Exploring Wellbeing for African Fathers with Refugee Backgrounds Parenting Children from Birth to Two Years of Age in Australia

This thesis is submitted in partial fulfilment of the Honours degree of Bachelor of Psychology (Advanced) (Honours)

A1794142

School of Psychology

The University of Adelaide

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Abstract

Over seven million people in Australia were born overseas, and many have different cultural approaches to pregnancy and care of young children. Furthermore, people with refugee backgrounds may have additional considerations associated with trauma. However, very little research concerning the perinatal period has considered the needs of refugees in relation to early parenting. This is particularly the case for refugee men; while there has been some research concerning perinatal care for refugee women in Australia, there is a significant gap in literature which concerns the experiences and wellbeing of refugee fathers in this period. This qualitative study focusses on refugee men from the African continent, with interviews with refugee men from African countries, and health providers with experience working with refugee families from the African continent. Thematic analysis identified the following themes: "Trauma just permeates everything really doesn't it?": Refugee status and trauma during early parenting in resettlement countries; Providers and carers: African refugee men's changing roles in relation to fatherhood; Men's engagement is increasing: Broader cultural change, and; Men supporting men: Supporting new fathers in the African refugee communities in Australia. These findings suggest that African refugee men's traditional roles in early parenting often change as a result of the interplay between refugee experiences, pre-existing trauma, and adapting to living in resettlement contexts. This cultural shift in men's engagement in early parenting calls for an increase in providing culturally specific supports for African refugee fathers during this period.

Keywords: Refugee, Africa, early parenting, perinatal period, wellbeing, fathers

Declaration

This thesis contains no material which has been accepted for the award of any other degree of diploma in any University, and, to the best of my knowledge, this thesis contains no material previously published except where due reference is made. I give permission for the digital version of this thesis to be made available on the web, via the University of Adelaide's digital thesis repository, the Library Search and through web search engines, unless permission has been granted by the School to restrict access for a period of time.

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Table 1

Contributor Roles

Role	Role Description	Student	Supervisor 1	Supervisor 2
Conceptualization	Ideas; formulation or evolution of overarching research goals and aims.	X	X	
Methodology	Development or design of methodology; creation of models.	X	X	
Project Administration	Management and coordination responsibility for the research activity planning and execution.		X	
Supervision	Oversight and leadership responsibility for the research activity planning and execution, including mentorship external to the core team.			
Resources	Provision of study materials, laboratory samples, instrumentation, computing resources, or other analysis tools.		X	
Software	Programming, software development; designing computer programs; implementation of the computer code and supporting algorithms; testing of existing code.			
Investigation	Conducting research - specifically performing experiments, or data/evidence collection.		X	
Validation	Verification of the overall replication/reproducibility of results/experiments.	X	X	

Data Curation	Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later re-use.	X	
Formal Analysis	Application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data.	X	X
Visualization	Visualization/data presentation of the results.	X	
Writing – Original Draft	Specifically writing the initial draft.	X	
Writing – Review & Editing	Critical review, commentary or revision of original draft.	X	X

Statement of Contribution

The research reported in this thesis was funded by the Flinders Foundation.

Introduction

The perinatal period (defined in this study from conception to two years of age, in line with research on the so-called first 1000 days (Moore et al., 2017)) is an important time for the health and wellbeing of not only children, but also both mothers and fathers or other primary carers (Darwin et al., 2021). However, much of the research concerning parent or caregiver wellbeing in this period focuses on women in high-income countries, often in relation to ante- or post-natal depression or anxiety (Smythe et al., 2022). To date, very little research has considered the wellbeing of culturally and linguistically diverse (CALD) parents or caregivers during this time, and especially those with refugee backgrounds (Wrottesley et al., 2016). Where the literature does consider the wellbeing of refugee parents and caregivers in the perinatal period, the focus is again on women and typically relates to ante-natal care and wellbeing immediately post-birth. There is very little research related to refugee men's wellbeing in the perinatal period, and even less that considers refugee fathers' wellbeing when parenting children from birth to two years of age (Due et al., 2022; Forbes et al., 2021; Riggs et al., 2016). Finally, most of the existing literature in this area generalises across the experiences of people with refugee backgrounds, rather than considering specific populations (Forbes et al., 2021). Given these gaps, this project aimed to focus on men with refugee backgrounds from the African continent living in Australia, in relation to parenting children aged zero to two years of age (hereafter: 'early parenting'). Specifically, this project explored the following research questions: How do African fathers with refugee backgrounds discuss their experiences and wellbeing during the perinatal period, particularly in relation to early parenting? And, how do health providers view the wellbeing and experiences of African fathers with refugee backgrounds in relation to early parenting?

Terminology

Refugee

The term ‘refugee’ refers to a person who is forced to flee their country of origin due to fear of persecution, conflict, violence, or other circumstances which require them to seek international protection (United Nations High Commissioner for Refugees [UNHCR], 2018). Within the context of Australia, refugees are usually granted permanent protection after referral to the Australian Government for resettlement by the UNHCR (Phillips, 2013). While this study refers to participants as ‘refugees’ for brevity, it is important to recognise that identity is a complex concept and being a refugee is only one component of a person’s identity.

Wellbeing

This thesis takes the view of wellbeing as defined by the World Health Organisation (WHO), which says that health is a state of complete mental, physical, and social well-being (World Health Organisation [WHO], 2022). The WHO also defines psychological wellbeing (or mental health) as a state of wellbeing in which an individual can realise their own abilities, cope with stressors, and contribute productively to their community (WHO, 2022). Therefore, this paper uses the terms *wellbeing* and *psychological wellbeing* interchangeably to refer to both the WHO definitions of health and mental aspects of wellbeing.

Background

In terms of refugee men’s involvement in perinatal and early parenting experiences, the literature to date focuses on two main areas, namely: 1) men as supporters to their (women) partners, and 2) changing roles for refugee men as fathers in resettlement countries. Wellbeing is discussed to a small extent in both of these areas and is focused on in the summary of these bodies of research below. Given the lack of research for African refugee

men specifically, literature related to CALD men (including African men who haven't been refugees) and migrant men more generally is also outlined.

Men as supporters and providers

As noted, there is very little literature concerning the experiences, wellbeing, and perceived role of CALD men during the perinatal period in general, and early parenting specifically. In terms of this thesis' focus on men from African countries, much of the existing research concerning men from Africa (prior to migration or seeking refuge) suggests that - while of course there are cultural variations – a trend is seen whereby many African men adopt (or are provided with) the role of supporter and provider in early parenting, typically dictated by their cultural background and the gender roles within this culture (Renzaho & Oldroyd, 2014). For example, a qualitative study by Watson et al. (2023) on men's perceptions of their roles in early parenting found that men from sub-Saharan African communities often took on the role of supporters and providers in the family, particularly with regard to issues such as finances, food, and medicine. The same was found in Matseke et al.'s (2017) qualitative study exploring fathers' involvement in early parenting among men in rural South Africa, which found that men's role in early parenting was typically providing financial, emotional, and practical support to their partners, often by undertaking physical tasks.

Migration adds an extra layer of consideration in terms of men as providers and supporters in early parenting since migration often isolates women and men from the support networks they would otherwise have received in the early parenting period (Correa-Velez et al., 2015). For example, a mixed methods study conducted by Shafiei et al. (2015), investigating immigrant Afghan women's emotional wellbeing following birth and their use of health services in Melbourne, found that immigrant women increased dependence on their male partners for support during the perinatal period following migration. Owens et al.

(2016) suggests that this increase in dependence is likely due to the comparative lack of support migrant and refugee women receive in resettlement countries compared to the levels of support they would have received from extended family and community in their country of origin.

As such, research suggests that CALD migrant fathers, while retaining roles as providers and supporters, are also more engaged in early parenting compared to their potential levels of engagement in their countries of origin or as their cultural background may have dictated (Forbes et al., 2021). For example, Benza and Liamputtong (2014) conducted a meta-synthesis of qualitative research exploring the perceptions of pregnancy, childbirth, motherhood, and lived experiences of migrant women in resettlement countries. This review found that in general fathers were more active in their resettlement countries, including participating in events such as their child's birth and providing support such as translations of information in appointments (Benza & Liamputtong, 2014). A systematic review of African fathers living in Australia found that this was also true of African families specifically (Mugadza et al., 2019). For example, a qualitative study conducted by Onyeze-Joe et al. (2022) on the experiences of migrant African fathers in Belgium found that first-time fathers retained their primary role as providers, however they also took on additional roles such as sharing in childcare responsibilities due to the absence of an extended family support network.

For refugees living in resettlement countries in particular, studies have shown that, as is the case for migrant men more generally (Renzaho & Oldroyd, 2014), refugee men contribute to perinatal and early parenthood by providing for their families. For example, in their qualitative study exploring the experiences of early parenting for Afghan refugee men living in Australia, Riggs et al. (2016) found that refugee men were instrumental in supporting their wives during the perinatal period through accompanying their partners to

appointments, as well as providing transport and language support. In general, research shows that migration likely leads to key changes for men in terms of early parenting, as seen in the following section. These changes to roles – driven by cultural shifts and migration – are likely important for African men (and men more generally), since research has shown that only taking on a provider role can negatively impact fathers' wellbeing, as they often show a desire to be more actively involved in their children's lives (Ghaleiha et al., 2022).

Changing roles for refugee men as fathers in resettlement countries and links to wellbeing

As highlighted in the previous section, research has found that migration leads to changes in gender roles which often see men being more active as fathers than in their resettlement countries (Forget et al., 2019; Salami et al., 2017). For example, and focussing on African men, a qualitative study by Watson et al. (2023) explored men's perceptions of their roles in child health and nutrition by conducting focus group discussions with men living in sub-Saharan African communities. The results suggested that men had a desire to be increasingly involved in early parenting. This desire to be increasingly involved likely has positive wellbeing impacts for fathers still living in African countries, as indicated in a randomised control trial by Drysdale et al. (2021). As an example, men living in Soweto, South Africa who attended their partner's ultrasound subsequently reported positive feelings toward their partner and unborn child, as well as a desire to provide them with additional support (Drysdale et al., 2021).

As noted above, migration adds an extra layer of consideration on top of cultural status, often driven by separation from family and support networks. Research on the experiences of early parenting and wellbeing for African migrant fathers resettled in other high-income countries comparable to Australia, such as Belgium, has found that African men are exposed to barriers such as cultural gender roles, including the expectation to take on the role as provider for the family, as well as negative stereotypes such as paternal

irresponsibility around childcare (Onyeze-Joe et al., 2022). Furthermore, a qualitative study by Este and Tachble (2009) examined the perceptions and experiences of Sudanese refugee fathers living in Canada. Participants reported being actively involved in their children's lives through various aspects, including being committed to providing for their children and contributing to their moral development (Este & Tachble, 2009). Some Sudanese fathers expressed frustration toward barriers impacting the time they were able to spend with their children, including working multiple jobs in order to provide for their families (Este & Tachble, 2009). Additionally, a qualitative research synthesis conducted by Salami et al. (2017) exploring the parenting practices of African immigrants found that following migration, African fathers' roles in parenting often shift from a disciplinarian provider to an actively involved father who supports his children socially and emotionally (Salami et al., 2017).

It is possible that the changes highlighted in the previous section in terms of men's shifts to greater involvement in early parenting has positive wellbeing outcomes for refugee and migrant men. A systematic review by Baldwin et al. (2018) examined 22 studies exploring the transition to fatherhood for first time fathers. The results demonstrated that men's engagement in perinatal care has positive wellbeing outcomes for the fathers themselves (Baldwin et al., 2018). Additionally, according to Burgess (2009), men who are increasingly involved during the earlier periods of their child's life are more likely to remain involved throughout their child's life, conferring possible positive outcomes for wellbeing. These positive wellbeing outcomes for fathers involved in early parenting are similar for African fathers specifically, as indicated above in reference to the study by Drysdale et al. (2021). However, to the authors knowledge, there are no studies which address the wellbeing outcomes for African *refugee* fathers involved in early parenting in resettlement countries.

Aims and research questions

As can be seen, African men – including both migrants and refugees – typically take on a 'provider' or 'supporter' role for their families when their children are very young, potentially at risk of their own wellbeing (Giallo et al., 2013). Given that refugees living in resettlement countries such as Australia are at an increased risk of experiencing negative mental health outcomes more generally, considering father's wellbeing in early parenting is important (Porter & Haslam, 2005). As such, the overarching aim of this thesis was to document the experiences and perceived wellbeing of refugee men from African countries living in Australia.

Method

Design

This study employed a qualitative design, enabling the experiences and voices of refugee men from African countries to be highlighted (Forbes et al., 2021). This study was underpinned by a critical realist epistemological approach which acknowledges that there can be multiple shared realities, and the way individuals make meaning of their experiences is influenced by broader social contexts such as culture and language, which are important considerations in this research (Braun & Clarke, 2021a).

This current study, focusing on the experiences and wellbeing of African men with refugee backgrounds in early parenting, is part of a larger project concerning the experiences of perinatal care more generally and wellbeing for both men and women with refugee backgrounds from African countries. This broader project included interviews with health providers and African men and women with refugee backgrounds. Interviews with men and women were conducted separately and no dyads (e.g., husband and wife couples or people in de facto relationships) were included. Given the dearth of literature concerning men's needs

specifically (Riggs et al., 2016), a decision was made to focus on men's experiences and wellbeing related to early parenting in this thesis, through use of data from interviews with both men and a sub-set of health providers (specifically, those working in the early childhood area). As such, the below details regarding methods focus on the relevant details for men and the sub-set of health provider participants, with reference to the larger study when needed.

Participants

In total, 11 participants were included in the study. Participants were drawn from two groups, with the intention of triangulating data to compare perspectives on the research focus (Tracy, 2010). Group One consisted of five men with refugee backgrounds from African countries (Burundi, Eritrea, Ethiopia, and the Democratic Republic of the Congo [DRC]). Three of the men identified as Christian and two as Muslim. Participants from Group One had been living in Australia from between five and seven years. Eligibility criteria included that men were aged over 18 years, were born in an African country, had arrived in Australia as a refugee, and had had children in Australia that were less than two years of age. Additionally, men needed to have been in Australia for seven years or less at the time of the interview. This final criterion was to ensure a degree of recency in arrival so that it was more likely that men had experience of more current healthcare systems.

Group Two included six healthcare provider (HP) participants with experience working in the early childhood setting, including four social workers and two psychologists. Participants had worked for between five and 10 years. Some HPs were from African descent and had both migrant and non-migrant backgrounds, including participants from Kenya and Tanzania.

Please note that demographic information provided is necessarily minimal to reduce risks due to confidentiality, including no participant table (Saunders et al., 2015).

Procedure

This study received full ethics approval from the Women's and Children's Hospital Human Research Ethics Committee (approval number *removed for anonymity*) as well as the authors institution (approval number *removed for anonymity*).

Given the known challenges of recruiting men with refugee backgrounds (Stapleton et al., 2015), men were recruited as a convenience sample through a range of strategies. Recruitment assistance was provided by cultural research assistants who formed part of the larger project team. These included three men and two women from Africa (Ethiopia, Kenya, and Uganda) who could speak multiple languages and who had deep and trusting relationships with many of the African communities living in Australia. Additionally, recruitment was conducted through the broader research team's networks as well as on social media, and through (passive) snowball sampling. HPs were also recruited through the research team's networks and snowball sampling. Again, this formed a convenience sample.

Sample size was determined following Braun and Clarke's (2021b) suggestion of pragmatic practice, whereby multiple goals associated with the research coalesce to provide considerations around an appropriate sample size. In the case of the broader project, these considerations were: available funding, time constraints, and richness of the interview data as participants were recruited and the first stages of coding began.

All refugee participants were offered the use of a professional interpreter, with one participant requiring this assistance. Interview questions for both groups of participants were broadly about men's experiences of their women partner's/wives' pregnancies and early parenting, as well as current available support and potential ways to improve systems and services. In terms of the relevant questions for this thesis, refugee men's interviews included demographic questions, men's experiences of early parenting in Australia, and the influence

of those experiences on their wellbeing including in relation to their experiences as refugees. Relevant questions for HPs included demographic questions (including their experiences in working with refugee men from African countries), and their perspectives on African refugee men's experiences of early parenting and their wellbeing during this period. Across the groups, interview lengths ranged from 35 to 70 minutes ($M = 43$, $SD = 6$). Participant data was de-identified and pseudonyms provided.

Interviews were recorded and transcribed verbatim. This study utilised the existing data relevant to men's experiences and wellbeing in the early parenting period. An audit trail was kept by the researcher in line with Tracy's (2010) criteria for excellent qualitative research to ensure transparency and self-reflexivity. The audit trail consisted of notes on methodology as well as reflections on interviews, codes, and themes.

Part of excellence in qualitative research relates to researcher reflexivity. The student author of this thesis is a white, Australian-born woman, with no children. These characteristics may have affected the direction of the coding and analysis, for example, focussing on some aspects which may have differed if the analysis was being conducted by a father with experience of migration.

Data analysis

Thematic analysis was used to analyse the data, using the six-step approach developed by Braun and Clarke (2006) to effectively explore the perspectives of participants. As the data had already been transcribed prior to this thesis beginning, this study used the subsequent five steps to conduct the analysis, including (2) reading transcripts and familiarising oneself with the data; (3) first coding data manually using an inductive, data-driven approach to identify data relevant to African refugee men's experiences of early parenting in Australia, and then developing subsequent themes; (4) reviewing themes and generating a thematic map; (5)

defining and naming themes, and; (6) producing a written analysis. Both codes and themes were cross-checked by the student author and their primary supervisor. The datasets of the two participants groups were analysed together with the view to triangulate the data to compare perspectives.

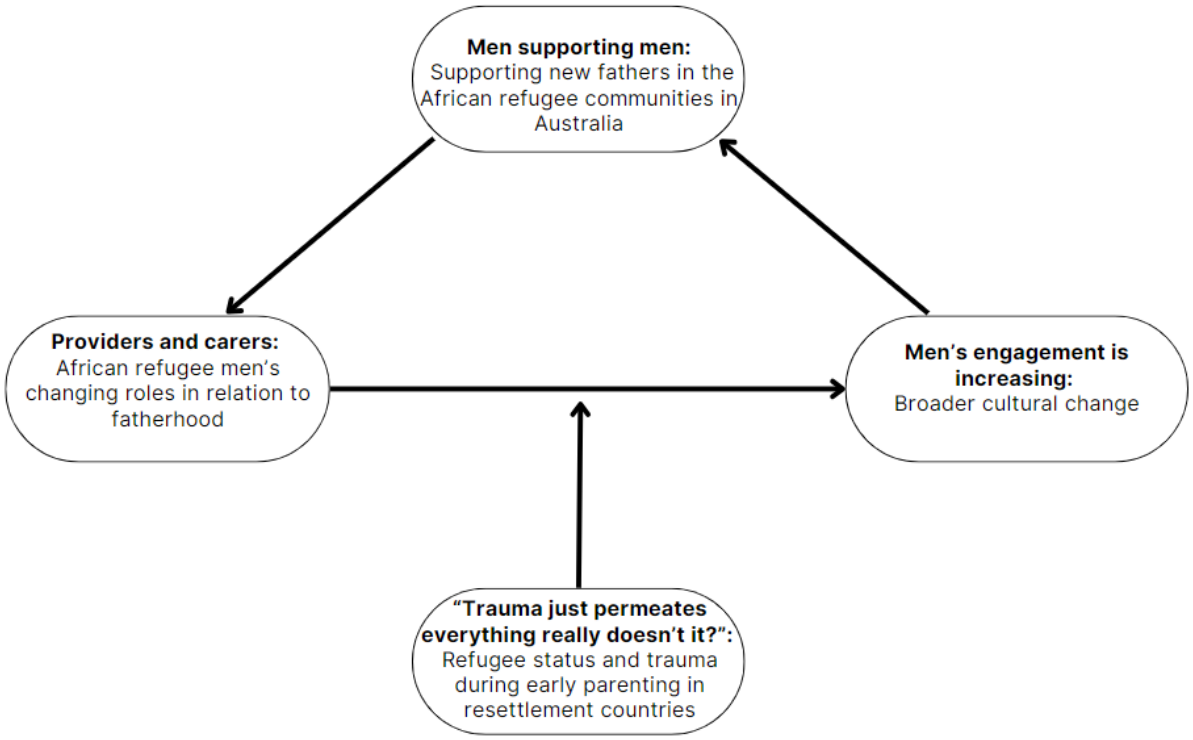
Results

Overview

Thematic analysis of interviews identified four themes relative to the research questions (see Figure 1), namely: “Trauma just permeates everything really doesn’t it?”: Refugee status and trauma during early parenting in resettlement countries; Providers and carers: African refugee men’s changing roles in relation to fatherhood; Men’s engagement is increasing: Broader cultural change, and; Men supporting men: Supporting new fathers in the African refugee communities in Australia. Extracts are provided together with information about the participant (again within the limits of confidentiality). This includes whether the participant was a refugee man or a HP. For refugee men, country of origin was also included for context.

Figure 1

Thematic Map



"Trauma just permeates everything really doesn't it?": Refugee status and trauma during early parenting in resettlement countries

Participants highlighted that previous (or current) experiences of exposure to traumatic events and any resulting psychological trauma was a key concern in relation to early parenting for all refugee men, including men from African countries. HPs reported that traumatic experiences and refugee status often interacted to negatively affect men's wellbeing, which could be a concern during the early parenting period. As Kayla (HP) said: "trauma just permeates everything really doesn't it?". Similarly, Cadence discussed the various issues around trauma and refugee-related experiences which may come together to affect mental health and wellbeing in early parenting. Specifically, she shared her experiences

of running programs for men as fathers in terms of men's (potential) experiences of refugee camps amongst other things:

> "Sometimes for families, particularly, yeah, coming from refugee camps is daunting. Because it brings many, many issues, like settling issues and like, yeah, could be adjusting to their system. Yeah. Poverty is sometimes – there are other issues related to refugee camps. If someone live there for very long they might – there's a lot of other health issues and mental health issues, maybe also [that] men might have that are not understood. Yeah. They might also need support around that."
>
> (Cadence, HP).

Here, Cadence points to a range of potentially traumatic issues associated with the experience of living in refugee camps, which are often not well understood and may negatively impact wellbeing during the early parenting period.

Grace also discussed additional stressors which refugee men from African countries might face, and which may be traumatic in the early years of parenting in a resettlement context. She said of this time that refugee men can be expected to:

> "…meet everybody's needs, including the needs of significant people who are left behind and I guess it's not just that by itself. It's also still the gender roles that come into [parenting]. I cannot look at [the refugee experience] by itself as having an impact into how [refugee men from Africa] become involved in care antenatally and postnatally. I guess it is all that together. It is not one thing."
>
> (Grace, HP).

Here, Grace discusses gender roles as important, but highlights the importance of considering the interactions between gender roles, refugee status, and associated stressors such as family members left behind in countries of origin.

Refugee background men also discussed trauma in relation to their experiences of early parenting, including the surfacing of pre-existing trauma specifically during the perinatal period. For example, Jake (Eritrea) said: “Men get depression and anxiety too about pregnancy and birth”. Jake also described his negative emotions being heightened by his experiences as a refugee, leading to fears for his own children:

> “And especially for refugees because we have been through traumatic things and some of those things come up when you are having a baby. You think about friends who have died or your parents who have died or experienced torture or trauma or war. Even though my children are safe in Australia I can’t stop thinking of what I would do if that happened to them. I didn’t think about that before my wife was pregnant the first time and then I couldn’t stop.”
>
> (Jake, Eritrea).

Here, Jake discusses the emergence of traumatic memories associated with his experiences as a refugee, which often arise during the early parenting period.

HPs also discussed the anxiety experienced by some fathers around being involved in early parenting care in Australia, and the way that anxiety manifested for men. For example, Olga (HP) said: “Some men, they don't want to go in the day care room because they are scared. Some of them they faint, some of them they vomit.” Olga further explained that: “It's not that they don't want to or that is something preventing them to do that, it's they're not used to it.” Similarly, refugee men themselves highlighted how refugee status and trauma could impact the way that men made choices about raising their children:

> "I work in a removed for confidentiality and my wife looks after our children. We don't want our children in child care because of what we have been through, they are really important to us so… yeah. My wife looks after the children and I go to work."
>
> (Manu, Ethiopia).

In this extract Manu refers to a 'traditional' family model whereby he worked, and his wife looked after their children. However, he indicated that their choices, while again congruent with gender norms, were also dictated by past traumas. He also went on to highlight this when remembering the births of his two children (both in Australia):

> "Both times I was nervous and worried about the labour but after the baby come, it was good. Of course, you are tired and you have to go to work and then come home and then some men would just sit down, or want some tea but, especially for my second child I wanted to be a help and a dad."
>
> (Manu, Ethiopia).

Here, Manu points to his desire to "help" in relation to his second child. However, the fact that some participants' trauma in relation to their past experiences was often triggered by becoming a father, it meant that this was also seen as a key period where men needed help for their own mental health. For example, Jake said:

> "When my wife was pregnant first that is when I really thought – oh I'm going to be a dad. And that was when I had to deal with all those emotions and past traumas as I said. So definitely some help then for some men could be good."
>
> (Jake, Eritrea).

Overall, dealing with emotions as a result of past traumas was described by both groups of participants as negatively impacting men's wellbeing during the early parenting period. These

emotions were seen as being heightened by refugee status, navigating gender roles in resettlement contexts, the absence of extended family who would typically be involved, and various fears around becoming a father.

Providers and carers: African refugee men's changing roles in relation to fatherhood

A key theme which both groups of participants spoke to related to traditional culturally-based gender roles for fathers. In particular, both groups of participants indicated that often men's roles were seen largely as providing practical support to their families. For example, Kofi reported that men were viewed as providers and protectors of the family in many African cultures, including his own:

> "Also not only most of the men I spoke to [in my role as a psychologist], but even from what I know back home in Africa, men, the men's role is mostly providing for the family and protecting the family."
>
> (Kofi, HP).

Here, Kofi described African refugee men's perceived role in early parenting to be "providing for" and "protecting" his family.

Both groups of participants indicated that one way in which African refugee men provided for their family in the resettlement context was by interpreting. Often, men had previously had more access to education than women, meaning that their English was further advanced. As such, both groups of participants recounted instances where men took on the role of the interpreter during appointments around family matters. Often men indicated that they adopted this role (rather than organising a paid interpreter, where available) to maintain privacy, due to concerns about interpreters particularly in relation to children, where some participants reported a degree of 'secrecy' or concern about sharing information outside the family. For example, when asked why he declined the offer of a provided interpreter during

appointments, Clevon (Burundi) responded: “Ah, because in your culture it’s – it’s nothing. Yeah. It’s good, but sometimes, ah, I – we feel uncomfortable when we talk of our [pregnancies and young children] – about our secret […]”.

However, refugee men in this study indicated that – partly due to exposure to traumatic events – they wanted to become more involved in their children’s lives than they previously might have been. For example, Manu (Ethiopia) shared some of the various factors that affected his decisions and choices as a father:

> “My dad died [when I was young] and I wanted to play with my children and to keep them safe. I can see that one day it might be too late. I do worry about this too actually. But it is hard when they are little and you have worked a lot, or if you do not have the [carer’s] leave or if your boss says no. And for some men even the – you know – even the Australian men, they tease if you say you are taking a day off to go to the hospital with your wife. So anyway, some days, I did not see them, see my children, because I leave too early in the morning and get home too late. But I still make an effort. And I know that is hard for my wife too, it is busy with the little ones and now she is pregnant again.”
>
> (Manu, Ethiopia).

Here, Manu points to the difficulties he faced in early parenting, particularly in relation to his desire to spend time with his children. Manu specifically notes that this desire was impacted by his employment, where he was the subject of “teas[ing]” from “Australian” men if he had to leave work early to support his wife or look after his children. Elsewhere in his interview, Manu indicated that he had studied Social Work at University level, and reflected on the divide between his education and his culture in terms of expectations around fathering roles:

> "Also, I learnt in my Social Work course [spending time with your children] is important to do for fathers, for men to be with their children. In my culture it is not so much the way that it happens but I wanted to help for my wife and she wants help too."
>
> (Manu, Ethiopia).

As such, Manu indicated that while he wanted to spend time with his children, he faced challenges not only from Australian work colleagues, but also from his own cultural background.

HPs also indicated that African refugee men living in Australia often took on extra responsibility during their partner's pregnancy or in relation to parenting, primarily due to the lack of support from extended family which they would typically receive in their home country. For example, Olga said:

> "So for those who spent a long time in refugee camps, they started to get involved slowly in the prenatal care. And it's different here in Australia when they get here. So the family, the extended family is not there. They can't afford to pay someone to do the job [of caring for children]. So they have to be involved."
>
> (Olga, HP).

Here, Olga points to the increased engagement in care seen by fathers who spent a long time in refugee camps. Olga also discusses that this shift in fathers being more engaged in resettlement countries can also be driven by practicalities, such as not being able to financially afford care for their children.

In this theme, men and HPs indicated that African men with refugee backgrounds traditionally adopted the role of providers for their families. However, due to changes in their lives in relation to refugee experiences such as exposure to traumatic events, adapting to

living in resettlement contexts, and separation from family, men often expressed a desire to become more active fathers while also maintaining some provider roles. Despite this, sometimes men were forced to continue with their traditional roles as providers due to financial and cultural obligations.

Men's engagement is increasing: Broader cultural change

As discussed in the previous theme, participants reported that gender roles and stigma which inhibit men's engagement in perinatal care were seen by participants as evident amongst many African communities living in Australia. Some HPs shared a view that this was particularly seen in older generations, while younger people were more accepting of these cultural changes:

> "Gender roles are quite entrenched in some of the people, particularly the older people. With the younger people who've studied in Australia, people in their 20s, they will be more open to learning new things. Their gender roles are quite – in some communities, it's quite a clear divide."
>
> (Grace, HP).

While some participants, such as Grace, indicated that these gender roles were still common in older generations, other participants agreed that there was change – especially in younger generations of men from African countries. For example, Jake highlighted how within his community men's engagement in early parenting was increasing overall – noting that he felt this was also the case for the broader Australian community:

> "Yes I do think [men are becoming more involved] and especially for people in Australia. Like I don't know about people home, maybe? But for my community in Australia we see dads bringing their babies to meetings and to community events and at the park. Even

> when I first arrived in Australia I don't think you would have seen that. It makes me happy, we need that change."
>
> (Jake, Eritrea).

HP participants also reported that this cultural shift towards men's engagement is generally seen in younger generations, as well as those who have been in Australia for a longer period of time. For example, Kofi (HP) discusses engagement in perinatal education seen in younger African refugee couples: "[African refugee men] hear [about fathering]. They contribute a lot in children's education because they are there. They learn together actually. If it's a young couple, they learn everything together and they follow everything."

Here, Kofi points to the willingness of young African couples to engage in Australian perinatal education together, and subsequently implement this learning into the care of their own children.

These generational differences in involvement were also reported by African refugee men participants. For example, Manu, who had been living in Australia for six years, discusses the generational differences between the role of his own father and the role that he now desires to play as a father of two himself:

> "No, no, but I think it is changing more now. I want to be with my children and play with them. I want to see my wife have the babies. My dad, he did not really care for us in the day to day things… of course with his job he did but not in the talking to us sort of way. Later when we were older he did more. I would like for that to be different for my children and then for my grandchildren, I want to show them that men can care for babies too, you know?"
>
> (Manu, Ethiopia).

Here, Manu highlights his desire to be engaged in early parenting and form positive relationships with his children. He also reflects on his ambition to be a role model for his children, by breaking traditional gender roles and showing them how men can engage in perinatal care.

Furthermore, some men took on additional responsibilities during their partners pregnancy which were largely different from their typical gender roles. For example, Liam (DRC) said: "As African, we don't cook. Men, they don't cook that — that often. So from now, I have to start cooking for myself. Sometime I have to wash clothes for myself. I have to go shopping, first time, by myself." This sometimes had a negative impact on their wellbeing. For example, when asked if having to manage extra responsibilities such as taking care of children and completing house chores increases stress, Clevon (Burundi) responded: "Yeah, yeah. It's stressful. Yeah. But I have to accept [laughter]."

Overall, male engagement in perinatal care is increasing among African communities living in Australia. This increase is typically seen in younger generations, and those who have been living in Australia for longer periods and therefore have increased access to education. While engagement in perinatal care can have positive impacts on men's wellbeing, there are also implications to taking on extra responsibilities during this period, such as increased stress. Therefore, culturally responsive supports are needed.

Men supporting men: Supporting new fathers in the African refugee communities in Australia

Both groups of participants highlighted the importance of culturally safe and responsive care for African refugee men in terms of supports around early parenting. For example, Manu noted that men may feel a sense of shame in seeking help in this period, especially in relation to mental health. In relation to a question about support, he said:

> "Ummm in my work I know there is some program for new dads. So I know that there is some things. But it would seem – it would bring some shame. Men don't need help like that. Well, I, I would have thought that but not anymore. I helped my friend once to see a counsellor, a psychologist, and I know that it is not shame to do that. But back them I would not have wanted to see someone like that [mental health practitioner]. Now, I would. I haven't, but I would."
>
> (Manu, Ethiopia).

Here, Manu discussed an instance where he assisted a friend to seek help, noting that while he once thought "men don't need help like that", he did not think like that anymore. This was a theme through the interviews, although some men did indicate that they had also sought formal help for themselves. For example, Jake (Eritrea) also discussed being hesitant to access psychological support during early parenting, but noted that while the focus was on his wife at this time, he did attend counselling to help with his own emotions: "I didn't really have any care especially for me because the focus was obviously on my wife but at one stage for a short time I did see a counsellor. Just something I arranged myself."

Given cultural differences around opinions for seeking help, both participant groups indicated that there was a need for services to be aware of gender norms when providing care in relation to early parenting. For example, Liam discussed the need for staff working in perinatal care to be open to cultural differences:

> "The only thing is they are doing great job. The only thing is just, they have to be specific and they have, you know, they have, they have to, to, to see this, you know. As, as African we are different we are different culture, the way we, we handle our pregnancy. So therefore they have to be careful of those, those cultural differences."
>
> (Liam, DRC).

HPs also discussed the need for culturally responsive care. For example, Sadie reported that culturally inappropriate care can be delivered when specific cultural needs are not well understood:

> "…when we don't have the cultural support to know and understand the needs of the family, I think that's when we're going to make mistakes as a person going in not from that family's culture, not understanding where the cultural differences lie."
>
> (Sadie, HP).

Furthermore, the need for supports for African refugee men was significantly discussed by both HPs and men. For example, Jake explained how losing his own father meant that he didn't have a role model to learn from, and how this is a common experience for many refugee men:

> "And I didn't know how to be a dad. Like, for many refugee men, we haven't had our dads to show us what to do. We were separated or they were killed or they aren't in Australia and we don't have those models of what to do. I just wanted someone to say this is what to do – like if this happens you do this and if that happens you do that."
>
> (Jake, Eritrea).

Here, Jake draws on the traumatic experience faced by many refugee men who are either separated from or lose their fathers, which in turn minimises models of early parenting support for these men. Similarly, HPs discussed the need for men's early parenting supports and the importance of acknowledging men in their own healthcare practices. For example, Sadie said:

> "That's an area that we really need to develop further. And I think it would be the same for the African families in our community. That it's not a strength of the service. We

> would like to, and there are ways that during consults that nursing and allied health try and involve dads and ask questions. But probably as a wider strategy, it's something that we need to really strengthen, I think."
>
> (Sadie, HP).

Perinatal classes designed specifically for African refugee men were also proposed, and it was suggested that these should be facilitated by male African bi-cultural workers for optimal efficacy:

> "Well I think it needs to be for the men from Africa. You know? Because it is different to be from Australia or if you are not a refugee. You do not know what it could be like for that sort of man. It needs to be run by the man from Africa. Men would not talk to a woman or a man not like them."
>
> (Manu, Ethiopia).

Here, Manu highlights the need for supports to be facilitated by male African bi-cultural workers, or better still those with refugee experiences. Manu justifies this by explaining that without facilitation by male African bi-cultural workers, African refugee men would typically refrain from sharing information with people "not like them" due to concerns for privacy and/or fear of judgement.

Overall, it is clear that increased early parenting supports for African refugee men specifically are needed. However, cultural shame associated with help seeking during this period remains a barrier, therefore, culturally responsive care is crucial.

Discussion

Overview

The results of this study address a significant gap in literature which concerns the experiences and wellbeing of African refugee men living in Australia during the early parenting period. The results support many of the findings of previous research, whilst also adding important contributions.

Firstly, consistent with previous literature, it was suggested that African men (and CALD or migrant men in general) often adopt the role of providers during the early parenting period as a result of cultural gender roles (Matseke et al., 2017; Renzaho & Oldroyd, 2014; Watson et al., 2023). Also consistent with previous literature, the current study highlighted the changing roles of African men during the early parenting period in resettlement contexts (Este & Tachble, 2009; Onyeze-Joe et al., 2022; Salami et al., 2017). African refugee men participants reported that while they often maintained their traditional role as providers, they also took on the role of carers by supporting their partners and children socially and emotionally. This was highlighted through both their desire to contribute, as well as the need for them to be actively involved due to the lack of support from extended family which they would typically receive in their country of origin (Correa-Velez et al., 2015).

Participants also reported the refugee experience as being impactful on their involvement in the early parenting period, particularly in regard to trauma associated with living in refugee camps. This is consistent with previous research, which recognises the impact that refugee experiences can have on challenges associated with parenting in resettlement contexts, as well as parenting decisions (Akesson & Sousa, 2020; Bulford et al., 2022). However, extending on current literature, this study additionally highlights how this pre-existing trauma associated with refugee experiences sometimes resurfaced for African fathers when they became parents. Furthermore, the current study found that refugee trauma

experiences also contributed to fathers being more actively involved. This transition to being more involved was often driven by practicalities including a lack of support by extended family in refugee camps and resettlement countries (Correa-Velez et al., 2015; Salami et al., 2017), as well as not being able to afford assistance with the care of their children.

Overall, this study found that early parenting for African refugee men could have a detrimental impact on men's wellbeing, both in relation to trauma as discussed above but also as a result of the stressors associated with taking on additional responsibility during their partner's pregnancy as seen in previous research (Bulford et al., 2022). It is also important to note that pre-existing trauma, especially in relation to families or men's own fathers, could lead to fears associated with becoming a father, which in turn could worsen wellbeing. As such, this research highlights the importance of looking at these factors in combination and the ways in which each component could worsen another. Critically, however, this study also found that becoming a father and fathering itself could also lead to positive impacts on wellbeing for African refugee men. This echoes previous research associated with engaging in care during pregnancy (Baldwin et al., 2018; Burgess, 2009), but also indicates that these positive effects may also last through the early parenting period. These results are important for informing future research and implementing policies associated with perinatal care, especially in regard to the final theme which discusses the importance of helping men to support other men in overcoming barriers to seeking wellbeing supports during the perinatal period.

Implications

As discussed in previous research, African refugee men reported a desire to be involved in early parenting, despite barriers such as cultural stigma, gender roles, and the stressors associated with living in a resettlement country (Forbes et al., 2021; Onyeze-Joe et al., 2022; Watson et al., 2023). Also consistent with previous literature, men reported positive

wellbeing benefits as a result of their engagement in early parenting (Baldwin et al., 2018; Burgess, 2009). However, the results of the current study also suggested that stressors associated with early parenting (such as taking on additional parenting responsibilities and managing care of children more generally) had a negative impact on wellbeing. Given the cultural shift also mentioned by participants, it may be beneficial to promote the involvement of local governments to work with communities to empower men to be active fathers, such as through culturally safe programs targeted specifically to refugee fathers.

Another implication stemming from this study relates to men's willingness to reach out for assistance if they were experiencing re-traumatisation or other psychological distress. This is also important since research suggests that people from refugee backgrounds are less likely to access supports for mental health in resettlement countries in general, despite their increased risk of experiencing mental illness in comparison to the general population (Fauk et al., 2021). As anticipated, our findings highlight that this was a particular concern for refugee men during the early parenting period as participants shared that their psychological wellbeing was often poorly impacted during this period. This negative impact on wellbeing was often a result of the interactions between refugee status and pre-existing trauma, as well as adapting to life in resettlement countries and fears around becoming a father, which is similar to the pattern of results found in previous research conducted by Bulford et al. (2022). Additionally, refugee men expressed a desire for privacy due to cultural concerns about sharing information outside of the family, which was consistent with previous research conducted by Riggs et al. (2012). These findings indicate that becoming a father is a key time to consider additional mental health and wellbeing supports for refugee men, which could be promoted through hospitals or early childhood services. Given the concerns outlined above, these supports would need to be both culturally safe and based in principles of trauma-

informed care given the significant impact of trauma, mirroring research with refugee mothers (Due at al., 2022).

Strengths and Limitations

When conducting this research, Tracy's (2010) "Big Tent" criteria for excellent qualitative research was used to establish methodological rigour. Specifically, an audit trail was kept to ensure transparency through self-reflexivity. A key strength in relation to this was data triangulation, with the analysis able to compare perspectives to enhance the credibility of the research (Tracy, 2010). Triangulation of data sources showed that the perspectives of HPs and African men mostly aligned. However, while both groups of participants highlighted the need for culturally responsive supports specifically for men, African men participants approached this need by discussing their experiences of cultural shame associated with help-seeking, and how this impacts their willingness to seek support, which was seen to a lesser extent in the HP interviews.

Despite the strength of triangulation, the sample of refugee men was small. Previous research has shown that recruiting refugee men for this type of research is difficult, given the cultural norms around pregnancy and parenting as the responsibility of women, as discussed through the thesis (Stapleton et al., 2015). While focussing on Africa did lead to identification of some specific concerns related to culture, future research could focus more specifically on cultural aspects through research targeted at men from specific cultural backgrounds.

Recruitment and participation was further impacted by difficulties recruiting amid the Covid-19 pandemic, such as challenges around lack of resources, social distancing policies, and fear. While the researchers aimed to include and highlight the voices of refugee men experiencing the greatest vulnerability, some men may have been limited by education, access, or means to participate. Although the purpose of thematic analysis is not to provide a

generalisable sample (Thomas & Harden, 2008), the results of this study could be limited in that they may not reflect the wellbeing and experiences of all African refugee men during the early parenting period in Australia.

Despite these challenges in recruitment, the recruitment process was assisted by cultural research assistants with African cultural backgrounds (including men and women from Ethiopia, Kenya, and Uganda). This was a large strength as the cultural assistants had strong connections with many of the African communities living in Australia. Therefore, their aid in the recruitment process was instrumental for ensuring cultural safety (Lee et al., 2014). Furthermore, there is limited research on the psychological wellbeing and support needs of refugee fathers living in resettlement countries during the early parenting period (Riggs et al., 2016). This study addresses the limitations in current literature which often combines refugee and migrant status under a singular definition (Due et al., 2022). By highlighting the experiences of refugee men exclusively, this research offers insight into the individuality of their perspectives and contributes to informing future recommendations.

Future directions

In terms of future research, it would be useful to extend the findings of this thesis by exploring the specific support needs of African men with refugee backgrounds living in Australia during the early parenting period, as well as refugee men more broadly. This would also help to determine any cultural differences. Future research may benefit by showing consideration to the concerns reported by African refugee men in the current study, which ultimately impacted their ability to engage in early parenting. This includes the impact of gender roles, work commitments, pre-existing trauma, and adapting to living in resettlement contexts. While the current study recognises the critical need for both practical and wellbeing supports for African refugee men, future research should draw on potential solutions. For example, increased paternity leave, more flexible working conditions, and increased cultural

training for healthcare workers may address some of the concerns reported by African refugee men in the current study (Forbes et al., 2021).

Conclusion

The results of this study provide valuable insight into the experiences and wellbeing of African refugee men living in Australia. Specifically, the results highlighted the role which African refugee men typically adopt during early parenting, how these traditional roles change as a result of the interactions between pre-existing trauma and living in resettlement contexts, and how the increase in African refugee men's engagement in early parenting in Australia calls for greater supports to be implemented. The results support much of the previous literature, however, these results represent the first direct exploration of the experiences and wellbeing of African refugee men specifically living in Australia during the early parenting period.

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Appendix 1

Please note the interviews were designed to be semi-structured and did not always follow the questions laid out in this interview guide, in line with procedures for interviews of this style. Also, please note the research questions of this thesis did not cover the breadth of interview questions outlined here as the original study was broader in focus.

Interview questions for Men

- Can you tell us about your family?
    - Prompt for children – when born and where
    - Prompt for some demographic information – e.g., cultural background, country of origin, time in Australia

- Can you tell us about your own experiences during your wife/partners pregnancy/ies?

- Can you tell us about your experiences when your children were very young?
    - Prompt for engagement with parenting

- How would you describe your own wellbeing more broadly at the time of your wife's/partner's pregnancies?

- How would you describe your own wellbeing more broadly when your child/ren were young?

- Did you get any support or help in terms of being a father and raising your children?
    - Prompt for any support or help that was related to wellbeing

- Was there anything that made it hard/easy for you to find out about available services?

- What is the role of men more generally in raising children in the [insert cultural background] community?
    - Are there any differences in Australia compared to [country of origin]?

- What would your ideal service look like to support African refugee fathers' wellbeing during pregnancy and when their children are very young?
    - Are there any particular cultural needs that should be taken into account for your community?

Collect demographic information: age, number of children, relationship status, level of education, country of origin, cultural backgrounds/ethnicity, languages spoken, length of time in Australia

Question themes for service providers

- Can you tell us about your experience in relation to supporting refugee men during pregnancy and their child/ren's early years?
    - Prompt for African men specifically

- Do you think refugee men's wellbeing is impacted by pregnancy or being a father in their child/ren's early years? If so, how?
    - Prompt for African men specifically

- Can you tell us about community experiences and/or cultural attitudes to African refugee men's involvement in their children's lives?
    - In your view, do these experiences and attitudes affect refugee men's wellbeing? If so, how?

- What sort of support do you think refugee men need during pregnancy and their child's first years?
    - In particular, what services are needed to support refugee men's wellbeing at this time?
        - Prompt for African men specifically

- What sort of supports are currently available for African refugee men during pregnancy and their child's first years?
    - In particular, what services are currently available to support refugee men's wellbeing at this time?
        - Prompt for African men specifically

- What would your ideal service look like to support African refugee fathers' wellbeing during pregnancy and when their children are very young?
    - Are there any particular cultural needs that should be taken into account for your community?