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HOW AMERICAN ATTITUDES ABOUT RACE, ETHNICITY, AND GENDER AFFECT THE HEALTH AND WELLBEING OF BLACK-AFRICAN REFUGEE MEN IN THE UNITED STATES: A QUALITATIVE STUDY

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Abstract

More than half of all refugees currently resettled in the United States are racial-ethnic-minority men. Yet refugee health scholarship has not fully explored racial ethnic minority refugee men's encounters with resettlement environment norms about race, ethnicity and gender. This paper describes an intersectional-informed qualitative study of the daily stressors experienced by Black-African refugee men in the United States to explain how such experiences impact their health and wellbeing. These men's life narratives illuminate how stigma and discrimination associated with race, ethnicity, gender affect their health and wellbeing during resettlement. These findings offer evidence that the realities of ethnic minority refugee men in the United States, while unique, can contribute to broader discourses about minority men's health inequities.

Keywords: ethnic minority men, trauma, daily stressors, men's health, wellbeing, Black-African, refugees

INTRODUCTION

Recent studies have established that the cumulative effects of migration trauma differ for refugee and non-refugee immigrants.¹ Most notably, theoretical models of refugee health such as the direct-effects model explain that when the daily stressors of resettlement—including safety concerns, stigma and discrimination, language limitations, and lack of access to sufficient resources—are combined with previous traumatic exposure, such as armed conflict, refugees' post-migration mental health is affected.^{2,3} This is pertinent because research has shown that mental health status is a gateway to understanding general health and wellbeing.⁴ In the United States, this mental-health/wellbeing pathway is especially significant for ethnic minority refugee men, who

comprise more than half of all resettled refugees and migrate into communities that reflect troubled American attitudes about race and ethnicity, and gender.^{2,5–7} Yet to date, the direct-effects model has been widely applied only in international settings such as refugee and displacement camps to measure refugee health but has not been extended to study the ethnic minority refugee's resettlement experiences in developed-country contexts such as North America, Europe, Asia, and Australia.⁸

This pilot study intended for later expansion to address this gap—focused on a subset of ethnic minority refugee men in the United States: Black-African refugee men who had resettled in an urban setting in the United States. Black-African refugee men comprise of sub-Saharan Africans who have undergone multiple displacements due to political

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unrest, war, and genocide and spent time living in refugee camps before resettling in the United States.⁹ These men originate from three distinct regions of the African continent: West Africa (Benin, Togo, Ivory Coast, Ghana, Cameroon), Central Africa (especially the Democratic Republic of Congo), and the Horn of Africa (especially Sudan, South Sudan, Somalia, Ethiopia, and Eritrea).¹⁰ Because of the growing resettlement trends among these subpopulations, it is essential to understand how coming to terms with their evolving identities as Black-African refugee men in the United States affects their health and wellbeing experiences. Such findings will also highlight how their experiences contribute to US health disparities and inequality discourses more generally.¹¹

Intersectional Realities of Migration Trauma and the Daily Stressors of Resettlement

The concept of intersectionality emerged from emancipatory black feminism. It emphasizes how power relationships between macro-structural forces and individual social locations give rise to systemic inequities, including health disparities.^{11–15} The prime relationship of power to resource access and health outcomes—which holds that those with the least power and least access to material resources tend to have poorer health outcomes—has been well documented.^{12,13} In an intersectionality framework, power is perceived as relational and contextually derived.¹⁶

The concept of intersectionality has recently been expanded and adapted to include the disparities that affect racial, ethnic, and gender minority men.¹⁷ Certain groups of men with shared characteristics, such as aboriginality, disability, gay or transgender identity, or racial and ethnic heritage, are generally marginalized or subordinated vis-à-vis compared to other men. Evidence shows that men within such groups typically have poorer health outcomes.^{14,18} Intersectionality posits that social structures, which shape aspects of identity, are constitutive. Therefore, one can be privileged by one axis—such as class, race, sexuality, or ability—yet marginalized by another.¹⁹ In this study, this application is extended to explore the experience and status of being a racial, ethnic minority man in the United States classified as a former refugee.

The psychosocial impact of traumatic experiences in pre-migration settings has been a long-standing focus in the refugee literature, which has found a correlation between pre-displacement trauma and mental health outcomes such as the severity of post-traumatic stress disorder (PTSD) symptoms during resettlement.^{17,18,20} Approaches to refugee mental health have tended to emphasize refugees' past traumas as factors contributing to resettlement's clinical pathologies, including depression, and anxiety.^{21,22} As a result, most refugee mental health treatments emphasize psychotherapy, medication, and other individualized solutions that focus on these clinical pathologies.

Studies have found that resettlement environments' daily stressors cause high levels of distress among refugees.^{3,23–25} The profound changes to refugee livelihood is influenced by a host of practical and social coping challenges, including difficulty achieving life goals, difficulty attaining environmental mastery in a new place, poverty, and daily concerns about economic survival in a new country, loss of community and social support, and a reduction in meaningful social roles.²⁶ Many of these hurdles occur while learning how to navigate the resettlement environment. These refugee daily stressors tended to emerge during attempts to make sense of social and cultural norms incongruent with their original beliefs and worldviews and require learning how to make sense of and adjust to attitudes about racial, ethnic, and gender. Those efforts occur in environments that enable racial, ethnic, and gender stigma and discrimination. The effects that emerge on refugees' mental health—and health and wellbeing in general—are unsurprising. This study qualifies Black-African refugee men resettlement.¹¹ Understanding their perspectives is vital to illuminating the intersectional realities of ethnic minority refugee men's health and wellbeing in the United States and understanding how their specific circumstances as Black-African refugee men contribute to existing US minority health disparities.

METHODS

This study adopted an intersectional framework to illuminate the experiences of a growing but significantly understudied minority population. Intersectionality allows this study to consider how American attitudes

shaped the study population's evolving identities in resettlement and influenced their health and wellbeing. The evolution of their identities offers critical insight into Black-African refugee men's migration experiences, including their encounters with daily stressors in the United States (e.g., housing, employment, education, transportation, and health care), which are not adequately addressed in the extant literature.

A phenomenological approach was adopted to capture Black-African refugee men's narratives that reflect rich and compelling real-world experiences and perspectives. Inductive reasoning guided the study methods to maintain their authentic experiences and reveal how they organized and operationalized their evolving identities as ethnic minority refugee men in the United States.^{24,25} A purposeful sample strategy was used to recruit study participants based on these criteria: age (between 20 and 40 years); refugee status (officially designated as a refugee by the United Nations High Commission for Refugees); arrived on or after the 9/11 terrorist attacks in the United States; and willingness to consent to participation.²⁸⁻³¹ The young adulthood category of the life course model (as defined by Erikson) was selected because it is a time of making critical life decisions: balancing personal and professional practices and moving towards establishing independence, career, and intimate relationships. Young adulthood is when individuals define themselves with their environment and society, building family and charting their path toward success.³¹ The 9/11 criterion was included because the incident altered American norms towards to Arabs, Muslims, and Arab/Muslim appearing men of color.³²⁻³⁵

Our methodologies included five phases. In phase 1, the research team engaged in participant observations in social spaces frequented by refugee community members. The observations provided insights into intergroup relationships offered a chance to refined data collection instruments based on the observations. During phase 2, recruitment materials were circulated in communal spaces, and a deliberate verbal announcement was made to potential participants. In phase 3, interested candidates confirmed the study's eligibility requirements and consented, verbally or in writing, to participate. In phase 4, convenient places

and times for interviews were determined in consultation with participants. Phase 5 comprised a life narrative interview session that began with participants reaffirming consent.

Because of this project's pilot-study status, only 10 Black-African refugee men, whose home countries were in the East African region, were recruited and enrolled. Our small sample size aligned with the size of other qualitative phenomenological research studies that focused on understanding a phenomenon.³³⁻³⁹ Such findings cannot be generalized about all refugee men but rather to reflect one segment of Black-African men in the United States.⁴⁰

Life-narrative interviews elucidated the unique experiences of our participants. The narratives described participants' migration journey, trauma exposures, experiences navigating daily stressors, and past and current health and wellbeing.⁴¹⁻⁴⁵ Thematic areas of inquiry included their migration experiences, resettlement journeys, feelings about and interpretations of their adjustment, self-actualization and identity formation during resettlement, and health status and health-seeking behaviors. This broad array of themes helped to elicit multifaceted stories of each participant's personal development over time and to uncover cultural and social norms that could influence health and wellbeing.⁴⁶⁻⁴⁸ The University of Illinois Chicago institutional review board provided ethics approval for the study.

Data Analysis

The qualitative analysis software Dedoose 8.0.35 was used to organize and analyze the qualitative data.⁴⁹ All qualitative data were audio-recorded, participant observation notes were transcribed into text passages by the research team members.⁵⁰ A constant comparison analysis guided the data analysis to identify the participant's narratives' local concepts, principles, and processes.⁵¹

During the first stage of the analysis (open coding), the data were broken down, examined, compared, conceptualized, and categorized. During the second stage (axial coding), codes were grouped into emerging related categories.⁵² In the third and final stage (selective coding), the core categories were systematically related, validating their relationships and filling in

categories that needed further refinement. The findings were triangulated and guided subsequent theoretical sampling decisions.⁵³ Eventually, a phenomenon explained the goals of this study inquiries.

FINDINGS

The themes that emerged from the participant narratives offer insights into their trauma exposures, encounters with daily stressors that reflect American attitudes, and the degree to which those experiences affected their health and wellbeing. Although we present these themes as distinct conceptual units, the phenomena they represent inevitably intersect, which helps to establish a strong base for theorizing our target demographic's health and wellbeing.

Continuum of Trauma

When asked about their migration journey to the United States, participants began with their present state of being, frequently expressing a profound appreciation for their freedom and the opportunities afforded in their resettlement environment. For many, this was their first time they were pursuing educational and professional opportunities without fear of war and violence. Such reflections were framed based on their on their migration journeys and associated trauma that they had to overcome. The following excerpts demonstrate such forms of reflection.

Aaden, a 31-year-old former refugee and a cab driver, explained how he felt before migrating:

"Trauma affects everything. During the war, I lost control of many things. I could not do whatever I want because of limitations and avoiding the risk of being killed. Such constant fear is traumatic while trying to survive."

Aaden was reflecting on a common predicament that individuals faced when deciding whether to leave their homeland. Barre, a 36-year-old former refugee, part-time taxi driver, and college student, meanwhile, talked about life in transit:

"Life was hard in the [refugee] camp. We suffered a lot. There were a lot of things that

We had a very hard life in the camps after running away from the civil war. We worried about food and water. There were a lot of people that didn't have anywhere to sleep. I saw people die of hunger."

Barre was only a child when he fled with his family to refugee camps in neighboring countries. He said that refugee camps were not always adequately equipped to provide support for everyone arriving. At times, basic needs such as food, water, and shelter were insufficient, causing many people to suffer even after finding refuge in another country.

Cawli, a 40-year-old former refugee and a registered nurse, described the experiences of his family:

Typically, I had a lot of cousins, but they died in the civil war. One of my older brothers got mentally ill because of his experiences during the war. Today, he still suffers quite a bit—most of the help and support we tried to get him hasn't worked. I don't think many people out there can understand what he is feeling and how it has impacted his life. After the war, he has never been the same, which has affected him in having a normal life in the US.

Cawli shared extensive details about how he thought his family's migration journey had impacted their current life and wellbeing, with a particular focus on mental health. He was deeply concerned about one of his brothers, who is older and has not overcome his refugee trauma. His brother's situation is so dire that he believes that he will never be self-sufficient and will be forever dependent on his family. For Cawli, as for other participants in this study, the effects of trauma are ever-present, which they must learn to cope with and overcome during resettlement. For some, they have transformed their feelings into motivation points to achieve success.

Encounters with Resettlement Social Norms

Resettlement experiences reflected daily stressors heavily influenced by American stigma and discriminatory attitudes about race, ethnicity, and gender. Anxiety associated with learning a new language and navigating complex systems of health care, education, housing, employment, and transportation—reactions

common to all refugees—these Black-African refugee men navigate these challenges through the gauntlet of race, ethnicity, gender, and immigration status imposed on them and their extended families.

Understanding attitudes about race, gender, and ethnicity were unavoidable self-actualizing processes that influenced how these men made sense of how to access resources and services during resettlement. Inherent understandings of these attitudes tempered their expectations because they saw how other ethnic minority groups were viewed and treated in the United States. To sustain themselves and to function successfully in their new society, they turned to extended families and other refugee communities—previously resettled refugees, most notably—to learn how to mitigate those social and cultural norms and adopt strategies to overcome daily stressors.

One of the most common coping strategies was becoming self-reliant and less dependent on the American systems to reduce exposure to those attitudes. The following reflection from Daahir, a 34-year-old former refugee and fourth-year medical student, reflects this theme:

"My family lost our father in the civil war. I arrived in the USA with my mother and sister. I learned very quickly that I needed to take on a leadership role to support my mother. It was challenging because I also wanted to do well in school. However, I realized that being a man in this society would significantly help our family."

Participants identified family loss during their refugee migration journey as the pivotal moment they were catapulted into adult responsibilities, suddenly being required to assume the role of men making significant decisions for themselves and their siblings. They were motivated to ensure that their family stayed together and thrive. As men of their families, they knew that they could navigate patriarchal-oriented American attitudes better than female relatives. The unfortunate consequence of their new burden of responsibility was more significant anxiety, stress, and fatigue levels. Filsan, a 35-year-old former refugee and engineer, described it this way:

"Yes, I was the oldest in my family, so I had to be the family leader because my father was killed in the conflict war. I had to assume my father's responsibilities, lead the family as a man, work hard, get an education, and ensure everyone's safety. So, I was sort of the captain of the family. Yes, I became a man at a young age, even though I was a child. No one showed me how to do it, but I remember my father. As a man, abandoning my family was not an option. It was not easy because there was so much to learn. I had to find ways to succeed. We lost some aspects of ourselves in our country but gained freedom in America. While we appreciate our new life in America, it is not easy for a black person to try to exist. I am constantly aware of police profiling. At times, I change my daily routines to ensure that I can be around for my family."

When asked to elaborate on how these experiences affected their health and wellbeing, mainly as Black-African refugee men in America, participants identified the targeted negativity and hypervigilance of minorities to their communities. Such circumstances are related to the aftermath of the September 11, 2001, terrorist attack, where overt stigma and discrimination towards Arabs, Muslims, and Arab/Muslim-appearing men in the United States.³²⁻³⁹ Filsan and others are always concerned by what has become such normalized American attitudes. Such vulnerability appeared to be linked to several common health conditions the men reported.

Making Sense of their New Identities

Study participants drew explicit connections between their health and wellbeing, migration trauma, and daily stressors that embodied American attitudes. The most identified health issues were diabetes, high blood pressure, stress, anxiety, and sleeping disorders. These conditions had not been diagnosed before resettlement and emerged only after the participants' integration into American society.

Making sense of America's attitudes with their evolving identities had consequences for these Black-African refugee men. Nadifa, a twenty-eight-year-old former refugee medical student, explained:

"It's tough because [I believe] identity is something you define with yourself and your family. However, it's very different in American society because of your [skin] color. If you are Black, it is assumed that your status is lower and different, causing you more stress and concerns. I know I am racially profiled and targeted. I say to myself, if I were white, maybe I wouldn't have this kind of feeling. It affects my wellbeing, causing stress, but it's something that I must understand about America."

Nadifa later reflected on how American attitudes have shaped his perceptions of race and ethnicity. His comments about being profiled and racially targeted were mainly related to American stigma and discrimination about race, ethnicity, gender, and presumed religious affiliation. Rooble, a 36-year-old former refugee and an Uber driver, elaborated on this process:

"I have learned to embrace my identity as Black-African American, but again, it's not the same, for me as it is for most other black men. You know there is a distinction. There is the African American experience, which is completely different from what I experienced. They didn't come to this country by choice. I wasn't brought here by force and enslaved. And they have generations of cultural legacies. I came as a refugee."

Finally, Tahiil, a 40-year-old former refugee and graduate student, explained that his professional aspirations would lead to better health-care access:

"If you have a better job, you have better healthcare. If you have better healthcare, you have a chance to see the right doctor every time. Once you see the right doctor, you will be better off. If you don't have health insurance, you will suffer with severe health problem. For that, you might die easily without proper health care. Those are the things that I worry about living in America."

These thematic findings draw attention to the intersectional nature of how Black-African refugee

men who have been exposed to trauma negotiate American cultural and social norms and how these experiences affect their health and wellbeing during resettlement. Unlike other published studies about refugee resettlement experiences, we revealed that these Black-African refugee men had to come to terms with the American attitudes.⁵⁴⁻⁵⁶ Our intersectionality approach of this study uncovered these realities and lay bare it could not be avoided or ignored. As a result, these African-Black refugee men aligned with other historical minority communities and adopted their strategies to survive in America. It all centered on the notion that it was essential to survive as ethnic minority man. These strategies, passed from older to newer members of the minority refugee community, were centered on a critical understanding: that the effects of trauma continue to manifest amidst daily life stressors.

We observed how the study participants negotiated resettlement as trauma-exposed refugees and how the tensions that resulted while attempting to establish their new identities affected their health and wellbeing. Their narratives reflected how they rationalize American social and cultural norms about ethnic minorities and ethnic minority men and the overwhelming disadvantage that they faced in these identities. Identities were constantly re-adjusted when accessing and utilizing resources.

DISCUSSION

The narratives of these Black-African refugee men tell the story of their resettlement experiences and how they make sense of their encounters with daily stressors in the US that embodied social and cultural norms of race, ethnicity, gender, stigma, and discrimination. Our findings suggest that such experiences had significant impacts on their health and wellbeing, particularly on issues related to diabetes, high blood pressure, stress, anxiety, and sleep disorders. These health conditions were not of concern to these men during their migration journey.

However, it all became significant in the aftermath of their resettlement.

The most compelling revelation shared by most of the Black-African refugee men that identified as Muslim, was negotiating daily stressors manifested in the aftermath of the New York World Trade Center terrorist attacks on September 11, 2001. Because of the broadly defined profile of perpetrators of the incident, many American society became hypervigilant about Arab, Muslim, and Arab/Muslim appearing men in the United States. The consequence of such shift in American norms directly impact many of these Black-African refugee men who resettlement into communities that were under greater scrutiny under the guise of curbing terrorism³²⁻³⁹. This case scenario illustrates how the evolution of American social and cultural attitudes toward ethnic minority men intensified the daily stressors of the participant's environment.

CONCLUSION

This study yielded insightful narratives about a particularly understudied population of Black-African refugee men in the United States. Our goal was to explain how Black-African refugee men made sense of their evolving realities in the United States and how they dealt with their daily stressors. Our inquiries went beyond mental health to explore how their unique experiences affected their general health and wellbeing.

The implications of these narratives provide a first step for building a conceptual staircase that could theorize the intersectional realities of Black-African refugee men in the United States. Such a conceptual framework must reflect how structural social phenomena (social and cultural attitudes about race, ethnicity, gender, stigma, and discrimination of the resettlement environment) influence Black-African men's health and wellbeing.⁴⁷ These life narratives also indicated some missed opportunities to center an intersectional framework in resettlement resources to address trauma and daily stressors among Black-African refugee men.

LIMITATIONS OF THE STUDY

We acknowledge that this study has several limitations. The small sample size does not provide enough evidence to generalize about all resettlement experiences of ethnic minority refugees. However, the initial pilot study project was to inform the design and implementation of more extensive research study activities. Because of this study's limited scope, aggregated health indicators were not taken from the participants; instead, we relied on participants self-reporting their health status. Finally, this study was conducted in one of the most hyper-segregated cities in America. The environmental impact of segregation may have influenced behaviors and attitudes.

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