in the final analysis and conclusions reached in the study. As a part of the field notes my thoughts, feelings, and perceptions were recorded and discussed with my faculty advisor on a weekly basis over the year of the data collection and analysis process.

Data Security

Identification of participants was done by assigning each participant with a pseudonym. The listing of participant’s names with associated pseudonyms was kept in a code book in a separate locked file cabinet and only accessed by the researcher. The audiotapes and field notes were kept in a locked file cabinet in the researcher’s home office. Once the data were translated, checked for accuracy and analyzed, the code book that linked the participant’s names with the pseudonym was destroyed. When the audiotapes were translated and checked for accuracy they were stored in a locked cabinet until the completion of the study; at that time they will be destroyed.

Evaluation Criteria

It has been suggested that, within a postmodern framework, it is inconceivable to even attempt to evaluate qualitative research since it is not reproducible nor is it concerned with the identification of one valid static reality (Denzin, 1997). However, it is essential that qualitative research is conducted according to the standards of scientific rigor. Omidian (1999) has suggested that rigor in qualitative research is attained by the researchers diligent use of multiple methods for data collection and analysis, and to constantly challenge assumptions as one moves between data collection and analysis, and back again (Omidian, 1999, p. 62).

Rigor is customarily determined in research studies by evaluation of internal and external validity and reliability. Terms such as credibility, transferability, dependability, and confirmability are considered more accurate in referring to rigor in qualitative research (Denzin & Lincoln, 2000). Leininger (1994) has suggested six criteria to evaluate the rigor and substantive value of qualitative research: a) credibility; b) confirmability; c) meaning in context; d) recurrent patterning; e) saturation; and f) transferability.

Credibility in qualitative research is achieved by three related elements: rigorous techniques and methods for gathering and analyzing data, the expertise and self-representation of the researcher, often referred to as reflexivity, and evidence of naturalistic inquiry which demonstrates a logical inductive process (Patton, 1990). Credibility in this study was achieved by recruiting a purposive sample of refugee women who had similar life experiences and by employing methods of collecting the data that

reflected an attempt to accurately capture their experiences in a truthful manner. The challenge of a qualitative researcher is to capture the experiences of the participants in such a way, that if they read the account of their experiences, as described by the researcher, they would recognize it as their own (Leininger, 1994). The themes identified from the data were confirmed with three of the participants and the primary interpreter. Credibility is also obtained by the researcher's explanation of involvement with the culture or group under study in order to explicate how the researcher influenced and was influenced by participants (Sandelowski, 1986).

Qualitative research achieves credibility when it demonstrates epistemological integrity (Evertz, 2001). Epistemological integrity refers to a defensible line of inquiry that demonstrates the logical path that was taken through all steps of the inductive research process, from identification of the original questions, through the exploration, and finally how conclusions or theoretical assertions were reached. The conceptual schema presented in Figure 3 shows the inductive process of how the themes were derived from the categories which came from the data.

Confirmability means obtaining "direct and often repeated affirmations of what the researcher has heard, seen, or experienced with respect to the phenomenon under study" (Leininger, 1994, p. 105). Confirmability was reached by accurate translation techniques that included having a portion of the audio-taped interviews back-translated by second interpreter. Confirmability was also achieved by getting feedback from participants and the interpreters to confirm the hunches, patterns and themes that were derived from interviews and participant observation.

Meaning in context is achieved when a study is able to provide enough detail about the contextual factors that surround the experience that the meaning derived has some relevance and significance. For example, in this study, it was important to capture the experiences related to the precipitating events that led to the women's departure from Sudan and also their experiences in the countries of asylum. These experiences are presented in Chapter 4 and give meaningful context to the women's resettlement experiences in the U.S.

Recurrent patterning refers to repeated experiences or sequence of events that tend to demonstrate a pattern and occur over time in similar contexts. The field notes from observation participation and individual interviews were analyzed for recurring patterns and themes that were derived from data collected across different settings, within individual interviews, and across different women's interviews. The researcher looked for patterns that occurred over and over within the individual women's stories and occurred across different women's stories. This information contributed to a theory about how the resettlement transition affected refugee women.

Saturation refers to whether a study was able to fully capture the data necessary to create as full of an understanding as possible. Geertz (1973) refers to this as "thick description" in ethnography. In qualitative research there is no power associated with numbers of interviews. Therefore interviews were done until meaning was saturated or thick enough, signifying that no new relevant information was obtained that would have contributed to the knowledge developed from this study. This study reached saturation

after each woman was interviewed twice and no new ideas or information emerged when the refugee women described their transition and resettlement experiences.

Transferability is similar to the quantitative term, external validity and refers to the ability to transfer meaning or inferences from the study to other similar groups or situations. Results of qualitative studies are usually not intended for generalization, however, results from qualitative studies can certainly be extrapolated beyond the original population and situation (Patton, 1990). When the conclusions that are reached in this qualitative study of refugee women are applied to studies of other refugee groups or situations it is possible that theory development would be applicable across a broad range of refugee subtypes and situations.

Other methods to attain rigor in qualitative research include assuring dependability. Dependability is determined by examining the "decision trails" that were made by the researcher in the design, methods and analysis of the study (Hall & Stevens, 1991). Evertz (2001) refers to this type of dependability as "analytic logic" and is demonstrated by congruence between the questions, methods, analysis, and conclusions reached in a study (Evertz, 2001, p. 604). A reader should be able to follow an audit trail about the decisions made in a study in order to determine dependability of the results. Some of the methods used in this study to enhance dependability included careful documentation of all four types of field notes, discriminating selection of translators and interviewers, and thoughtful analysis of the results in the context of the literature and the environment from which the data emerged.

Rigor in qualitative research is dependent on a variety of factors but none is more important than the relationship between the researcher and the informants and the researcher and the participants (Dreher, 1994). The quality and trust within these relationships contributed to the credibility and dependability of the data that were obtained in this study. These relationships were built slowly over a four year period and contributed greatly to the quality of the results. I began by developing relationships with several staff members at both of the organizations associated with refugee resettlement in the Kansas City area as well as individual members of the Dinka community. As a nursing faculty teaching community health nursing, I assigned nursing students to the refugee resettlement programs to conduct health education classes for the refugees. My daughter, Emily, accompanied me on a visit to the refugee center and was offered a job and served as the director of the refugee children's program for one year. My role as Emily's mother afforded me more credibility with the staff and refugees than any professional ties I had developed. Prior to beginning the data collection phase of this study, I attended several social events within the Dinka community including presentations by community members who were preparing to travel to Sudan and those returning from Sudan who spoke about their experiences. I attended a memorial service for the fallen leader of the Southern Sudanese People's Movement (SPLM) on two occasions during the summer before the study began. I contributed money to fundraisers for those traveling to Sudan to support their efforts in building a health clinic there and in reconciliation efforts in Darfur. These efforts were necessary and important in demonstrating to members of the Dinka community that I cared and was invested in their

community. The process of building relationships in the community before conducting a research study was necessary to gain acceptance within the community of research.

Summary

It was the intent of this ethnographic inquiry to develop a body of knowledge about the experiences of southern Sudanese refugee women during the situational transition of resettlement. The multiple methods that were used to gather the data necessary to document this experience have been outlined in this chapter. This study provides a rich description and interpretation of the experiences of refugee women during the transitional experience of resettlement with children. This knowledge contributes to a much needed theory of refugee women in transition that provides a guiding theoretical framework to study refugees and develop interventions to promote health and well-being in this population.

CHAPTER 4: DESCRIPTION OF PARTICIPANTS

This chapter provides a brief synopsis of the events that forced the participants from their homeland in the Sudan. The following accounts were shared by the 10 refugee women about their lives in Sudan and in the countries of asylum before they were resettled to the U.S. These stories provide an essential context to understand the magnitude of the persecution, suffering, and loss that the women experienced and the influence these events had on their lives in resettlement.

The names of the women have been changed to protect their privacy and some details of their experiences have intentionally been omitted to avoid any association with their personal identifying information. For the purposes of this chapter, each of the participants has been assigned a fictitious "Christian or Biblical" name in keeping with a common practice among the Dinka who are sometimes given a "Christian" name at birth, as well as their traditional Dinka names, which reflects their strong affiliation with the Christian faith.

The Participants

Margaret

Margaret and her husband and their two small children escaped from their "slave owners" in 2002. Margaret was sold into slavery at the age of 4 years old, after she was abducted by Arab militias during a raid on her grandmother's village in southern Sudan. Margaret lived and worked as a slave for this northern Sudanese family her entire life, until her escape. When Margaret was 15 years old her owners arranged a marriage

between her and a young Dinka man, who was also a slave that belonged to relatives of her owners.

Margaret described the events that led to their escape from Sudan. The slave owners accused Margaret and her husband of stealing from them and had them both arrested. They each were taken to separate jails and tortured for three days. Margaret was three months pregnant during her imprisonment. She recalls how the slave owner came to the jail and gave the jailers money to continue to torture her until she confessed. When they were unable to gain a confession, the jailers finally released Margaret and her husband back to their owners. Upon returning to their owner's home, they were met at the door by the slave owner who put a gun to Margaret's head and threatened to kill her if she ever discussed this incident again. The young family continued to live with their slave owners for three more years until they were able to escape to Egypt.

Margaret and her family lived in Egypt for three years. She worked as a domestic housekeeper to support her children, as her husband was unable to find employment in Egypt. They applied for and were successful in getting refugee status while in Egypt and were relocated to the U.S. in 2005.

Rachel

Rachel fled her village during an attack by the Arab militia. She escaped with her mother, two young children, an 8-month old and a 2 year old. She described how the four of them hid in "the bush" until dark, after the attackers had left the area. When they returned they found their village destroyed and their neighbors murdered. Rachel and her family fled to Kenya, where her husband was living and working to support their family.

They applied to the United Nations High Commissioner for Refugees (UNHCR) for refugee status in Kenya and were denied. The family then migrated to Egypt, and once again applied for refugee status and were denied a second time. Desperate, they returned to Kenya, this time successful in getting refugee status.

In 1998 Rachel was resettled with her husband, her mother, their two young children, and her niece to the U.S. Three years after living in the U.S., Rachel's husband returned to Sudan because he was unable to find suitable employment. Soon after her husband left, her mother also returned to Sudan because she did not like life in the U.S. This left Rachel alone to support herself and her two young children.

Sara

Sara did not identify any specific event or traumatic episode that precipitated her departure from Sudan. When she was asked why she left Sudan with her husband and their oldest child she responded that she was in search of a better life for herself and her family. Since an individual must present compelling evidence of persecution or a threat to their life in order to qualify for refugee status, it is likely that Sara chose not to discuss the specific events that led to her departure from Sudan.

Rebecca

Rebecca's father arranged for her to marry and leave Sudan when she was 15 years old, after she received repeated threats against her life. In 1992, the *Islamic Shari'a Law* was mandated throughout northern Sudan. This law required that women adhere to Islamic teachings which meant being covered (long dresses, head covering, and long sleeves) in public places and be accompanied by a male. It also mandated the teachings of

the Qur'an as the guide to the social code and moral order. Rebecca described an incident that occurred after the new *Shari'a Law* went into effect, when her uncle was teaching a group of school children a Bible lesson under a tree in her village. During the lesson, an Arab man approached her uncle, put a gun to his head, and ordered him to teach from the Qur'an. When Rebecca's uncle refused, the man shot him in the head in front of the children.

Rebecca refused to comply with the new social order of dress and religious practices, which caused problems for her and her family. Rebecca openly defied the *Shari'a Law*, by refusing to cover her head in public and openly discussing her Christian beliefs. On one occasion she was arrested for not having her head covered and wearing a short skirt while traveling on a public bus. On another occasion she received a note with a death threat for discussing her Christian beliefs at school. Rebecca's father warned her that she would either need to comply with the *Shari'a Law* or leave Sudan for her safety and the safety of their family. Rebecca chose to marry and leave Sudan.

Rebecca and her new husband migrated to Egypt to apply to the UNHCR for refugee status to the U.S. While in Egypt, Rebecca continued to actively protest for the rights of southern Sudanese refugees. She was involved in a protest at the United Nations (UN) headquarters in Cairo with 30 other Sudanese refugee women. After seven days camping on the UN premises the women were forcibly removed by the Egyptian police with water hoses. Rebecca and her family were eventually able to get refugee status to be relocated to the U.S.

Rebecca and her husband and their two young children were resettled in the U.S. in 1998. Rebecca's husband has since returned to Sudan for employment and her mother and sister have joined her in the U.S. Rebecca had not seen her husband during the year of the study.

Anna

Anna chose an uncommon path for a Dinka woman; she chose to serve the Catholic Church, as a nun. She left the monastery when she was 27 years old, at the urging of her family, who wanted her to marry and start a family. Anna and her husband continued to work for the church after their marriage and she entered the University of Khartoum to study law. Anna was forced to withdraw from her studies when her husband began receiving threats at his job as a security officer for foreign embassies in Khartoum.

Anna and her husband fled to Egypt where they had a child and were able to obtain refugee status in the U.S. They were resettled in the U.S. and have had two more children since their resettlement. Anna and her husband have continued their active involvement in the church since their resettlement in the U.S.

Elizabeth

Elizabeth fled Khartoum for Egypt with her three children soon after her husband's death. Elizabeth's husband was imprisoned, tortured, and killed by the northern Arab government for his involvement with the Southern Sudanese People's Liberation Movement (SPLM). Shortly after his death Elizabeth learned that the authorities were searching for her, so she and her children hid at a friend's house until

they could sell their belongings and gather enough money to travel to Egypt and apply for U.S. refugee status.

Elizabeth remarried when she was in Egypt. She worked for three years as a domestic housekeeper until her and her family attained refugee status. Elizabeth was resettled in the U.S. with her second husband and three children.

Mary

Mary's husband arranged for them to leave Sudan abruptly in 1998 after he received threats at his job from his Arab coworkers. They left Khartoum with 50 other southern Sudanese men, women, and children who were also fleeing persecution. The large group arranged for a truck to smuggle them outside of the city of Khartoum, and once out of the city limits, they continued to walk by foot across the country of Sudan. Mary described walking for 30 days across Sudan during the rainy season, with only a towel for shelter. She described how she had to continually wring out the towel to keep her baby dry. When they arrived at the border of Ethiopia, Mary and her family separated from the large group and continued walking across Ethiopia through the mountains into Kenya. By the time they arrived at the Kenyan border, Mary and her infant had contracted typhoid and she was too weak and ill to stand. They were shown mercy by the Kenyan soldiers and taken to a hospital, where Mary and her baby received medical treatment. Upon their release from the hospital, the family was jailed until they were placed in a refugee camp. Mary and her family lived in a Kenyan refugee camp for four months and left due to the dire conditions of the camp with little food or water, and no healthcare. They migrated to Zambia in search of better conditions.

In Zambia they were jailed again for six months until two Catholic nuns arranged for their release to another refugee camp. Mary and her family lived in this camp for eight years. Life in the Zambian camp was much better and her husband was able to get a job to support the family, and he was even able to earn a college degree through a distance education program. They had their own small home with a garden and had two more children while in Zambia. The family's application for refugee status was delayed after the events that occurred in the U.S. on September 11, 2001. Mary and her family were finally resettled to the U.S. in 2004, after spending more than 10 years in the diaspora.

Abigail

Abigail's uncle arranged for she and 16 of her cousins to flee Sudan for Egypt when she was 18 years old. Her family was in great danger because her uncle was a high-ranking military leader in the SPLM. Abigail lived in Egypt for five years where she worked as a domestic helper for an Egyptian family. She attended a technical school in Cairo and received her certification as a television operator. She was married in Egypt where she and her husband had two children.

Abigail and her family received refugee status and were resettled in 1999 to a city on the west coast of the U.S. She later moved to Kansas City after she and her husband were divorced. Since the divorce, three years ago, Abigail has lived separate from her two children as they remained living with their father on the west coast.

Eva

Eva was forced from her village in southern Sudan when it was attacked by the northern Arab militia. She was in labor during the attack and had to hide under the bed with her aunt, who was her midwife, until the baby was born. Once her son was delivered, Eva and her family ran from the village. They walked for a month searching for safety. Eva stopped along their journey at a medical clinic, to get sutured from her delivery wounds. Later that year Eva's husband was arrested, imprisoned, and tortured for his suspected involvement with the SPLM. Shortly after his release from prison, Eva's husband died and she left Sudan because she feared the authorities would arrest her.

Eva migrated to Egypt with her son and her mother. She was remarried in Egypt and she and her second husband had three more children. The family received refugee status and they were resettled in 1997 to the U.S. Eva's second husband has two other wives, one of his wives lives in another Midwestern city in the U.S., and the other lives in Sudan. Eva's husband chose to live with his second wife in the U.S. and now Eva is raising their four children alone. Eva's mother lives with them and helps care for the children while Eva works.

Hannah

Hannah was resettled to the U.S. five years ago with her seven children. Hannah and her husband became separated while they were running from a church in Khartoum when the Christian service they were attending was raided by the northern Arab militia.

Hannah and her children ran north and her husband ran south. Hannah was able to escape from Sudan to Egypt with all seven of her children, but her husband remains in Sudan.

Hannah supported her children in Egypt by working as a domestic housekeeper. She was resettled to the U.S. in 2000 with her children. She has not seen her husband since she left Sudan, over six years ago. She has heard from friends who have visited Sudan that her husband is alive and well, living in a village in southern Sudan. Hannah hopes to be reunited with her husband one day.

Summary

The women in this study all originated from villages in southern Sudan and were forced out of their homeland because of religious and racial persecution. They left due to fear for their safety and the safety of their family members. Many witnessed the murder of family members, friends, neighbors and the destruction of their entire communities. All of the women in this study migrated with their children across multiple international borders; some gave birth to children in three or more countries. Many of the women also migrated with other family members as well, such as nieces, sisters, and mothers. Each of the women started a new life in countries of asylum and applied for refugee status. Average amount of time the women lived in the diaspora was 10 years, ranging from 5 to 17 years from the time they left Sudan until they arrived in the U.S.

The women that participated in this study have adapted to extreme situational and cultural transitions. Their lives are a testimony to the strength and adaptability of refugee mothers. The women's stories of survival and adaptation continue during their resettlement to the U.S.

CHAPTER 5: FINDINGS

The findings from this study were derived from the analysis of interviews with 10 Dinka women and field notes from observation participation that occurred over a 12 month period of time between October 2007 and September 2008. Each of the 10 women was interviewed twice with approximately a three month interval between the first and second interviews; one woman was interviewed three times. The derived themes were confirmed and refined with three of the participants and the primary study interpreter. Observation participation occurred in the women's homes during interviews and at the Sudanese Community Church during worship services and social events. The terms "participants" and "women" are used to refer to the women who participated in this study. The direct quotes taken from the interviews with the women have been edited for clarity and ease of understanding without altering the "meaning" or essence of their words.

The interviews and field notes were analyzed using a process of iterative inductive data analysis. The transcribed interviews were read line by line and codes were assigned to each specific segment of meaning. The codes were grouped together in conceptual categories that shared similar patterns or related content; then the conceptual categories were inductively abstracted into larger conceptual entities labeled as themes. The three themes that emerged from the data analysis are: 1) *Liminality*: *Living Between Two Cultures*; 2) *Standing for Myself;* and 3) *Hope for the Future.* The three themes were abstracted to an overarching and unifying theme of *Well-Being in Refugee Women Experiencing Cultural Transition* (Figure 3). The overarching theme of *Well-Being in*

Refugee Women Experiencing Cultural Transition contributes to an interpretive theory that describes well-being in Dinka refugee women during resettlement to the US with their children.

The three research questions proposed were: 1) How do Sudanese refugee women conceptualize well-being? 2) What do Sudanese refugee women identify that facilitates well-being during the resettlement transition? and 3) What do Sudanese refugee women identify that inhibits well-being during the resettlement transition? These questions were answered from the findings in this study. The conceptual schema presented in Figure 3 outlines the results of these findings.

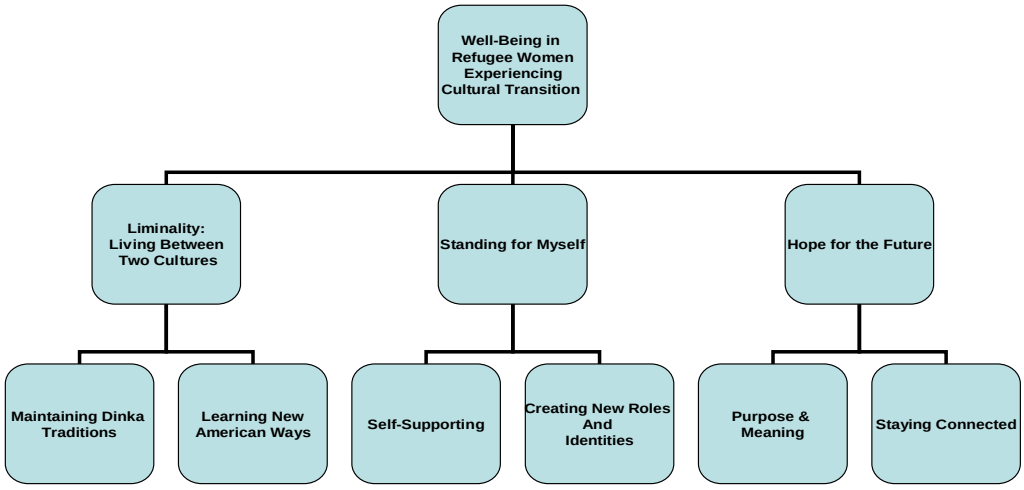


FIGURE 3: Conceptual Schema – Well-being in Refugee Women Experiencing Cultural Transition.

The following statement by one of the Dinka refugee women who participated in this study reveals the authentic voice that is hopefully captured by the presentation of these findings.

> "Because sometime we don't get heard, nobody hear what we say. You are our voice…Let our American women know from a different culture, we have a strength, but the situation was not the best for us. But the Dinkas women they need to appreciate you because you are the right person at the right time to tell about us."

Theme 1: Liminality: Living Between Two Cultures

The theme of *Liminality: Living Between Two Cultures* was derived from the conceptual categories of *Maintaining Dinka Traditions* and *Learning New American Ways*. This theme reflects how the refugee women experienced living between the Dinka and the American cultures; their challenges trying to maintain a balance between these two very different cultures, and the methods they used to cope and adapt to a new environment for themselves, their children, and other family members in the U.S. The women described an experience of living in an in-between, or *liminal*, state and not feeling part of either culture. They talked about the tension of living in this in-between space, being pulled back towards the traditional ways, and at the same time, pushed forward into a new American life. It is this liminal state that characterized the refugee women's experiences of living between two cultures.

Liminality, as used in this theme, is defined as "being in an intermediate state, phase, or condition" (Merriam-Webster, 2004 p. 722). One of the women captured this experience of living in an intermediate space between the Dinka and American culture by saying,

> "It's hard because Sudanese woman now they are in the middle between, they not in the American culture, and they not in Sudanese culture. They just in the middle from nowhere."

As the Dinka refugee women began new lives in America "in the middle from nowhere" between the two cultures, they shared the ways they have negotiated a new space for themselves and their families in the U.S. They have chosen to *Maintain Dinka Traditions* and have adopted *New American Ways* as they struggle to cope with their new environment and the challenges of learning to live in the U.S.

Maintaining Dinka Traditions

The Dinka are very proud of their traditional tribal culture and their association with being "Dinka." It is the role of Dinka women to maintain the cultural traditions within the family and to pass them onto their children. Traditions are those "inherited, established, or customary patterns of thought, action, or behavior…. handed down… by word of mouth or by example from one generation to another…. [that provide] cultural continuity in social attitudes, customs, and institutions" (Merriam-Webster, 2004, p.1325). The traditions of communality, the bonds of family kinship, respect for elders, and a strong Christian lifestyle are some of the most important traditions that the Dinka women strive to maintain and pass onto their children. The women in this study described pressure from their family members and the Dinka community to continue these cultural traditions after resettlement. One woman related, "There is a lot of pressure on women that come here. You are carrying so much. You are carrying the culture of Sudan."

The women have the social responsibility to maintain the cultural traditions in the U.S., however, many of these traditions of the Dinka conflict with American values and

social practices. The Dinka traditions of communality and family kinship which have perpetuated the Dinka tribal lineage and governed Dinka cultural ways of life for centuries must be renegotiated and redefined by the refugee women. This created stress for the women as they challenged those tribal traditions and patterns of life that had been passed down to them for generations and guaranteed their survival in Sudan.

The Dinka tribe have a strong sense of communality or "group solidarity" (Merriam-Webster, 2004, p. 251) that provided an important buffer for refugee women in the U.S. This communality was most evident during visits to the Sudanese Community Church (SCC) which serves as the religious and social center for the Dinka who have been resettled to the Kansas City metropolitan area. During the weekly Dinka service, traditional cultural practices included chanting Christian hymns in the Dinka dialect accompanied by tribal drums brought from Africa. Social events held at the church included birthday celebrations, baby showers, as well as memorial services for those family members who had died in Sudan. It is through the church that the women were able to maintain ties with family, friends, and neighbors back in Sudan, as well as in the U.S. The women were able to continue the Dinka traditions of language, dress, food, and music in the U.S. through their association with the church. The events at the church allowed the women to stay connected with each other and gave them a sense of belonging and familiarity. The women's association with the church provided them with a religious and social network that was a positive influence in their lives.

Social concerns that were relevant to the resettled Dinka community were addressed through the Sudanese Church. Sermons frequently included lessons about

issues that faced Dinka families such as the importance of continuing education or methods to resolve domestic disagreements. A women's group at the church provided help to Dinka women who were ill or had financial problems by collecting money for them or cooking food for the family. It was through attendance at church activities that the valued Dinka ways of respect for elders and obedience were reinforced in the socialization of the Dinka children. The Dinka elders in the church were often called upon by families to help resolve domestic conflicts.

The Dinka tradition of communality had a restrictive, as well as a protective influence on the women. For example, in promoting the traditional Dinka ways of patriarchy and family unity, the church discouraged divorce for any reason. If a Dinka woman filed for a divorce she was immediately shunned by the Sudanese Church and the Dinka community. Several of the women in the study were victims of domestic violence perpetuated by their husbands. One of the participants filed for divorce when she learned that her husband was sexually abusing her two daughters; afterwards, she explained that she had been cut off from the Dinka community and did not feel welcome at the Sudanese Community Church. Another participant discussed the injustice of the Dinka community's judgment of divorced women. She exclaimed, "It is a misjudgment because we always judge the woman as a bad person when she divorce. Nobody wants to step up and do anything for her." Separated and divorced Dinka women were avoided by married women, outside of the church as well, who feared conflict within their own marriages if they associated with them. Divorced Dinka women who were shunned by the church and

the community were cut off from this important source of support when they needed it the most.

The refugee women's close association with the Sudanese Community Church (SCC) contributed to social isolation outside of the Dinka community. The Dinka women in the study who attended the SCC regularly did not have as much social contact with Americans as the women who attended American churches or lived in single family homes that were in neighborhoods with American families. Many of the Dinka families lived in apartment complexes with a large concentration of Dinka and other African refugees and were isolated from Americans outside of their small refugee communities. One woman reflected on the isolation she felt and regretted that she did not have any American friends. She stated:

> "I don't know anywhere here [to go], I just go to work and come back home…I don't [even] have [any] friend[s], my kids and me….Some people are lucky, you [they] come here and you [they] get American friends and maybe you go out and you hang out with them and [your] kids can play."

Dinka traditions such as patriarchy, bridewealth, and polygamy, which have perpetuated the family clan system in Sudan for centuries, have created conflict for Dinka women who resettle to the US. In the traditional patriarchal culture of the Dinka, women are dependent and subservient to men. In Sudan it is not acceptable for women to even leave the house without the accompaniment of a male. One woman explained, "In Sudan, the man does everything, even the shopping." When the Dinka women came to the U.S. and wanted to experience the freedoms and autonomy that benefit American women, often their husbands felt threatened and continued to try to exert control over their wives

keeping them from gaining power and autonomy within the family. One participant explained how Dinka men traditionally make all the important family decisions and women are not allowed to disagree or challenge a man's decisions. She stated, "You don't have right to talk [back] to the man." The men in the extended family, particularly the husbands' family, continued to manage Dinka women who live in America. One woman explained how the men in her husband's family interceded if she and her husband have a disagreement.

> "It's just like now; my husband has like a brother and two cousins. If I fight with him, his family will take care of the problem; not my family. And then…the men from his family…will come and talk to me. Because you cannot fight against him. You have to obey! This is the rule of the community. We been…like this forever, our mothers, our grandmothers, they go through this, and this is acceptable…"

Another woman explained how it is customary for the husband's family in Sudan to control their wives in the U.S. through frequent telephone communications.

> "If you talk [back] to him [your husband] a lot, he can go to talk to their [his] brothers in Sudan. [Then] they call you, you see. We all have a card (she reaches for a phone card to show me) to talk to Africa."

The family clan system in the Dinka culture continues to subjugate the women, even after they are resettled to the U.S. At the same time that the women were learning to drive and are taking jobs, they found themselves being pulled back to the traditional ways by their families. This pressure on Dinka refugee women to continue the traditional Dinka ways was stressful and created ambivalence as they tried to move forward into a new American way of life.

The Dinka culture values large families and encourages women to have many children, as children are a sign of prosperity and considered a form of collateral.

However, the refugee women learned very quickly that large families are not practical, nor affordable in the U.S. The women wanted to limit the number of children when they came to the U.S. so that they would have the freedom to attend school and work. However, many of the women experienced resistance from their husbands and extended family members when they tried to limit the number of children. One of the participants who was nine months pregnant with her fifth child complained, “I don’t want anymore children but my husband won’t let me get my tubes tied”. She shared an interaction that occurred at the hospital after the birth of their fourth child when the physician offered her the choice of a tubal ligation.

> “When I was in the hospital, when I bring my last born son-- I said, “This is enough; I'm not going to bring other kids.’ My husband said “No”-- to the doctor and the nurses there. The doctor said: “Why? She can talk if she want, it’s her right.” My husband he say “No! We can talk with her at home.”

The women’s families in Sudan, particularly the husband’s family, pressured the women to have large families even after resettlement to the U.S. If a woman refuses, there is a threat that the husband’s family might arrange for a second wife for the husband back in Sudan. One woman described this threat that faced Dinka women:

> “Your [my] mother-in-law, she say ‘If you don’t want to bring the baby [have another baby with my son]; I can bring [arrange] for my son another wife.’”

Polygamy, a longstanding Dinka tradition that has served to extend family lineage and promote large families in Sudan for centuries, creates problems for Dinka women that are resettled to the U.S. The practice of polygamy conflicts with the cultural values and laws in the U.S. and when polygamous Dinka families are resettled to the U.S., the

husbands must choose only one wife and their children. Two of the women in this study were one of several wives; resettlement to the U.S. had led to the dissolution and separation of their families. One of the women was left in Sudan when her first husband took their two children to resettle in the U.S. with another wife. She was later remarried in Sudan and had two more children before being resettled to the U.S. with her new family. She regrets very much that she has been apart from her two oldest children for the last 20 years, as they grew up on the U.S. east coast with their father. Another participant, who was resettled with her husband and their four children, was left alone to raise the children when he chose to move to another U.S. state to live with his second wife and family.

The Dinka women in the U.S. that pursued a divorce because of domestic violence or polygamy were discouraged by their families in Sudan, as well as the Dinka community in the U.S. One woman explained that when a Dinka woman seeks a divorce, her family may be expected to return the bridewealth that was paid to the husband's family as part of the marital contract. This loss of bridewealth can lead to serious financial problems for the woman's family back in Sudan and may even result in the breakup of other marriages, as the bridewealth is often used to pay for subsequent marriages in the family. One of the participants explained how obtaining a divorce in the U.S. can have severe financial consequences on the family back in Sudan. She said:

> "So if I'm going to divorce, those people [my husband's family back in Sudan] they are going to ask [for] their money back. And they will ask it from my brothers, so… not to [have to] go through that, they [my husband's brothers] will come to talk to you like, "You need to settle down because you don't want your family to go through this."

Dinka mothers are pressured to pass on the valued Dinka traditions to their children and may be blamed by family and community members if their children do not follow the traditional Dinka ways. Several of the women shared their struggles raising children in America while trying to preserve Dinka traditions. One woman explained how the Dinka mothers who are in the U.S. are blamed when their children do not follow the traditional cultural ways. She states:

> "They [the children] can keep a little culture from Sudan, they cannot drop it yet because we gonna get blame[d] for that."

Several other women expressed fear that their children would not learn the traditional values and they will fail in their expected role to teach the Dinka traditions to their children. One participant was disappointed when she tried to teach her 10 year old son about their Dinka cultural traditions. She said: "Now my kid they say, 'We not from Sudan! We from San Diego." Another woman related how she tried to emphasize to her children the importance of continuing the Sudanese culture once they were resettled in the U.S.

> "Sometime your kids don't have that sense that we are responsible for our culture. Because they go to school everyday, they think they are American, and they think American way. So it's hard to let them know what they should do to be Sudanese."

After resettlement to the U.S. the women tried to *Maintain the Dinka Traditions* such as communality and familial kinship as they realize that these traditions provide protection and buffer the stress of being a refugee in a new country. They also realize that the Dinka traditions of patriarchy, polygamy, and domestic violence are deterrents to the well-being of the women and their children in the U.S. and hinder their efforts to adjust to

a new culture. They were eager to balance their valued traditions at the same time they were *Learning New American Ways*.

Learning New American Ways

Resettlement to the U.S. provides the Dinka refugee women with opportunities that they never had previously. The women embraced the American values of equality, autonomy and independence; however, they soon discovered that these values are often in opposition to traditional Dinka values and practices. The Dinka women experienced the American value of equality for women and protection of their rights for the first time when they came to the U.S. Upon arrival, they learned English, they were required to work outside of the home, and they had to learn the skills necessary to parent children in the foreign U.S. culture. They struggled to learn a new set of rules and social norms for themselves, their children, and other family members. The women faced many challenges when they resettled to the U.S. One participant stated this very succinctly when she said: "It's hard to keep up with America. It is hard to live in America and be a Sudanese woman and have children."

Employment created many new challenges for the Dinka women and their families. Taking a job meant the women had to learn to speak English to their co-workers, they had to find transportation to work, and had to learn how to earn and manage money for the first time. They said that arranging childcare while they worked was one of the biggest deterrents to employment. Dislocation from extended family members puts an added emotional and financial strain on refugee families when both

parents work outside the home. They sometimes had to place their children with strangers for childcare and this made them very uncomfortable.

When the refugee women came to the U.S., they learned that, in many respects, American women are considered equal to men. The freedoms and opportunities that the Dinka women gained when they came to the U.S. created conflict and power imbalances in their marriages. The husbands frequently were threatened by their wives newfound sense of equality and independence and sometimes this led to an increase in domestic violence. The women learned very quickly they did not have to tolerate beatings from their husbands and that when they called 911, in the middle of a domestic dispute, the police intervened. Police intervention in Dinka domestic problems resulted in the dissolution of a large number of Dinka families resettled to the U.S. The break down of families has become such a problem in the Dinka community in Kansas City that the community elders met with the local police department to discuss alternatives to arresting Dinka husbands and removing them from their homes.

The Sudanese Community Church (SCC) provided encouragement for the Dinka women as they *Learn New American Ways*. For example, during one Sunday service, a Dinka elder advised the women about the necessity for them to learn English in the U.S. She emphasized, that at a minimum, they should learn how to pronounce their names, addresses and phone numbers in English. The church also encouraged the men in the congregation to support the women as they learned to be American wives and mothers. In one of the sermons that I listened to at the church, the senior minister appealed to the Dinka men to treat their wives as equals; and during another, the associate minister

suggested that married couples should discuss their problems openly with one another and work out their differences among themselves. I concluded from many visits to the SCC that the Dinka church was a positive influence and supported the refugee women in their attempt to *Learn New American Ways*.

Concern for their children was the most frequently discussed topic in the interviews with Dinka mothers. The women said that raising their children was the most difficult part of living between the two cultures and that they often experienced living in a different culture from their children. One woman explained, “But the kids sometime you know, they have a different culture. They take American way and American life.”

Many times, the women lacked the confidence and skills to parent their Dinka children in the *New American Ways*. One of the women in the study shared how ashamed she felt when she could not help her children with their homework. She stated:

> “Sometime when the child come home with the homework, we don’t know what to do with it, [when] you don’t even know how to read. It’s embarrassing!”

Another woman regretted that she had to drop out of school early in Sudan to care for her mother after her father’s death and when she tried to help her son with his homework, he said to her, “You don’t know nothing [about] school!”

The women wanted to learn how to be an “American parent” but did not know where to turn to learn these skills. For example, the Dinka mothers did not typically eat American food, so they did not know how to cook American food, especially their children’s favorite dishes. One woman explained, “My son, he say, ‘I want apple pie’. I don’t know how to make an apple pie!” Dinka women experienced pressure from their

children who wanted to fit in and be "Americans." When one of the participants was asked what would help her to have a better life in America, she thoughtfully responded that she would like to learn those childrearing customs that seem so important to her children. She explained how her children have learned about new customs from their classmates and wanted to participate. She said:

> "Even sometime when they come from a [school] break, so they had a birthday or something, the American kids will just show them, "Oh my mom took me there", or "Oh, we did this" or "We went out." Because they ask them [our kids] in school too, "Where did your mom take you on weekends?" "Nowhere." "Why so?" They are going to say, "See, you don't take us out." I don't know where to take them….Our kids don't have that experience so they feel jealous, or [that] we don't love them, or we don't give them what they need."

The women are confused about certain American traditions such as the celebration of holidays. When one woman's children asked her if they could participate in a Halloween party at school; she told them: "No Halloween! No-- you cannot do that! They said we have to do [that] because they have a party." Another woman explained:

> "Sometimes we are confusing [confused] with the kids… [about] Christmas, because they need Santa Claus and all this stuff. For us, Santa Claus? I don't know [We don't have] Santa Claus, in Sudan. What is that?"

The refugee women struggled to understand the different social norms related to supervision and discipline of children in the U.S. In Sudan it is a common practice to leave your children at home alone or under the supervision of an older child and many Dinka women have learned the hard way that this is against the U.S. law. Fears about the consequences of leaving their children unattended at home were frequently brought up by the women. They frequently cited examples of other refugee women who had lost

custody of their children when they left them home alone. One woman explained this dilemma facing refugee mothers:

> "In this country you need to be aware about the rules, because in Sudan you can leave your kids here and let the neighbor know your kids are alone when you want to go away and come back. But in America, this is not allowed. If you go and you leave your kids, they can be taken away from you or something dangerous could happen to them. So this is one thing refugee moms need to know about."

The Dinka mothers learned that their traditional practices of disciplining their children by using corporal punishment were also not acceptable in America. They were fearful that they might be reported to the authorities, by school personnel or neighbors, if they hit their children and their children would be taken away from them and placed in protective custody. The women must also teach the *New American Ways* of rearing children to the older generation of their mothers, or mothers-in-law, who lived with them in the U.S. Several of the women described the conflicts that resulted when their mothers attempted to enforce traditional practices of child rearing with their children. One participant described how she tried to help her mother-in-law learn about the differences in how children should be raised in America. She stated:

> "Mom, this is America, it's not Sudan!" So let them do whatever they want to do. If they did a mistake, there's way that we have to talk to them, counsel them. [These are] American children; they not Sudanese children. If the kid make mistake [in Sudan], you have to beat them, they don't have no right. Like back home, the kid doesn't have no right to spoke [sic] or to enter their ideas. But here, they have right. And you have to stay and talk to them."

One participant conveyed her ideas about how Dinka mothers need to change the way they relate to their children in the U.S. She said:

> "The relationship between us and our kids has to change in this country…We treat them the formal [traditional Dinka] way…we give them all the signs they have to obey. But the role has to change in this country, because in this country you debate with your kids, you ask them, you talk to them. They need to express their feelings to parents, and that is important, and sometimes we don't pay attention to that…..In American families the child feels important and feel[s] considered."

The Dinka mothers must learn how to address the freedoms and choices that Dinka children are exposed to in the new American society. When refugee families first arrive in the U.S. they are placed in low income housing units often located in high crime neighborhoods. Several women explained that many of their children are confused and think that some of the antisocial behaviors they are exposed to--such as smoking cigarettes, drinking alcohol, and sexual promiscuity are "the American way," and they want to fit in. One participant stated:

> "Because our kids now, they think they are 'black' and whatever going on in the street, the kid can bring it home. They think that [is] the culture. They can learn how to drink, how to smoke, how to sell the drugs, how to be a gang members. Because in our culture, we tell them "No, you cannot smoke, you cannot drink, you cannot buy a gun, and kill somebody, or fight. No, it's not good!" So, like we stay with our parents until we get married, we don't leave them after 18 years. It's illegal to have [a] boyfriend. Now our kids they have freedom, like now you can live with your boyfriend without marriage. It's hard [for] us; we don't live with man without marriage."

Several of the women expressed concerns that their children would identify with the negative rather than the positive aspects of either the Dinka or the American culture. One participant shared her concern that Dinka children are confused about which culture they should identify with and she fears they will be caught in the middle--between the two cultures and not a part of either culture. She stated:

> "Either they need to [be] come pure totally American, that's what I tell my kids. This is your country. You want to be an American, choose [the] right American people. If you want to be Sudanese, do it. But don't be between. I want to see you in one place you feel comfortable, (one place where) you want to be."

The theme of *Liminality: Living Between Two Cultures* is reflected in the lives of the Dinka refugee women who are resettled with their children to the U.S. The women described the tension that resulted from *Maintaining Dinka Traditions* at the same time as they tried to *Learn New American Ways*. The American values of individualism, autonomy and equality were often in opposition to the Dinka traditions of communality and family kinship. Despite the pressures that the refugee women experienced when they came to the U.S. to *Maintain Dinka Traditions*, they demonstrated an ability to discern which traditional values and practices contributed to their well-being and which detracted or inhibited their well-being in the U.S. The women also had to negotiate these differences for other family members as well as for themselves. This push-pull experience created a great deal of ambivalence and stress for the refugee women as they experienced the opposing forces of *Living Between Two Cultures*.

Theme 2: Standing for Myself

The second theme in the study, *Standing for Myself,* emerged from the conceptual categories of *Self-Supporting* and *Creating New Roles and Identities*. The refugee women had a great deal of pride and sense of accomplishment in their abilities to be *Self Supporting* upon resettlement to the U.S. Living in the U.S. and learning the American culture gave them opportunities and challenges to support themselves and their families. Being *Self-Supporting* was linked to *Creating New Roles and Identities* for the refugee

women. As the women learned new skills and became self sufficient, they also adopted different roles and began to see themselves in a new way.

During the interviews, I noted that the word "standing" was used repetitively by the women to describe their experiences of resettlement to the U.S. Several different women used phrases such as "standing on our own two feet" or "standing for myself" as they discussed their experiences in the U.S. It was evident to me that the word "standing" held metaphorical significance in the refugee women's perceptions of their resettlement experiences. The meaning and significance of the phrase '*standing'* in the Dinka language was discussed with three of the study participants and the primary study interpreter. I learned from them that in the Dinka language, the term '*standing*' is often used to denote strength, confidence and pride. The interpreter explained, "When we want to indicate that a woman is confident, for instance, they will say 'She stands before people.'"

When the Dinka refugee women were resettled to the U.S., they found themselves in a new position or status that allowed them to assert their rights as equal and valued members of society. This position led the women to redefine their roles and identities. The word *stand* or *standing* is italicized to demonstrate emphasis and the frequency with which this term was used by the women to describe their experiences.

Self-Supporting

The conceptual category of *Self-Supporting* evolved from the interviews as the women described how they supported themselves and other family members in the U.S. by their own efforts. The women demonstrated an attitude of eagerness and confidence in

their abilities to support themselves in a new country. They not only provided financial support for their families, but gave psychological and emotional support to family members and other Dinka refugee women, that helped them to be able to stand for themselves too.

The women in this study were very proud of their abilities to be *Self-Supporting* and did not view it as a burden, or as merely a necessary step toward survival, as might have been expected. On the contrary, the refugee women discussed being *Self-Supporting* as an opportunity that they were extremely grateful to have. Very few of the women in the study relied on U.S. government support for welfare benefits or cash assistance, and when they did, it was only temporary. One woman stated:

> "Rather than expecting the law to protect you, and expecting the man to protect you, and expecting the community to protect you, you need to be independent and *stand* on your own two feet."

The women were financially supporting family members in the U.S. as well as in Sudan. Six out of the 10 women that participated in the study were raising and supporting their children alone. Four of the 10 participants had extended family members living with them as well. One of the women, who resettled with her seven children to the U.S., five years ago, has supported all seven of them by herself. In addition to supporting family members in the U.S., many of the women also send money overseas to support family members in Sudan or Egypt. One woman stated:

> "We have to send money home….Like my mom in Egypt. I'm the one take care of her, she need money for rent." Another woman related "Like I am supporting my three sisters [in Sudan]."

The Dinka women have traditionally been socialized to rely on men for financial support and were discouraged from being *Self-Supporting* in Sudan. I was interested to learn where the refugee women developed the motivation and the skills to be *Self-Supporting* given their limited autonomy in Sudan. Several of the participants identified lessons they had learned growing up in Sudan or experiences they had in the refugee camps that helped them learn to depend on themselves. One participant attributed experiences she had as a young girl in her village in southern Sudan with helping her learn skills to survive on her own in the U.S. She and other young Dinka children would migrate, to graze the cattle, for weeks at a time and she believed these experiences of going off on her own taught her how to take care of herself. She explained that it was during these migrating experiences that the older children taught the younger ones lessons about how to survive on their own. She stated, "They [the older children] teach her to live by her own and she should do things by herself." Another participant learned to be self-supporting by growing vegetables for her family during the eight years she spent in a refugee camp in Zambia. She explained that if she had not grown food for her family, they would have starved. This experience gave her a sense of pride that she could provide for her family. The women learned lessons prior to resettlement that taught them how to rely on themselves and provide for their families in the U.S. and be *Self-Supporting*.

The women's strong religious convictions give them the spiritual and emotional strength to be *Self-Supporting*. Many women identified prayer and faith in God as guiding factors in their abilities to be *Self-Supporting*. One woman credits a "strong heart

and a belief that she can *stand* on her own, and her faith and religion" as helping her to be *Self-Supporting*. When one of the women was asked why so many of the women in the study used the phrase 'standing on our own' she replied:

> "They believe in their heart that they can do things on their own. That's why they said they don't depend on anybody. You just believe in your heart that you can do something for yourself."

The women viewed the opportunity to be *Self-Supporting* as a means to have equality in their marital relationships, which is something they very much wanted in the U.S. It was very important for the women to earn their own money and contribute to the household expenses, as this gave them bargaining power with their husbands. Many of the women opened up their own bank accounts so that they could have control over their own money. One woman describes the conflicts that occurred in married Dinka couples over control of the money. She stated, "That why the woman here like to separate her money-because [the] husband, if he is the one [who] control the money, he don't talk [negotiate]." She went on to explain that several Dinka men have even filed separate tax returns so that their wives can not access the income tax refund. "Like they file their tax alone…and that is a problem we face every year."

The refugee women learned that the personal qualities of being independent and *Self-Supporting* are valued in the U.S. society. They could identify several laws and social conditions in the U.S. that encouraged them to be *Self-Supporting*. One woman related that certain conditions in the U.S. encouraged her to work and be independent. She states, "It is easy here [in the U.S.] to have a job and *stand* on your feet on your own". Being alone in the U.S., without the safety net of their extended families

encouraged them to become *Self-Supporting*. They are aware that if they do not work, they can become homeless, and that could lead to dire problems such as losing custody of their children. One woman explained how she could become homeless in the U.S. if she was not able to support herself. She stated:

> "You can be homeless anytime if you are not doing the right thing . . . . because back home you cannot be homeless if you have everyone [family] around you. But here [in the U.S.] you can go to the street if you are not watching out for paying everything and just have a job that you can afford everything."

The U.S. laws and social norms that protect refugee women who are resettled contribute to their abilities to be *Self-Supporting*. The women were aware of their individual rights in the U.S., and that these rights are protected and enforced. They know that they have the right to be in a monogamous marital relationship, and that they have the right to dominion over their own bodies. The law protects them from physical abuse, and healthcare services allow them to control their own reproduction. One woman related how she shared with her husband her rights as an American woman. She exclaimed:

> "I will tell you my right…I don't know what the [Dinka] culture say, but I need to be only one woman in your life, until we divorce. You accept that when you marry me, you don't accept that — I am sorry! And they [Dinka men] need to know that if I am not ready to have kids, no one can make me have kids."

Government programs and social services in the U.S. have provided temporary assistance to the women and allowed them to "get back on their feet" and remain *Self-Supporting*. The women identified factors such as unemployment funds, low income housing, cash assistance, and job services through the refugee resettlement agencies that

have provided them with support when they have lost their jobs or needed temporary cash assistance to pay utility bills.

The value of being *Self-Supporting* is passed along by the women to their children in the U.S. Each of the women expressed gratitude that their children would have educational and career opportunities in the U.S. One mother, whose two oldest children were working at part-time jobs while they are taking classes at a local community college, proudly explained, "[They] got to learn to take care of themselves."

The women identified encouragement from other Dinka women as a significant resource that helps them to be *Self-Supporting*. A women's group organized from the Sudanese Church makes home visits to Dinka women in the community for prayer groups. One woman described the support of other Dinka women in the community as one of the factors that has helped her to be *Self-Supporting.* She stated:

> "What helps Sudanese women, Dinka women, to be strong? We are around each other all the time…When you see somebody came here before you, like a year before you, or two months before you, you are gaining the strength and doing good thing for themselves that can motivate you to do better…We are always consistent about what we do and encourage each other."

Several of the women wanted to return to Sudan to teach other Dinka women how to be *Self-Supporting* like they have learned to be in the U.S. One woman shared her desire to return to Sudan to share with the women there how they can stand for themselves and to tell them that they do not have to depend on others. She said, "I need them to *stand* by themselves and do something…you have to *stand* for yourself to do this."

The Dinka refugee women in this study demonstrated an eagerness to be *Self-Supporting* when they came to the U.S. They discovered that they can financially provide for their children and other family members in the U.S. by working hard. Social and legal conditions in the U.S. that protect individual rights are an encouragement to the refugee women to be *Self-Supporting*. The women's strong religious convictions and faith in their own abilities gives them the courage to *be Self-Supporting* in a new environment. Learning the new skills to be *Self-Supporting* allowed the Dinka women the opportunities to *Create New Roles and Identities* and to *stand* for themselves.

Creating New Roles and Identities

The Dinka refugee women experienced new roles when they came to the U.S. The social roles of women in the U.S. are quite different from the roles of women in Sudan and Dinka women find that the American values and social expectations for women are much more egalitarian. In the U.S., the women are able to perform roles that only men were traditionally allowed in Sudan. Roles are determined by society and are defined as "patterns of behaviors and responses to social situations…organized around a set of expectations, interpretations, and meanings" (Messias et al., 1996, p. 2). When the women came to the U.S. they experienced a different social structure and a different set of expectations for women. The refugee women experienced the new roles of being an employee; an equal partner in a marital relationship; and in some instances the head of household.

Very often the refugee women find that their roles are reversed in relationships with their husbands and other family members. In Sudan the women depended on their

husbands to support them and now, in the U.S., their husbands must often rely on them to contribute financial support for the family. One woman's comments reflect the changes she has seen in the relationship between the refugee men and women after they lived in the U.S. She states:

> "You see, without woman, the man cannot *stand*…to be powerful. The women can *stand* like a man and a woman at the same time. That the things I see in the woman."

Those women who had their mothers living with them in the U.S. found a role reversal in this relationship, as well, because their mother became totally dependent on them in the U.S. to do anything outside of the home because they could not speak the language or drive a car.

The women developed confidence as they were able to learn the English language, get a job, and learn how to drive. Employment contributed to the women's sense of autonomy and independence. One of the women reflected about how being employed gave her independence. The interpreter explained, "And after she found a job, she felt independent." The refugee women associated employment, earning a fair wage, and getting paid on time as contributing to their sense of self-reliance and positive self-esteem. One woman stated, "She said the more you need something, you work more and you earn what you work for. You get paid on time and nobody take your money away or anything."

The women took pride in learning how to depend on themselves for the first time and realized that they were able to take care of their children and families independently. One women explained how depending on herself has changed the way she perceives

herself since coming to the U.S. “She don't depend on anything. She don't rely on anybody. Cause she depend on herself to do something for herself.” Another woman shared her perception of what she must do to be a mother in the U.S. She related, “I need to be strong and struggle for my life and my children and *stand for myself*.”

As the Dinka refugee women have mastered new roles in the U.S., their self identities evolved and changed. The women’s perceptions of who they were and what they were capable of changed, as they developed new skills and learned new roles. They learned that they were not inherently dependent on their husbands or others, but instead, capable of being independent. Identity is a subjective self identification that includes both a personal and a group identity (Helman, 2007). As the women excelled in their new roles their personal identity changed from one of dependency to independence. The longer the women lived in the U.S. the more they incorporated aspects of being an American woman into their identity as Dinka women. One of the participants reflected on the differences between the roles of women in Sudan with those of women in America. She stated:

> “Even when I went back home, I was talking about the women in the U.S. and how they do everything by themselves. Over there you have to say ‘my husband going to do this for me, my husband going to do this for me.’ But when we came here, everybody know what to do. So I was telling them everybody [they] have to *stand* and do your own, even if you have husband or you don't have husband.”

The women experience resistance from their husbands and extended family members for their changing roles in the U.S. The Dinka men have a difficult time adjusting to the new and independent identity of Dinka women. One of the participants stated, “It’s hard for the man to see the woman as independent.” Another woman

expressed her frustration that her family in Sudan does not understand what it is like for her to be a mother, wife, and employee in the U.S. She exclaims, “They don’t understand what we [women] have to go through here [in the U.S.].”

The goals that the women had for their future were an indication of their evolving identity. Each of the women in the study shared plans they had for their own growth and development as individuals. The women associated learning the English language and furthering their education with a positive self-identity that would help them to stand on their own. Most of the women had a goal to continue their education in the U.S., in fact, several had attended courses at the local community college but had to drop out of classes due to work and child care responsibilities. Several women planned to get their GED and continue on and take college classes. One woman has a goal to be a certified nursing assistant and another has a dream to be a pediatrician. One woman planned to return to school and actualize her dream to start a business in the U.S. She shared, “I want to be a business woman…do my thing alone, with no man helping me. And then I want to help poor people.”

As the women developed confidence in their abilities and accomplishments their perceptions of themselves changed and transformed. This woman’s statement reflects her evolving sense of equality with men. She related, “When I came here, I see women can work like a man, so there is no different…Men are really strong and I have to be strong like them too.” As the women incorporated an identity of equality to men, they began to see that they were capable of doing things they thought previously only a man could do.

The women learned about being "an American woman" from role models on TV and from observing and talking with other American women. One woman was convinced that she learned how to be an American woman from watching '*The Oprah Winfrey Show*.' Two of the women in the study described how friendships with American women at work and in the neighborhood have helped them to adjust to life in the U.S. One woman shared:

> "Like for me I have like American friends woman. We talk, sometime we drink coffee here. Then we talk a lot, we know each other. Because for us there [in Sudan] we don't know nothing…I don't know how to put my money in the bank…Then I meet a lot of women at work…I understand a lot from them…I don't know nothing before, you see….Before when I come to United States, I afraid white people, I afraid black people. I afraid everybody…that time I don't know to talk in English very good….But right now, I feel like we are one, you see…we don't have the same problem[s], but…Like we are women in the world."

Another participant's older sister was a positive role model for her when she first came to the U.S. She said that when her sister came to the U.S., she (the sister) was forbidden by her husband to attend college. She defied her husband and attended college anyway, and later she obtained a divorce. She proudly exclaimed that her sister is now a very successful divorced business woman in California. She relates, "She just like American women. She [my sister] say, 'I have to do whatever I want to do.'"

Once the women mastered their new roles and created new identities that incorporated a personal sense of equality and freedom, it became very difficult for them to return to an environment where they were restricted. The following statement made by one of the participants revealed why it is so difficult for the Dinka women to return to Sudan after living in the U.S.

> "Our problem here, really, there is things new for us, like a women freedom. We don't have that freedom before (emphatically). And I happy! I very happy, in USA, to get my freedom! Before, I don't even — I don't talk in front of men…There is a lot of culture inside there [in Sudan] and we got the freedom here. That why a lot of Sudanese women they don't like to go back home, because of the [lack of] freedom."

The Dinka refugee women in this study demonstrated that they are able to be *Self-Supporting* when they are resettled to the U.S. The women identified the emotional support they received from other Dinka women; their strong religious beliefs; and certain social conditions and laws in the U.S. as factors that encouraged them to be *Self-Supporting*. As the women learned the new roles of an American employee, wife, and mother, their identities evolve and they set goals for the future. The refugee women's abilities to be *Self-Supporting* and *Create New Roles and Identities* have allowed them to proudly *stand* for themselves in the U.S.

Theme 3: Hope for the Future

The third theme of *Hope for the Future* was generated from the two conceptual categories of *Purpose and Meaning* and *Staying Connected*. The refugee women have attributed a common *Purpose and Meaning* to their experiences of forced migration and displacement from Sudan, and subsequent resettlement to the U.S. This *Purpose and Meaning* has given significance to the women's long, arduous journeys and comforts them as they adapt to life in a new country. *Staying Connected* to the Dinka community, in Sudan and in the U.S, provided the women with an affirmation of their purpose for being in the U.S., and with a link to their past and a *Hope for the Future*.

The *Hope for the Future* that the refugee women have in the U.S. is in stark contrast to the lack of hope prior to their resettlement. Life was extremely difficult for the

women before their resettlement to the U.S., there was very little hope for them or their children in Sudan or in the countries of asylum. In trying to explain the lack of hope that existed in Sudan, one participant stated:

> "Like in Sudan with this situation with the war, there is no hope…because tomorrow you don't know what is going to happen. You may die; you may get arrest, or genocide. Or you can separate from your children, from your husband, your friend…So there is not any hope…because tomorrow expect anything bad can happen to you."

The women's hope was to escape Sudan, cross an international border, gain refugee status and resettle to another country with their children. The women lived in anticipation of being resettled for years, hoping for a better life for themselves and their children in the future. This hope was actualized by their resettlement to the U.S. and was evident in each one of the 21 interviews with the women who participated in the study.

Purpose and Meaning

The struggles that the refugee women have each experienced have bound them together into a cause that is larger than each of them individually. This common cause, or purpose, which is to raise their children in the U.S., and consequently to continue their Dinka tribal lineage, binds the Dinka refugee women together and gives *Purpose and Meaning* to their existence and efforts. Their efforts are directed toward their communal survival in a foreign land and culture. One woman discussed how the struggles that face the Dinka community draw them together. She explained:

> "[Why do we have] The strong [Dinka] community? Because we been struggling a lot…We have to do something for each other. It's like we have to help each other…That's what can make communities strong. And that is what make us strong. But if we have peace one day…everybody mind their own business."

The women consider themselves as representatives, or ambassadors, of the Dinka tribe of southern Sudan. They are the *Hope for the Future* of their country by continuing their Dinka tribal lineage by being in the U.S. The *Hope for the Future* of the Dinka rests with those tribal members that have been resettled to the U.S. Their presence in the U.S. provides hope, not only for themselves and their immediate families, but to the larger Dinka communities who remained in a hopeless and desperate situation in Sudan or are displaced in countries of asylum.

The Dinka women's strong religious convictions contributed to their beliefs in a higher purpose for their suffering that led to their resettlement in the U.S. This purpose was given allegorical significance in a sermon delivered at the Sudanese Church. In this sermon the pastor compared the long and difficult journey of the Dinka refugees out of Sudan to the biblical exodus of the Jews, God's chosen people, out of Egypt. He likened the Jews 40 years of wandering in the desert, in search of their promised land, to the Dinka's prolonged journey to the U.S., which he referred to as the promised land of the Dinka, to secure future generations.

When the women left their families and homes in Sudan, their immediate goal was their own survival. They knew that they were the fortunate ones that were able to escape the war and poverty of Sudan, successfully get refugee status and have an opportunity to create a better future for themselves and their families. The women in this study were driven by a common purpose of perpetuating their Dinka lineage by successfully getting their children out of Sudan and raising them in the safety of the U.S., with the opportunities available to them in their new country.

However, living in the U.S. has been difficult for the Dinka refugee women. They have struggled to understand the language, had difficulty finding jobs, and were challenged by raising their children in a culture that they barely understood. The women reconciled their sacrifices as necessary for the safety and opportunities available to their children. These sacrifices have given *Purpose and Meaning* to the women's struggles as they adapted to life in the U.S. The following statements made by two of the women reflect the sacrifices they were making for the betterment of their children. One woman said:

> "Like we are here, we are suffering, but we hope one day our kids will go to college [and] they will be medical doctors."

Another woman shared:

> "[For] our generation it's hard for us to work here. But for my kids, I think they will be better than us. When they are study, they go to school, they are graduate, they find good job. Their life will be better…I am not thinking about myself right now."

Many of the women in this study had a desire and intention to return to Sudan one day to help their countrymen and women. Several of the women stated that it was their dream, or goal, to return to Sudan and help those still there. In fact, I suspected that many of the women were eager to participate because they believed that their participation in the study would help the Sudanese in Africa. Several of the participants requested that I accompany them to Sudan to teach the women about prenatal care and ways to treat their sick children. The women attributed a higher *Purpose and Meaning* to this research study and believed that their involvement in the study would benefit those in Sudan. One woman stated:

> "So what I want to tell you is, I am happy you are doing this! Even though, if you cannot make it one day to be in Sudan; you can give people like us, the womans [sic] in this country, you can give them good ideas how to go back in Sudan and help those people there. But if you could go there, it would be blessing."

Many of the women viewed their resettlement as an opportunity to gain the education and the skills necessary to return to Sudan to help those in need. Several of the study participants expressed a desire to return to Sudan to teach other women medical skills and help those who are suffering from the prolonged war and destitution in their country. One woman's goal was to become a nurse and return to Sudan to help other women. She shared:

> "I want to go to school… to be a nurse. I want to encourage women in Sudan...to take care of them, to give them the vitamin or follow up on their pregnancy…If I get that opportunity I can go and help my people."

Another woman shared her view about how being in America had given her the opportunity to help those in Sudan. She said:

> "I don't know how to really explain America, but I feel like it is the right country for me to be here, because if it's not because of America, I would not be able to say I want to go back, and I want to help these people."

The Dinka women that were resettled in the U.S. believed that it was their communal duty to succeed in the U.S., as representatives of their Dinka tribe. This purpose gave meaning to the women's experiences in the U.S. and provided them with *Hope for the Future* of southern Sudan.

The refugee women have assigned a higher *Purpose and Meaning* to their resettlement experiences in the U.S. Their purpose is to preserve and perpetuate the Dinka lineage. They believed they were part of something significant and important and

their families and countrymen are relying on them to succeed in the U.S. Having a cause and purpose larger than themselves allowed the women to transcend the difficulties of day to day existence in a strange land and culture and provided direction for their efforts and hope a better life. This sense of *Purpose and Meaning* gave the women *Hope for the Future*.

Staying Connected

The conceptual category of *Staying Connected* was derived from the frequent references the women made in the interviews about how they stayed connected to each other, to members of the Dinka community in the U.S., as well as in Sudan, after their resettlement. *Staying Connected* is vital to the positive adjustment of the refugee women. Since their arrival in the U.S., the women have maintained close and consistent ties with other Dinka refugees that have been resettled in the U.S. They do this by socializing with other southern Sudanese refugees, attending activities at the Sudanese Community Church and by living in close proximity to one another in the U.S. The Dinka women have been able to continue their tribal communal nature since their resettlement and this has benefited them in the U.S.

The women maintained consistent and frequent connections with family and friends by attending services and social activities at the Sudanese Church. The Sudanese Church provided a central location where Dinka from all over the Midwest were able to stay connected. It was not uncommon for some refugees to drive an hour or more to attend the weekly Sunday worship services held at the Church. Visitors to the Church provided updates on the political or social situations in Sudan and relayed much

anticipated news about family members or neighbors. On one occasion a bishop visiting from southern Sudan came to the Sudanese Church to conduct the ordination of three ministers from the refugee population in Kansas City.

The large Dinka community in the Kansas City area draws refugees from all over the U.S. One woman who recently moved to the Kansas City area from another state discussed how being close to other Sudanese refugees has helped her. She stated:

> "Oh, now I'm good, because I have a family. I have a community group, a Sudanese community."

Staying Connected with extended family members that lived in other U.S. cities was important to the women. During the study several of the participants made out of town visits to family members living in Minnesota, Iowa, Nebraska and Texas. Newly arrived refugees came to the church services and stood before the congregation announcing what village in Sudan they were from and how long they had been in the U.S. The ability of the Dinka refugee community to stay connected and maintain a network across the U.S. was remarkable given their strenuous work schedules and limited incomes.

The women valued staying connected to family overseas by telephone calls, word of mouth, and visits to Sudan. The women in the study all had a telephone calling card to be able to speak with their family members in the Sudan on a regular basis. One participant, whose 10 year old son was having behavior problems at home and at school, started making daily phone calls to his father in Sudan so that her son could talk to his father regularly. It was a common occurrence that the individual interviews would be interrupted by telephone calls to the women coming from relatives in Sudan.

The women demonstrated the importance of *Staying Connected* with family members despite prolonged separations. One woman explained that she had not seen her family in over 20 years when she fled her village in southern Sudan. Three out of the 10 participants had husbands that were living and working in Sudan, while the women remained in the U.S. raising their children. This prolonged dislocation from family members created a great deal of stress on the refugee women as they were working, supporting a family, and in many cases raising children by themselves with limited English skills and financial resources. *Staying Connected* was a means by which the women were able modify this stress and provided them with psychological support.

The Dinka refugee women's *Hope for the Future* as individuals is linked to *Hope for the Future* for their community. The women do not view themselves as separate from their community. As the interviews proceeded it was evident that the participants' were as concerned for their fellow Dinka in Sudan, as they were for themselves. Being in the U.S. was not simply a means to exclusively secure their own individual survival and success; but was an opportunity to secure the success and survival of their entire Dinka nation. Their goal was to raise enough human capital in the way of education, skills and financial stability to help those left behind in Sudan. This communal concern, uniformly found among in the women of this study, was aptly articulated by one of the Dinka elders when he exclaimed, quite abruptly, "We did not come here [to the U.S.] to forget!" The Dinka refugee women did not come to the U.S. to forget about their "brothers and sisters in Sudan" or to start a new life, but rather to continue their lives and raise their children in a safe environment so they can eventually, someday return to their homeland.

One participant expressed her belief that the Dinka are *only* temporarily in America and she shared her desire to return to the Sudan; she said:

> "We want to go back! It's not because America is bad. It's because we supposed to be here. See a lot of people, they get their own ticket you know… to get the visa to come to America. We don't! We was not really having choice. We coming here to hide from the trouble we was into. And, no matter what, no matter how much America welcome us- which I always do appreciate it, I be still like, "Oh, thank you - but I need to go back."

Another participant has a goal to return to Sudan with her husband, after she raises her children in the U.S., to help the children who were orphaned by the war. She stated:

> "We [my husband and I] want to move back to Sudan. It is our dream. Because we put it in our schedule to help these people. In order for us to help them we have to make sure we are there [in Sudan]. We have to go back there. We have to make sure how our kids going to live. Because until right now there in no peace that going well, there is still problem in Darfur and all of this. We want to know how we can let our kids be safe, but me and him [my husband] we have to do something."

The Dinka consider themselves temporarily relocated to the U.S. and many would return to Sudan if there was peace. Most of the women expressed a desire to return to Sudan; however they were aware that it was not safe for them or their children to return. It was also not feasible for the women to return to Sudan without their U.S. citizenship because without the proper documentation of U.S. citizenship refugees risk being denied reentry back into the U.S. Only three of the 10 women in the study had obtained their citizenship since resettlement, but all indicated that getting their U.S. citizenship was a goal for them.

Staying Connected with those still in Sudan was important to the Dinka refugee women in this study. The women consider the negative predicament of their fellow Dinka in Sudan as their own. They realize that *Staying Connected* to their fellow Sudanese provides *Hope for the Future* to those left behind in their war-torn country. One of the participants relayed her sense of obligation to care for the Sudanese children orphaned by the war. She said:

> "Who can take care of those kids? It have to be us, because that woman, that man die for me, [and] then I have to do something for whoever left with that in the war. If the father there and the mother there, they would take care of their own child. But they not there, who have to take care of them? It have to be me, or someone like you."

Staying Connected gives the Dinka women *Hope for the Future*. As the themes were being confirmed with several of the participants, one woman explained how the connection that they have with each other brings the Dinka together.

She stated:

> "I like the [theme of] hope…That what connected us together….Sometime you feel like men are going this way and women are going this way. But when we talk about hope that [is] what always bring[s] us together."

The refugee women in this study who came to the U.S. with children share a common *Purpose and Meaning*. Their purpose is to raise their children in the safety and security of the U.S., and with the opportunities available to them in order to continue their Dinka lineage This significant purpose gives meaning to the women's past suffering and sacrifices, and present struggles to adapt to life in the U.S. *Staying Connected* with the Dinka in the U.S. and in Sudan is a vital link for the women that provides them with a

source of emotional support and strength that gives them *Hope for the Future* of their children, their families, and for their country.

The Theory of Well-Being in Refugee Women Experiencing Cultural Transition

The findings from this study answered the research questions to reveal how the refugee women conceptualized well-being and the influences to their well-being in their resettlement to the U.S. The women's well-being was a process that evolved over the time of their resettlement rather than a static state that could be achieved or measured at one given point in time.

The word for well-being was explored with the women during the interviews. There is no direct translation for the English word well-being in any of the Dinka dialects. The Dinka word *rune* (from the Bor region of southern Sudan) means "a healthy body"; and the word *achibach* (from the Bahr-Ghazal region) also means "healthy body." The Dinka word that most closely translates to the term well-being, as used in this study, is *mietpieu,* and the direct translation for this word is "peace in heart.' The word *mietpieu* can also mean "happiness, being-well, good environment, and harmony." The Arabic word for well-being is *raha* which is directly translated to mean "relaxation, rest, or peace of mind." The women's well-being was often inferred from such statements as, "I am comfortable here [in America]," or "I like the freedoms here," and "I feel safe here." On the other hand, lack of well-being was inferred from one woman's comments such as "I feel useless" or "I feel trapped here."

The Dinka word for well-being, *mietpieu*, is similar in meaning to the definition of well-being that was presented in Chapter 2, which was:

> ‘A condition or state in which one has adequate resources to meet basic physical, emotional, social, and spiritual needs. An individual experiences peace of mind, acceptance of life as it is presented, sound physical condition, a state of emotional and spiritual balance that leads to a belief of hope and that life is worth living.’

Both definitions take into account the importance of the environment as an influence on well-being, and harmony or balance as indicators for well-being. The environment in the U.S. had both a positive and negative influence on the refugee women’s well-being. The American socio-political system protected the women’s individual rights and provided them opportunities for growth and change. Life in the U.S. also presented choices and freedoms for the refugee women and their children, that were difficult for the women to negotiate, and at times, threatened the cohesiveness of the Dinka families and community.

Over the year of the study the women collectively displayed an ability to balance their lives in the U.S., which was evidence of well-being. There were times when the women’s lives were out of balance, for example when they lost a job or were evicted from their homes. Over the course of the study the women were able to resolve negative circumstances and rebalance their lives, which indicated well-being.

The three themes that emerged from the study, *Liminality: Living Between Two Cultures, Standing for Myself,* and *Hope for the Future* contributed to an interpretive theory about the influences to *Well-Being in Refugee Women Experiencing Cultural Transition* (Figure 3). The refugee women experienced a *liminal* state as they were living between the American and Dinka cultures. This liminal state was an awkward and difficult space for the women; yet it provided a great deal of creative potential and opportunity. In this in-between space the women were not fully able to live as Dinka; yet

did know how to live as an American. The Dinka refugee women tried to maintain traditional cultural values and practices at the same time that they were learning a new language and new skills necessary to live in the American culture. The women described being pulled back, by their husbands and family members, to maintain their traditional roles and cultural practices in the U.S., at the same time they were being pushed forward, by their children, to learn new American ways. This push-pull experience was very stressful for the refugee women as they felt as if they were going in two directions at the same time. It was necessary for the women to challenge certain traditional Dinka socio-cultural practices that were incongruent with the American society such as patriarchy, polygamy, and domestic violence. The women held onto the values of communality and family kinship as these provided a positive influence to their well-being and the well-being of their families in the U.S. The women struggled to maintain a delicate balance between the two cultures.

The events that precipitated the participants' forced migration from Sudan and their experiences in the diaspora had a significant impact on the way the women experienced their lives in the U.S. Prior to their resettlement to the U.S., the women lacked some of the most basic and essential resources for survival, such as food, shelter, and healthcare. Before they came to the U.S. they did not have opportunities for employment or education for their children. They learned that in America, anyone can succeed if they work hard and follow the American customs and laws. The refugee women conceptualized this ability to be independent and self-sufficient as "Standing for

Myself". The women were proud of their ability to *stand* for themselves and this contributed to their enhanced self-worth.

Life in the U.S. offered the women the necessary resources to develop the skills and abilities to raise their children. Being able to provide for their children gave the women a great sense of contentment and well-being. The stress of working hard was mediated by their pride and improved self-esteem as they learned they could support themselves. They explained that they did not need to depend on others to survive in this country and they could support heir children on their own, if necessary. As the women mastered new roles and learned new skills their self-perceptions expanded and their identities were reformulated.

Resettlement to the U.S. gave the women *Hope for the Future* for themselves, their children, and their country. The women believed that in the U.S. they could actualize their personal goals and dreams for their children. They had a strong belief that their resettlement to the U.S. provided *Hope for the Future* for their families that were still in Sudan or displaced in other countries. This *Hope for the Future* for themselves and their community contributed to the women's sense of well-being.

Maintaining strong connections to other Dinka refugees, especially other Dinka women, helped them to adapt to life in a foreign country. Maintaining regular contact with other Dinka and their association with the Sudanese church helped the women by keeping them in touch with cultural values and practices, such as the Dinka language, that provided them a sense of familiarity and belonging which modified their stress of living in a foreign culture.

The continued war in Sudan and the suffering of their countrymen affected the refugee women's well-being in the U.S. The Dinka cultural value of communality was prevalent in the women's conceptualization of well-being. The women viewed their personal well-being and that of their children as linked to the well-being of the entire Sudanese Dinka community. The women made it clear that they would never have complete well-being as long as the Dinka in Sudan continued to suffer.

Their presence in the U.S. as representatives of their Dinka tribe gave them an important purpose and cause above and beyond the attainment of their own successes and well-being. This cause was the *Hope of the Future* for their culture and continuance of the Dinka lineage. The women had hope that they could someday return to their beloved Dinkaland. This ever present hope for a better future for their country made all their struggles and sacrifices worth while. Being in the U.S. with their children gave them *Hope for the Future* which is an indication of well-being. During one of the interviews when one woman was asked about what the word for 'well-being' meant to her she declared:

> "What does that mean to me? That's mean, kind like there is hope. That's how I can translate or explain it. Like there is Hope for the Future, for the better life. You know, or, forward."

Over the year of the study the refugee women in the study demonstrated the ability to move forward over time. All of the women described an overall sense of well-being and believed that their lives in the U.S. were much better than before their resettlement.

Facilitators and Inhibitors to Well-Being

The answers to the second and third research questions were embedded in the three themes that led to the theory. The personal factors, and community and social conditions that the refugee women identified that had a facilitative influence on their well-being in the U.S. are outlined.

Facilitators to Well-Being

- Pride in oneself as member of the Dinka tribe.
- Strong spiritual foundation and Christian faith.
- Active involvement and participation in worship in the Sudanese or American churches.
- Meanings associated from past experiences contributed to optimism about opportunities and the conditions in the U.S.
- Living close to other southern Sudanese refugees.
- Participating in social activities and active involvement within the Dinka refugee community.
- Maintaining their traditional cultural values and practices of communality and family kinship ties, language, food, dress, and rituals.
- Frequent and consistent social connections with other Dinka refugee women living in the U.S.
- Legal structure in the U.S. that protected the women's rights as equal and valued citizens.

- Living in the predominantly Christian U.S. and the freedom to openly practice their religion without fear of discrimination or persecution.
- Social service agencies that provided English language classes, cash assistance and employment counseling.
- Ability to find employment and earn a living to provide for their families.
- Access to free, quality education and healthcare for their families.
- American friends.

Inhibitors to Well-Being

- Lack of formal education.
- Dinka cultural values of patriarchy and communality.
- Prolonged dislocation from their country, family, friends and culture.
- Adjusting to certain aspects of the American culture, such as learning the English language and eating American foods.
- Laws related to domestic issues interfered into their domestic issues and contributing to the dissolution of the Dinka families.
- American cultural value of gender equality created stress within the Dinka marital relationships as evidenced by an alarming rate of separations and divorces among Dinka families.
- Placement of the refugee families into low socioeconomic and high crime areas of an urban metropolitan city put the Dinka families at risk of being victimized and exposed their children to antisocial behaviors risky and harmful behaviors, such as sexual promiscuity or alcohol and illicit drug use.

- Children losing aspects of their valued Dinka culture.
- Isolation and marginalization from mainstream American society.

Summary

The findings from this study reveal an interpretive theory about the influences on the *Well-Being in Refugee Women Experiencing Cultural Transition* from the Dinka tribe of southern Sudan in their resettlement transition to the U.S. with their children. The women's relocation and establishment of new lives in the U.S. indicated that the women experienced a cultural transition, as well as, the situational transition of resettlement. The three themes that were derived from the study have provided knowledge about the ways refugee women from the Dinka tribe conceptualized well-being and the influences to their well-being in a new country.

CHAPTER 6: DISCUSSION AND CONCLUSION

The final chapter of this dissertation study includes a discussion of the findings and the resulting interpretive theory of *Well-being in Refugee Women Experiencing Cultural Transition*. The theory is presented in relation to existing literature along with conclusions about its applicability to other refugee and immigrant populations. This study extends the middle range theory of transitions to a group of Sudanese refugee women and proposes that 'cultural transition' be added as a distinct type of transition with unique properties relevant to better understand displaced populations. Last of all, this chapter addresses the strengths and limitations of this ethnographic study along with implications for nursing practice and future research related to health promotion and well being in refugee populations.

The Theory of Well-Being in Refugee Women Experiencing Cultural Transition

The intent of this study was to gain the perspective of a group of refugee women from the Dinka tribe about their experiences when they were resettled to the U.S. with their children. The specific research questions that guided this ethnographic inquiry were: 1) How do Sudanese refugee women conceptualize well-being? 2) What do Sudanese refugee women identify that facilitates well-being during the resettlement transition? and, 3) What do Sudanese refugee women identify that inhibits well-being during the resettlement transition? The answers to these questions led to an interpretive theory of *Well-Being in Refugee Women Experiencing Cultural Transition*. The theory was developed from accounts of the refugee women's own unique socio-cultural perspectives and incorporates elements of their past and present lives. The findings from this study

highlighted how the Dinka women's culture of origin influenced the way they defined and understood well-being. The theory identifies positive and negative influences to the well-being of the refugee women in resettlement and strategies that the women used to cope during their transition to a new life and culture in the U.S.

Three major themes laid the foundations of the theory: *Liminality: Living Between Two Cultures, Standing for Myself,* and *Hope for the Future*. These themes are linked together in interdependent and complementary ways that lead to well-being (Figure 3). The refugee women adjusted to living in a liminal state between two cultures by integrating aspects of the American culture with their traditional Dinka culture. As they adjusted to the American culture the women learned new skills and new roles, which resulted in a reformulation of their identities; a process they conceptualized as *Standing for Myself.* The women gained a sense of pride and empowerment in discovering that they could 'stand for themselves' in the U.S., which contributed to *Hope for the Future* for themselves, their children, and their country.

The specific factors and conditions that the refugee women identified that influenced their adjustment to the new American culture are presented in Chapter 5. As the refugee women tried to adjust to life in the U.S., they moved back and forth, vacillating between vulnerability and well-being. As they faced obstacles in their transition to the U.S., they experienced periods of instability. They engaged in strategies that helped them to regain their stability and moved them forward toward well-being.

Achieving well-being was a process for the women. It did not always proceed unilaterally, or in one direction; nor was it a static state that could be measured at one

point in time during their resettlement. The well-being of the refugee women in this study was a process that evolved over the time of their cultural transition to the U.S. The study findings suggest that there are distinctive features involved in the process of refugee women's attempts to achieve wellness.

Liminality: Living Between Two Cultures

The concept of *liminality* has been associated with cultural transitions since it was first introduced, in the late 19th and early 20th centuries by anthropologists who described the significance of a liminal phase or stage in their studies of the ritual ceremonies, or *rites of passage*, among African tribes (Turner, 1967; van Gennep, 1908/1960). Several researchers have recently begun to investigate the link between liminality and health (Barr, 2008; McGuire & Georges, 2003; Mendelson, 2008; Thompson, 2007). The concept of liminality is useful to understand cultural and resettlement transitions in refugees.

McGuire and Georges (2003) identified the links between liminality and health and well-being in a group of undocumented indigenous Mexican women who migrated to the U.S. The authors found that the indigenous women had "an abrupt confrontation with a universe of difference," much like the refugee women in this study, as they learned the new skills of living in a foreign and more technologically advanced culture (p. 188). Meleis (1991) also found that a group of Arab women who immigrated to the U.S. experienced a great deal of distress and discomfort living between two worlds and two cultures. They described similar experiences, as the Dinka refugee women in this study, such as being "pushed and pulled" in different directions; scrutinized by members of their

own culture to maintain traditional values and customs; at the same time misunderstood and discouraged by members of the host culture for maintaining their traditional cultural practices.

Living in a liminal state placed the refugee women in a vulnerable position, at risk of isolation and marginalization in the new American society, as well as in their own Dinka culture. The women in this study described some of the negative aspects of living in this liminal space which were loss, separation, disconnectedness, ambiguity, and fear. One of the participants captured this loss of attachment and disconnection when she explained, “Dinka women are in the middle from nowhere.” Turner (1967) referred to individuals that are living in a liminal state as “transitional beings”. He suggests that they are “neither here nor there; or may even be nowhere (in terms of cultural topography), and are at the very least ‘betwixt and between’ all the recognized fixed points in space-time…” (Turner, 1967, p. 97). Turner’s definition of liminality reflects a cultural nomad’s land, in which an individual is living between two cultures; yet not part of either. One way the Dinka women coped with the cultural isolation from the American society was to retain strong connections within their own refugee community. Gordon (1964) has suggested that first generation immigrants often remain structurally isolated from the new host society as a way of maintaining and preserving the communal nature of their ethnic group. Maintaining familiar cultural traditions provided an important buffer for the Dinka refugee women, who considered themselves “in the middle from nowhere.” The familiarity of their traditional culture reaffirmed their connection and sense of belonging which are important factors in promoting well-being.

One of the most difficult aspects of living between the two cultures for the refugee women was raising their children in America. They expressed a fear that their children would lose, or never learn the traditional Dinka culture and values. At the same time, they understood how important it was for their children's adaptation and well-being to learn the American ways. Choudhry et al. (2002) also identified this as a significant theme as well in their research with south Asian women who believed that their cultural traditions were threatened and feared the abrupt Westernization of their children upon resettlement to Canada.

The key to success and well-being in a liminal state is the ability to balance elements of both cultures. When the refugee women found themselves in an unfamiliar place in the U.S., they were required to reformulate old patterns and cultural ways with new ones. They often had to resist their family members' attempts to pull them back into traditional roles and practices that they knew were not adaptive to living in the U.S., such as having multiple children closely spaced together in age. Gradually, the women learned to integrate elements of their traditional Dinka culture with those in the American culture.

Over the year of the study, the refugee women demonstrated an ability to balance elements of the two cultures and integrate aspects of both cultures into their daily lives. Lindgren (2004) used the term 'borderland identities' to describe how Afghan refugee women who came to the US maintained their cultural identities at the same time they learned aspects of a new American identity. The Dinka women in this study described strategies of maintaining a delicate and sometimes, tenuous balance living between the two cultures. Their abilities to balance the two cultures were evidence of their ongoing

progress toward well-being. It has been suggested that bicultural or integrated identity is associated with higher levels of overall well-being (Phinney, Horenczyk, Liebkind, & Vedder, 2001).

There is a profound paradox associated with living in a liminal, or in-between, state. The loss of connection with all that is familiar creates the potential for personal change and evolution. Turner's definition captures this paradox. He defines a liminal state as "a subjective experience in which one has lost [his/her] status, identity, and connection to the cultural surround, a position that is said to be full of creativity….accompanied by a process of growth, transformation, and the reformulation of old elements in new patterns" (Turner, 1967, p. 99). This definition underscores the opposition inherent in a state of liminality. The women in this study experienced ambiguity and loss of attachment in their cultural transition, however this space provided a creative potential and an opportunity that allowed them to change, grow, and redefine themselves.

Several authors have also identified the growth potential associated with a liminal state. Thompson (2007) found that a group of women diagnosed with ovarian cancer experienced a liminal state that was "generative in nature…[and] provided an impetus for expansion…lead[ing] to creativity, personal growth, and a deepening of one's connectedness to self and others" (Thompson, 2007, pp. 340 & 348). Lindgren (2004) found that Afghan refugee women "blossomed" in the new American culture that challenged them to take up new responsibilities and provided them with opportunities to

change their lives. There is a creative potential in liminality that can lead to opportunities to change and reformulate the self.

The refugee women in this study demonstrated the importance of maintaining aspects of their traditional culture in the liminal state as well as learning the new culture in the U.S. Their attempts to maintain balance living between the two cultures and the strategies they used are very informative about the processes involved in trying to achieve well-being in cultural transitions. They took advantage of the creative potential and opportunities associated with their liminal state in the US, rather than focusing on how being in this liminal state rendered them weak and vulnerable.

Standing for Myself

The second theme addresses the personal transformation that occurred for the refugee women who were in the liminal state living between the two cultures. As the women learned new skills associated with living in the U.S., such as speaking the English language, driving, and managing their own money, they realized they did not need to depend on others for survival and could be independent. As they learned the new roles of employee, head of household and breadwinner of their families, they became empowered. The women's new found sense of independence and empowerment led to a redefinition of their personal identities. Transitions are " associated with some degree of self-redefinition" (Chick & Meleis, 1986, p. 253).

Gaining employment and earning their own money was one of the most commonly cited conditions that the women in this study associated with having well-being in the U.S. Employment has been associated with well-being in other studies of

immigrant and refugee women, as well. Clingerman (2007) found that the identities of migrant farmworker women, who came to the US from Mexico, changed as they incorporated “an employee identity.” In another study employment was identified as an important contributor to the social and emotional well-being of African refugee women who were resettled to Australia (Tilbury & Rapley, 2004). In a study of southern Sudanese refugee women living in exile in Egypt, Edwards (2007) found that the women challenged their gender role limitations and adopted new social and economic roles, contrary to those they held in Sudan. Their status as bread winners in Egypt transformed their self identities from one of dependence on men for economic security to one of independence built upon their own abilities.

The women’s self perceptions and identities began to change and transform even before their arrival in the U.S. Their past experiences in Sudan and the diaspora had a positive influence on their attitudes and the meanings they associated with their resettlement to the U.S., which contributed to their abilities to ‘stand’ for themselves. Aspects of their tribal life ways such as communality and their strong religious convictions influenced their abilities to survive in extreme and unfamiliar conditions. Goodman (2004) found similar results in a study of southern Sudanese refugee children who were relocated to the U.S. She discovered that elements from the children’s tribal cultural backgrounds influenced their abilities to cope in the face of dangerous and hopeless conditions.

The refugee women’s past experiences in exile contributed to changes in their self perception from that of depending on others, to relying on themselves. Other authors

have also noted that the views and attitudes of immigrant and refugee women have been shaped by their experiences during their displacement and from past experiences in their countries of origin (Guruge & Khanlou, 2004). Many of the women worked outside of their homes for the first time when they migrated to countries of asylum. Despite their inadequate earnings as domestic workers in Egypt, the experience of being the sole supporter of the family contributed to a positive self concept and to their ability to 'stand for themselves' in the U.S.

Several environmental and social factors in the U.S. had a positive influence on the women's well-being. The American values and U.S. laws that promote and protect racial and gender equality contributed to the women's self image as valued and capable citizens. Prior to their resettlement to the U.S., the women experienced extreme discrimination, lack of basic resources and limited opportunities for employment. They learned that, in the U.S., anyone could be successful if they work hard and stayed out of trouble by following the laws and social rules.

This theme of *Standing for Myself* captures several factors and conditions that contributed to the women's identity reformulation in the U.S. The women's past experiences influenced the meanings they associated with resettlement, and their self-perceptions began to change and be redefined even before their arrival to the U.S. The liminal state created the potential for change which propelled them to learn new skills and adopt new roles. The women found the social environment of the U.S. to be conducive for them to stand for themselves and become independent.

Hope for the Future

As the refugee women were successful in *Standing for Myself* in the U.S., they developed *Hope for the Future*, believing that if they could succeed in America, it was possible for their children and other Dinka to succeed. The value of the women's strong faith and communal perspective is an integral part of this theme. The Dinka refugee women's religious beliefs provided them with faith and hope for their future. The meaning that the refugee women associated with their resettlement to the U.S. is similar in meaning to Victor Frankl's (2006) use of these terms in his seminal book, *Man's Search for Meaning*. Frankl identified how some individuals were able to transcend their suffering in the Nazi concentration camps, and found purpose and meaning in their existence which gave them hope and the will to live. The women in this study, similar to those individuals identified by Frankl, experienced some of the worst atrocities imaginable and yet have been able to transcend their own individual sacrifice and suffering and have found a special purpose and meaning in their resettlement to the U.S. This purpose and meaning have given them *Hope for the Future*. Having hope and finding meaning and purpose in life has been found to be protective factors that also buffered catastrophic events experienced by other African refugee groups such as young Ethiopian famine survivors (Lothe & Heggen, 2003) and Sudanese refugee youth (Goodman, 2004).

The meaning the women associated with their relocation to the U.S. transcended even their own survival and success. They believed that they represented their Dinka tribe, and it was their social duty and mission to succeed in the U.S. to perpetuate the

Dinka lineage. There was very little hope for the refugee women and their children prior to their resettlement to the U.S. Pavlish (2007) has documented the lack of hope of asylees living in refugee camps in Africa. It has been estimated that between 60-70% of Sudanese asylum seekers in Egypt who apply to the United Nations High Commissioner for Refugees (UNHCR) for refugee status are rejected (Edwards, 2007). The conditions for those southern Sudanese left behind in Sudan and in the countries of asylum are dire. Their only hope for communal survival rests with the Sudanese that have been resettled to other countries. Edwards (2007) found a similar attitude in a population of southern Sudanese refugee women living in asylum in Egypt, who also believed that it was their social duty and obligation to be successful in their resettlement for the benefit of their entire ethnic group. She states, "the southern Sudanese that are living in asylum or resettled to another country have been referred to by those left behind as the *seeds of the south*" (Edwards, 2007, p. 32). Having a purpose and meaning in life has been correlated with positive health and well-being by many authors (Frankl, 2006; Meraviglia, 1999; Starck, 2003; Steeves & Kahn, 1987).

In their model, Morse and Penrod (1999) found that hope facilitated passage out of suffering and led to a state of transcendence, which they refer to as the reformulated self. The women in this study were able to transcend their past suffering and present struggles of living in the U.S. and work towards a common purpose for their larger Dinka community. Transcendence was identified as a positive outcome indicator, as well, in a study of Caucasian patients undergoing the health/illness transition of cancer (Im, 2006).

Self-transcendence is a means by which the refugee women have integrated their past and future in a way that has meaning for their present (Reed, 2003). Reed proposed in the Theory of Self-Transcendence, that we consider "well-being [as a] correlate and an outcome of self-transcendence" (Reed, 2003, p. 148).

The cultural value of communality contributed positively to the women's well-being in the U.S. The strong connections the refugee women maintained with each other provided a social and emotional buffer against the stress and isolation of living in a foreign culture. Referring to the importance of informal social networks for immigrant women, Messias (2002) suggests that "cultural identity may serve as a health resource for immigrant women." Several other studies have also documented the importance of communality as a buffer or positive influence for refugees. Guruge and Khanlou (2004) found that "health and well-being of immigrant and refugee women is often closely linked to that of their family members and shaped by their relationships with them, whether at the local, national, and/or transnational level" (Guruge & Khanlou, 2004, p. 38). A study of African refugee women resettled to Australia showed that the women defined social and emotional well-being according to their relationships with others and placed the well-being of others ahead of their own. Being close to family and friends and maintaining informal social support networks provided a buffer to their mental distress and contributed to their well-being in resettlement (Tilbury & Rapley, 2004). In this study, the women's strong personal and collective identity of being a member of the Dinka tribe was considered a facilitator to their well-being. It has been suggested in other studies, as well, that a communal identity and collective meaning can be a healthy

mechanism of dealing with trauma and suffering for refugees (Goodman, 2004; Hogman, 1998; Rousseau, Said, Gagne, & Bibeau, 1998). The need to feel and stay connected has been found to be a prominent theme for those undergoing transitions (Meleis et al., 2000).

The women in this study demonstrated an unyielding spiritual strength. Their strong religious foundation, which is part of their southern Sudanese culture, can be considered one of the most important factors that contributed to their sense of well-being. Religion and spiritual faith are cited as common coping strategies in the literature for a variety of refugee and immigrant groups. It is suggested that religion helps individuals cope with experiences in life by assigning meaning to events (Gozdziak, 2004). Jones, Zhang and Meleis (2003) found that in a group of Asian American immigrant women, connecting with their inner strength and religious faith helped them to cope with the strains of providing care for their parents in the U.S. In addition, Halcon et al. (2004) found that praying was the most commonly reported coping strategy of Somali refugee youth resettled to the U.S.

The women believed that their Christian affiliation, which was such an important part of their lives, was accepted in the U.S. and they appreciated being able to worship openly without fear of discrimination or persecution. Religious affiliation was also shown to influence the adjustment of other African refugee groups, as well. In a study that compared the adjustment of two different populations of African refugees who were resettled to the Midwest U.S., it was found that it was easier for the Christian Sudanese refugees to adjust to their resettlement environment than it was for the Muslim Somali

refugees. The Sudanese refugees believed that they were accepted by the host community because of their religious affiliation and this contributed positively to their well-being (Shandy & Fennelly, 2006).

The Dinka community in the U.S. and abroad has *Hope for the Future* that the valued Dinka cultural traditions will be passed to the next generation of Dinka children by the refugee women that have been resettled to the U.S. The women believed it was their duty to assure their children's success in America so that their "seeds" will grow and flourish and hopefully return someday to Sudan and contribute to restoration and rebuilding of their Dinka culture and communities. In her study of southern Sudanese refugees in Cairo, Edwards (2007) found that many of her participants concluded the interviews with a word of advice for those southern Sudanese that had been resettled to North America which was "not to forget about the problems that forced them out of Sudan…and to stand united against the injustices in Sudan" (Edwards, 2007, pp. 32-33). This admonition and vow "not to forget" was prevalent in the interviews with the women who participated in my study, as well as, in the participant observations at the Sudanese church. The weekly sermons and ceremonies held at the church were a constant reminder that the Dinka that have been resettled to the U.S. are the *Hope for the Future* for the Dinka of Sudan.

The theme of *Hope for the Future* underscores the importance of the women's cultural values on their efforts to achieve well-being. Elements of the traditional Dinka culture such as communality or the ability to transcend one's own individual suffering for

well-being of the community and their strong religious faith contributed to the women's hope for their well-being in the future.

Well-Being in Refugee Women

The themes of *Liminality: Living Between Two Cultures, Standing for Myself,* and *Hope for the Future* describe the process of how the refugee women were able to actualize their well-being during their cultural transition to the U.S. A review of the literature indicates that refugee and immigrant groups from a variety of ethnicities and circumstances respond in similar ways and use comparable strategies to achieve well-being during their transition to a new culture. This study suggests that there are universal indicators (Berry, 1969), or cross-cultural patterns, of how immigrant and refugee populations reach well-being when they resettle to a host country.

The well-being of the refugee women in this study was a process that evolved over the time of their resettlement. Overall, the Dinka refugee women that participated in this study considered themselves to have *mietpieu,* or "peace in heart" in their transition to the U.S. They did not perceive themselves as particularly vulnerable as a result of their resettlement to the U.S. In fact, they viewed themselves and their children as less vulnerable as a result of their relocation. The findings support the premise made by Spiers (2000) that vulnerability must be understood contextually from the perspective of lived experience of the individual as well as from an outside appraisal of risk. The meanings the women assigned to their resettlement and cultural transition contributed to their perspective of well-being.

Cultural Transition

The refugee women characterized the pattern of their resettlement transition to the U.S. as a series of cultural transitions, from the time they were forced from their villages in Sudan to the present day in the U.S. The women's first cultural transition occurred when they were forced to migrate north with their families, from their tribal villages in the south of Sudan to the urban city of Khartoum in the north. In the Arab dominated north they were faced with differences in language and social codes as well as persecution and discrimination for being a racial and ethnic minority.

The women's next cultural transition occurred when they fled Sudan and crossed international borders. They continued to experience persecution and discrimination in countries of asylum. This transition required them to learn new ways to provide for their families in a new environment. They had to adjust to a new culture in countries of asylum that included learning new languages, customs, laws, and social codes. The women created a temporary life for themselves and their families in the countries of asylum awaiting the approval of their refugee status to be resettled to the U.S.

The refugee women's cultural transition to the U.S. has been characterized by profound changes from their African tribal culture of origin, to the industrially advanced American culture. For most of the women riding in an airplane to America was, in itself, a terrifying and novel experience. Everything about the US culture was initially foreign to them including the language, food, the types of houses and the social order that influenced how they were treated.

The women have experienced a cultural transition during each phase of their migration journey and they do not consider relocation to the U.S. as the end of this journey. They anticipate being able to return to their homeland, in the Sudan, one day. The women expressed a 'temporariness' to their resettlement experience to the U.S. In fact, the word *resettled* used throughout this dissertation is a misnomer for the women's experiences of being relocated to the U.S. The Dinka women in this study will never consider themselves settled as long as their families and countrymen continue to suffer and be persecuted in Sudan. Meleis (1991) also found a sense of temporariness in a group of Arab immigrant women who had relocated to the U.S., who did not view their resettlement to the US as permanent, but as a temporary aspect of their migration. Messias (2002) has suggested that transnational migration experiences may be "ongoing, recurring, and unending transitions" (Messias, 2002, p. 197). Cultural transition should be conceptualized as extending beyond resettlement of the first generation of refugees and immigrants and occurring over several generations. It may take two or more future generations of the Dinka refugees from Sudan living in the US, before the transition is completed.

Cultural transition has not been identified as a separate type of transition in the middle range theory of transitions (Figure 2), or in the review of the literature about the theory of transition (Meleis, 2007). Although, culture has been identified as an important component of all transitions and cultural context has been acknowledged as an important condition of all transitions, especially related to the influence that one's cultural perspective has on the meaning associated with transitions (Schumacher & Meleis, 1994).

It has also been acknowledged that cultural transitions occur within the context of situational and transnational migrations (Meleis et al., 2000; Messias, 2002) and that all transitions are influenced by cultural values and beliefs (Escandon, 2008). Meleis identified the sociocultural transition of immigrants as a multidimensional transition that involves the effects of their transition on biologic, psychological, sociological, and cultural needs (Meleis, 1997).

In a review of studies that use the theory of transitions as a framework, culture is acknowledged as having a significant impact on many transition experiences. In their study of Korean immigrant women, Im and Meleis (1999) discovered that it was the influence of their Korean culture that most affected the women's perceptions and meanings associated with their transition to menopause. Lindgren (2004) identified cultural transition in a group of Afghan refugee women who were resettled to the U.S. She defined cultural transition as the intersection of two cultures and found that upon their resettlement to the U.S., certain Afghan cultural values and practices were challenged; while others remained unchanged. The cultural values of gendered roles and family dynamics were challenged and generational conflicts occurred as a result of living between the Afghan and American cultures (Lindgren, 2004, p. 96). The women in this study described challenges similar to those identified by the women in Lindgren's study of the difficulties adjusting to new roles and the changing power dynamics in their families which resulted in an increase in marital conflict and the need to negotiate the new culture for both the younger and older generations.

Cultural transition, like other types of transitions, is considered a process that occurs over time (Schumacher & Meleis, 1994). A cultural transition is the process of adjusting from one culture to another. It often accompanies a geographic relocation. It is the process by which individuals who are resettled to another culture maintain elements of their culture of origin and adopt aspects of the new culture. It includes all of the variables within a culture such as language, food, social mores and behaviors, rules and laws, attitudes and values. It also includes the perspective of those experiencing the cultural transition and the strategies they use to adjust and adapt to the new culture.

This study has affirmed the process of the cultural transition for a group of refugee women with children. Refugees and immigrants are often studied in relation to how well they have assimilated or acculturated to a host culture, but very little is understood about the process in between. Turner (1967) has suggested that by focusing on the mid-transition we can uncover the "basic building blocks of culture" (Turner, 1967, p. 110), which can help us to facilitate a healthier cultural transition.

The theory of transitions proved to be a very useful framework to explore the influences to well-being of refugee women relocated with their children to the U.S. The women in this study experienced multiple types of transitions simultaneously during their forced migration and resettlement to the U.S. The patterns of refugee women's transitions were complex, and they experienced multiple transitions simultaneously, which often compounded each other. All of the women experienced the developmental transition of childbirth, in more than one country, and many of them managed complex health-illness transitions for themselves and their family members in various countries and healthcare

systems. Their situational transition of migration, across various national borders required them to adjust to new languages, foods, social values and structures in multiple cultural settings. The findings from this study indicate that it was the 'cultural transition' that was the most predominant transition and had the most influence on the well-being and adjustment of these refugee women.

Cultural transition is considered a distinct type of transition with unique patterns and conditions. Time span extends from the first anticipation of transition until stability is reached (Chick & Meleis, 1986). The Dinka refugee women conceptualized the time span of their cultural transition to the U.S. as sequential, much like the phases proposed by DeVoe (1993) of flight from the country of origin, life in asylum, and life during resettlement to the host country. Additionally, the women do not view their transition as ending with their resettlement but they believe that they or their future generations will return to their homeland of Sudan.

Strengths of the Study

The strengths of this study included the ability to gain an 'insider' perspective of the Dinka community, accurate translation and interpretation techniques, and the ability to obtain an 'authentic voice' from the refugee women.

- Insider perspective—A significant strength of this study was my ability to gain entrance into the Dinka community and into the daily lives of the refugee Dinka women. This ability to 'get inside' the Dinka community contributed greatly to the credibility of this study. I believe that I was able to accurately capture the women's voices and portray their experiences and perceptions in an authentic and

genuine way. I had began to develop relationships with members of the Dinka community three years prior to beginning the data collection and over this period of time, I was able to develop strong relationships within the Dinka community and build trust with the women.

- Translation and interpretation techniques—Accurate translation and interpretation techniques contributed to the quality and trustworthiness of the data collected and the conclusions reached in this study. The skill level, experience, and credentials of the primary study interpreter were other strengths that added credibility to this study. Despite the fact that the translated, back-translated research documents (recruitment flyer, recruitment script, and informed consent) were never used, because the participants were not literate in the Dinka or English languages, the process was a valuable exercise that helped myself and the two interpreters reach a mutual understanding about the study methods.
- Voice—A strength of this study was the ability to capture the experiences of the refugee women in a way they would want their lives conveyed to the reader. This study focused on the strengths of the refugee women rather than their weaknesses. The women are presented as strong and resilient rather than victims dependent on the welfare of American social agencies for survival. One of the women expressed her hopefulness that this study would "be our voice." I was consciously sensitive during all aspects of the study to protect each woman's privacy and anonymity in this study and made every effort to present the study's findings in a way that would help, not harm, this vulnerable population (Anderson & Hatton,

2000). Verifying the derived themes with some of the participants contributed to the trustworthiness and dependability of the results by reinforcing that the conclusions reached were authentic experiences and perceptions of study participants (DeSantis & Ugarriza, 2000).

Limitations of the Study

The limitations of the study involved the power differentials (Miller, Strier, & Pessach, 2009) that existed between all of us who participated in the study: between myself as researcher and the participants; between the interpreters and the participants, and between the researcher and the interpreters. Another limitation was the expectations that the participants had as a result of their participation in this study.

- Personal relationships—Since the interpreters were themselves members of the Dinka refugee community in Kansas City; I was dependent on their past relationships with the women in the community for recruitment into the study. In fact, two potential participants declined participation when I insisted that it was necessary to use my study interpreter rather than a friend they had chosen to interpret during the interviews. There was also some negative feelings among the women in the Dinka community toward the primary interpreter for her role in the study. This limitation was unavoidable as the primary study interpreter was the only credentialed Dinka woman in the local area who had received certification and had experience in medical and research interpretation.
- Power differences—It has been suggested that during the initial stages of participant recruitment the “control over the research lies in the hands of the

researcher" (Miller et al., 2009). In this study, it was the interpreters who held much of the power, especially during the recruitment and data collection phases of the study. Since I was unable to directly communicate with the participants due to the language barrier, I was dependent on the study interpreters to accurately explain the study to potential participants, and schedule most of the interviews. When the primary study interpreter became ill and was unable to continue to recruit and interpret the interviews, I realized how dependent I was on her for access to the study population. In the middle of the data collection phase, the study came to an abrupt halt for three months until I was able to recruit a second interpreter. The second interpreter lacked the experience and qualifications of the first interpreter and required a considerable amount of time to train and orient to the study.

- Expectations of participants—Despite what I considered a clear explanation and interpretation during the consenting process with the participants, the women seemed to expect something more than the token gift card or the hope that a publication would result from their interviews. Several of the women requested a direct intervention or action as a result of their involvement in the study. Several of them wanted to know how this study would help "the Dinka." Other authors have documented a similar misunderstanding when conducting research with oppressed populations. They often expect their participation will result in a direct action that will benefit their communities (Punamaki, 2000). Several of the women in this study requested a monthly intervention group to help them address

some of the problems they identified in the interviews. One woman invited me to attend a political meeting of southern Sudanese women from different tribes who were becoming politically active, and this group requested that I provide monthly health education classes for southern Sudanese refugee women. I was obliged to gently explain to them that the purpose of this study was to gather information about the experiences of Dinka refugee women exclusively. I referred these women to another group of nurse researchers in their area.

Implications for Nursing Theory, Practice and Future Research

The implications from this ethnographic study contributed valuable knowledge to nursing theory, practice and future research about the enhancement of health and well-being of refugee and immigrant populations. The *Theory of Well-Being in Refugee Women Experiencing Cultural Transition* provides insight into ways nurses can facilitate the cultural transitions of refugee women and their families to lead to healthier outcomes.

Cultural Considerations

This study has uncovered important cultural considerations that could be used to develop interventions targeted to promote well-being in refugee populations. The Dinka cultural values of communality and family kinship should be incorporated in interventions designed for this population as “Health promotion efforts must parallel cultural values” (Messias et al., 1996, p. 17). In populations that have a communal worldview, such as the Dinka women in this study, where individual well-being is conceptualized as connected to the well-being of the entire community, health promotion

efforts should be designed incorporating a communal, or macro, perspective (Catolico, 1997).

Participatory Action Research

A natural extension of this study would be to engage the refugee women in participatory research to facilitate their strengths and diminish the power differentials that are inherent in a study such as this between researcher and refugee women (Muecke, 1992a). Combining participatory action research methods with health promotion activities empowers communities to define their own realities and solutions which contribute to the future well-being of refugee and immigrant families (Meyer, Torres, Cermeno, MacLean, & Monzon, 2003). The goal of refugee research is action (Omidian, 1999), and the participants in this study wanted and expected action as a result of their participation.

Community-Based Intervention

The women in this study identified the need for a cultural orientation group and contact with American women to help them understand how to adapt to their new roles of wife, mother, and employee. Using the Dinka women's faith based values for socialization; a collaborative effort with women associated with a Christian church would be a culturally congruent way to accomplish this objective and also may be less threatening to their husbands and the Dinka community elders. Meleis (1991) suggested a similar program for immigrant women, which she referred to as a "big-sister" program, to help women who were in a new country mediate conflicts that arise between two cultures.

Transferabililty

The conclusions reached in this study may be generalized to other populations experiencing cultural transitions. The findings from this study, along with the review of findings from other studies of refugees and immigrants indicate similar themes about strategies refugees and immigrants use to promote well-being. DeSantis and Ugarriza, (2000) pointed out that "Well-defined themes in individual studies can be compared, contrasted, and used as building blocks in a science of nursing that supports a structure for practice that maximizes the health of clients, especially vulnerable populations" (DeSantis & Ugarriza, 2002, p. 369). The theory developed in this study was derived from a homogeneous group of refugee women, and the theory should be further evaluated to determine if the theoretical assertions are relevant and can be transferred to other cultural and immigrant groups who are experiencing cultural transitions.

Future Research

Future research is needed to continue to build knowledge about the process of the cultural transition of immigrants and refugee families and the factors that promote well-being during these transitions. Specifically, more research is needed about the long term impact of cultural transitions across generations. A prominent concern among the refugee mothers in this study was the effect of the cultural transition to the U.S. on the future generations of their Dinka children. It would be useful to uncover specific cultural values and practices from the country of origin that promote well-being of second generation refugees. Other authors have acknowledged the lack of information about the longitudinal effects of transitions on second and third generations of refugees and immigrants (Birman

& Trickett, 2001). Further investigation is warranted to investigate the multigenerational impact of cultural transitions on refugees and immigrant families.

This ethnographic study was successful in obtaining the perspective of the refugee women about their long and difficult journeys that led to their resettlement to the U.S. The *Theory of Well-Being in Refugee Women Experiencing Cultural Transition* provides a theoretical foundation for future studies about how to promote the health and well-being of immigrants and refugees populations.

Conclusion

This study portrays refugee women as strong, independent and resourceful in their resettlement to the US. This perspective fills a gap in the refugee literature by presenting the strengths and potential of refugee women rather than their weaknesses and vulnerabilities. This view of refugee women creates a paradigm shift from an 'illness model', which portrays refugees as traumatized victims at risk of mental and physical disorders, to a 'wellness model' of refugees which views them as possessing the resources necessary to actualize their own well-being.

This shift is important for nurses and other healthcare professionals who are charged with developing services for refugee families. By acknowledging the potential of refugees, health care professionals can develop interventions that empower women by maximizing their innate resources.

As nurse researchers are challenged to develop collaborative relationships with vulnerable populations to improve their health, it is necessary to engage them as equal partners and participants. Participatory action research is a method to engage refugee

populations in the design and implementation of interventions that promote their well-being. While this research study did not use participatory actions methods, I recommend that future studies consider more engagement from refugee participants as the Dinka women in this study had numerous ideas and requests regarding the help and assistance that they needed.

The theory of *Well-Being in Refugee Women Experiencing Cultural Transition* extends and augments the middle-range theory of transitions by advancing knowledge about the process that refugee mothers engage in to facilitate the health of their families and identifies positive and negative influences to this process. The theory takes into account the important role of culture on the process of migration and resettlement and suggests ways to develop culturally congruent and relevant interventions to assist refugee families to attain well being.

Cultural transition warrants further investigation across various cultural groups as well as across generations of immigrants and refugees. Longitudinal studies are needed to investigate the long-term effects of cultural transition on families who resettle to a host country.

This ethnographic study provided a glimpse into the lives of 10 refugee women from the Dinka tribe who were forced from their homeland in Sudan with their children and resettled in the US. At the time of the study the women were moving forward in a positive direction toward *mietpeu,* or peace in their hearts.

APPENDIX A:

RECRUITMENT FLYER

ATTENTION

DINKA WOMEN NEEDED FOR INTERVIEWS FOR A STUDY ABOUT THE EXPERIENCES OF REFUGEE WOMEN IN THE U.S.

Women:

- Reported age from 25-50 years
- Considers self a member of the Dinka tribe
- Came to U.S. as a refugee with children
- Lived in a refugee camp before coming to U.S.
- Resettled to the U.S. within last 10 years
- Speaks English or Dinka language

Requirements of Study Participants:

- Interviews with a nurse researcher in your home (or another private place)
- Number of interviews 2-3
- Length of interviews 60-90 minutes
- Able and willing to provide information about the experience of being a refugee woman with children in the U.S.
- Willing to include the PI and interpreter in experiences in your home, the church, and the health clinic
- Agree to have interviews audio-taped

<u>If interested contact:</u>
Rebecca Mabior: Dinka Interpreter 816-468-1530 or
Martha Baird RN Principal Investigator (PI) 913-638-6603

Your participation in this study will be kept confidential. Only the interpreter and the PI will be aware of your involvement in this study unless you chose to share this information.

APPENDIX B:

RECRUITMENT SCRIPT

The following is the script to be read to potential participants who are interested to participate in the study and are requesting more information. This script will be used by Rebecca Mabior, the interpreter and by the case managers from the refugee centers.

"Because you are a Dinka Sudanese woman between the ages of 25-50 years old and came to the United States as a refugee with a child or children from a refugee camp you are being recruited for this study. This study is done by, Martha Baird, a doctoral student at the University of Arizona. She is interested in the Sudanese Dinka culture. Her study is about the resettlement experiences of Sudanese refugee women who come to the U.S. from refugee camps with children."

"If you agree to participate in this study you will be asked to have 2 or 3 interviews with Martha Baird, the student, and Rebecca Mabior, the Dinka interpreter. These interviews will be conducted at a time and location of your choice and will be in your choice of Dinka or English language. The interviews will be audio-recorded. There may be several weeks or months between the interviews. The interviews will be conducted in a private place of your choice in English or Dinka. The interviews will be audio-recorded (if you agree to this) and written down later. Martha will also be participating and observing you and your children in your home and at activities and events in the Dinka community such as the church and visits to the health clinic to learn more about the Dinka culture."

"If you agree to be a participant in the study, your name or identity will not be revealed or associated with anything you say or do in this study and will be closely protected. This study is not associated with the refugee agency or with the church. You are in no way obligated to participate in this study and you may withdraw your participation at any time."

"It is believed that this study is important to help nurses and other healthcare professionals to understand the resettlement experiences of Dinka Sudanese refugee women who come to this country with children. This study will help nurses and other healthcare professionals to better understand how to serve refugees who come to the U.S."

"If you have any other questions about participation in this study I will give you the phone numbers of the student in charge of the study, Martha Baird, or the study interpreter, Rebecca Mabior."

(This statement was translated into Dinka and read aloud to the women by the interpreter when they called to inquire about participation in the study.)

APPENDIX C:

UNIVERSITY OF ARIZONA HUMAN SUBJECTS APPROVAL

THE UNIVERSITY OF ARIZONA.

Human Subjects
Protection Program

1235 N. Mountain Ave.
P.O. Box 245137
Tucson, AZ 85724-5137
Tel: (520) 626-6721
http://irb.arizona.edu

October 11, 2007

Martha Baird, Doctoral Candidate
Advisor: Joyceen Boyle, PhD
Co-Advisor: Pamela Reed, PhD
College of Nursing
P.O. Box 210203

BSC: B07.346 RESETTLEMENT TRANSITION EXPERIENCES AMONG SUDANESE REFUGEE WOMEN

Dear Martha Baird:

We received your research proposal as cited above. The procedures to be followed in this study pose no more than minimal risk to participating subjects and have been reviewed by the Institutional Review Board (IRB) through an Expedited Review procedure as cited in the regulations issued by the U.S. Department of Health and Human Services [45 CFR Part 46.110(b)(1)] based on their inclusion under *research category 7*. As this is not a treatment intervention study, the IRB has waived the statement of Alternative Treatments in the consent form as allowed by 45 CFR 46.116(d)(2). Although full Committee review is not required, the committee will be informed of the approval of this project. This project is approved with an **expiration date of 11 October 2008**. Please make copies of the attached IRB stamped consent documents to consent your subjects.

The Institutional Review Board (IRB) of the University of Arizona has a current ***Federalwide Assurance*** of compliance, ***FWA00004218***, which is on file with the Department of Health and Human Services and covers this activity.

Clearance from official authorities for sites where proposed research is to be conducted (Site Authorization Letters) must be obtained prior to performance of this study at those sites. Evidence of this must be submitted to the Human Subjects Protection Office.

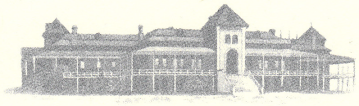
Approval is granted with the understanding that no further changes or additions will be made to the procedures followed without the knowledge and approval of the Human Subjects Committee (IRB) and your College or Departmental Review Committee. Any research related physical or psychological harm to any subject must also be reported to each committee.

A university policy requires that all signed subject consent forms be kept in a permanent file in an area designated for that purpose by the Department Head or comparable authority. This will assure their accessibility in the event that university officials require the information and the principal investigator is unavailable for some reason.

Sincerely yours,

Elaine G. Jones, PhD, RN, FNAP
Chair, Social and Behavioral Sciences Human Subjects Committee

EGJ/rkd
Cc: Departmental/College Review Committee



APPENDIX D:

INFORMED CONSENT

Resettlement Transition Experiences Among Sudanese Refugee Women

Introduction
You are being invited to take part in a research study. The information in this form is provided to help you decide whether or not to take part. Study personnel will be available to answer your questions and provide additional information. If you decide to take part in the study, you will be asked to sign this consent form. A copy of this form will be given to you.

What is the purpose of this research study?
The purposes of this research study are to learn about the experiences of Dinka refugee women come to the U.S. with children from refugee camps. We are interested to learn about factors that influences the resettlement of Dinka women to this country. Specifically, the researchers want to learn about the Dinka culture and lifestyle of Dinka women in the U.S. We are also interested in the experiences Dinka women have with healthcare providers.

Why are you being asked to participate?
You are being invited because you are a refugee woman age 25-50 years old who considers herself from the Dinka tribe of Sudan who entered the United States for resettlement with children from a refugee camp within the past 10 years.

How many people will be asked to participate in this study?
Approximately 10-12 persons will be asked to participate in this study.

What will happen during this study?
The Primary Investigator in this study, Martha Baird, will participate in several activities and events that involve Dinka women to learn more about the Dinka culture and lifestyle. These events include social activities at the church and visits to the health clinic. Martha Baird and the Study Interpreter, Rebecca Mabior, or Abuk Wol will conduct 2-3 interviews with you in the preferred language of Dinka or English. The interviews will be conducted at a time and place convenient to you and they will be audio-taped. Your name will not be used or associated with anything you say or do in the study. You may choose to end your participation in this study at any time and there will be no negative consequences.

How long will I be in this study?
You will be asked to participate in 2-3 interviews lasting approximately 60-90 minutes each conducted over a 3-6 month period.

Are there any risks to me?
The things that you will be doing have minimal risk. Although we have tried to avoid risks, you may feel that some questions we ask will be stressful or upsetting. If this occurs you can stop participating immediately. We can give you information about individuals who may be able to help you to deal with the stress of talking about your experiences.

Are there any benefits to me?
You may benefit from discussing your experiences related to the resettlement transition of coming to the U.S.

Will there be any costs to me?
Aside from your time, there are no costs associated with this study.

Will I be paid to participate in the study?
You will be given a gift certificate to Wal-Mart for $10 after the first interview and $15 after the second and third interviews.

Will video or audio recordings be made of me during the study?
We will make an audio recording during the study so that we can be certain that your responses are recorded accurately only if you check the box below:

☐ I give my permission for audio recordings to be made of me during my participation in this research study.

Will the information that is obtained from me be kept confidential?
The only persons who will know that you participated in this study will be the research team members: Principal investigator Martha Baird and Interpreter Rebecca Mabior and Abuk Wol. Your records will be confidential. You will not be identified in any reports or publications resulting from the study. It is possible that representatives of the Federal Government or some other group [specify sponsor, Human Subjects Protection Program, representatives of other regulatory agencies] that supports the research study will want to come to the University of Arizona to review your information. If that occurs, a copy of the information may be provided to them but your name will be removed before the information is released.

What if I am harmed by the study procedures?
[For research greater than minimal risk, give an explanation as to whether any compensation is available, an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.]

May I change my mind about participating?
Your participation in this study is voluntary. You may decide to not begin or to stop the study at any time. Your refusing to participate will have no effect on your refugee or citizenship status or your status within the church. Also any new information discovered about the research will be provided to you. This information could affect your willingness to continue your participation.

Whom can I contact for additional information?
You can obtain further information about the research or voice concerns or complaints about the research by calling the Principal Investigator Martha Baird MN, Ph.D. Candidate at 913-638-6603, or the Interpreter Rebecca Mabior at 816-468-1530 or

interpreter Abuk Wol 913-397-9852. If you have questions concerning your rights as a research participant, have general questions, concerns or complaints or would like to give input about the research and can't reach the research team, or want to talk to someone other than the research team, you may call the University of Arizona Human Subjects Protection Program office at (520) 626-6721. (If out of state use the toll-free number 1-866-278-1455.) If you would like to contact the Human Subjects Protection Program by email, please use the following email address http://www.irb.arizona.edu/suggestions.php.

Your Signature

By signing this form, I affirm that I have read the information contained in the form, that the study has been explained to me, that my questions have been answered and that I agree to take part in this study. I do not give up any of my legal rights by signing this form.

_____

Name (Printed)

_____ _____

Participant's Signature Date signed

Statement by person obtaining consent

I certify that I have explained the research study to the person who has agreed to participate, and that he or she has been informed of the purpose, the procedures, the possible risks and potential benefits associated with participation in this study. Any questions raised have been answered to the participant's satisfaction.

Martha B. Baird

Name of study personnel

_____ _____

Study personnel Signature Date signed

APPENDIX E:

INTERVIEW GUIDE

Interview #1

The first interview began with introductions and a brief explanation of the purpose of the research study and the interview process. Both the researcher and the interpreter were introduced and an introduction to the process of the first interview was given including time, purpose of audio-recorder, and plans for next two interviews.

The consent for participation was reviewed and several elements were discussed, specifically, the fact that all of the information shared in the interviews will be kept confidential, with the exception of the researcher, interpreter, and the faculty advisor. Interviews are identified with a code rather than a name the participant may chose to withdraw at any time without repercussions.

Interview #1

Demographic survey Appendix E (translated into Dinka). The interpreter will ask questions in Dinka and translate them into English for the researcher. Answers were audio-recorded and transcribed later by researcher.

Interview questions:

1. "Why did you leave Sudan"? and "Did something in particular happen that caused you to leave Sudan"?
   Prompts
   "You came to the U.S. from a refugee camp ___ years ago. What were your experiences, when you first arrived?"
   "Was it difficult at first?
   "What made it difficult?"
   "Has it gotten better?"
   "What has made it better?"

2. "What have been some of the important changes since coming from the refugee camp to the U.S.?"
   Prompt:
   "In what ways have you/your children changed or become different since you came here?"
3. "What important events have occurred since your move here?"
4. "What is it like being a mother to a child(ren) in the U.S.?"
5. "What do you think are some of the most important things I should know about your experience as a refugee mother with children coming to the U.S. to live?"

Interview # 2

"Last month during our first interview you discuss what it was like coming to the U.S. from the country of asylum or refugee camp."

1. "What things have helped you and your family adjust to life in the U.S.? Can you give me an example of this?"
2. "What things have made it more difficult to adjust? Can you give me an example of this _____ or when this happened?"
3. "Is there anything from your Sudanese culture that has helped or hindered your adjustment to life in the U.S.?"
4. "Tell me about your experiences dealing with the healthcare system."

Interview #3

1. "In the 2 previous interviews you discussed that _____ helped you to make the transition from Africa to the U.S. Several of the other women I interviewed also mentioned that _____ helped. Of these things that helped you to adapt to life in the U.S. which one is the most important and why?"
2. "Do you feel like this is your home? When did you start to feel at home in the U.S.?"
3. "What things have you done or learned to do in order to adjust to life in the U.S. for yourself and your children/family?"
4. "What things have you learned not to do since coming here?"
5. "How do you know when you or your children/family are doing well?"
6. "So you would describe well-being as _____ "(repeat and summarize).
7. "Would you describe your life as better or worse since coming to the U.S.? How is it better?" Explain and give examples. Or "How is it worse?" Explain and give examples.
8. "What advice would you have for new refugee mother's bringing children to the U.S.?"
9. How would you define well-being?
10. Would you say you have well-being now?
11. If not what would help you to have well-being? or If so, what things help you to have well-being?

APPENDIX F:

DEMOGRAPHIC AND MIGRATION EXPERIENCE QUESTIONNAIRE

1. How old are you?
2. Are you Dinka by birth? If answered no are you Dinka by marriage?
3. How long has it been since you left Sudan?
4. What refugee camp did you live in before you came to the United States (U.S.)?
5. How long did you live in the refugee camp before coming to the U.S.?
6. How old were you when you came to the United States (U.S.)?
7. What are the ages of your children? Where was each of your children born?
8. What other family members came to the U.S. with you?
9. What city did live in when you first arrived in U.S.?
10. What are the names of the places you have lived since coming to the U.S.?
11. Are you a U.S. citizen?
12. How many years of formal education have you had? Where were you educated?
13. What languages do you speak? What languages can you read/write?
14. Are you married? Separated? Divorced? Widowed? Never married? If married, separated, or widowed how long?
15. Are you employed? Full-time ___ Part-time _____ what is your job?
16. What is your religion?

APPENDIX G:

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May 4, 2007

Martha Baird
PhD Student
University of Arizona
Tucson, AZ
VIA EMAIL TO: mbaird@nursing.arizona.edu May 4, 2007

Fee: None

RE: Advances in Nursing Science Sept 23(1):12-20
USE: Doctoral Dissertation

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Requestor accepts: Martha Baird Date: May 21, 2007

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