

Health Promotion for Immigrant Mothers of Children with Developmental Disabilities: What is Relevant?

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Introduction

Developmental disabilities (DDs) may be present at birth or develop before 18 years of age, affect a person's ability to learn, are permanent, and can be mild or severe (DSO, 2016). In Canada, approximately 3.7% of children under the age of 15 years and 2.5 % of children between the ages of 15 and 24 have one or more DDs – visible or invisible (Statistics Canada, 2006). Children with DDs may “require more help to learn or to understand or use information than others” which can impact on their language or social skills (DSO, 2016). They also may need assistance on their everyday life activities (Ibid). Mothers are often primary caregivers of children with DDs, and their multiple roles as parent, caregiver, and advocate can put their health at risk. Mothers of children with DDs report poor physical and mental health, and experience higher levels of stress, anxiety, illness, marital strain (Statistics Canada, 2008). However, little is known about what constitutes relevant health promotion initiatives for immigrant mothers of children with DDs.

In previous information sheets from our Mothers Project 1 (see information sheets 1 to 5 at <http://nkhanlou.info.yorku.ca>) we discussed the social, economic and cultural challenges, and barriers to access services, mothers face when raising their children with DDs. Mothers had limited time for their own health promotion because of multiple demands. Therefore we conducted the Mothers Project 2 to examine mothers' health promotion needs.



This Information Sheet #7 presents select findings from our community-based study (Mothers Project 2) titled “Health promotion for immigrant mothers of children with developmental disabilities: What is relevant?” that looked at immigrant mothers' own perspectives on feasible health promotion strategies, as well as identified barriers and challenges that may currently exist. The study aims were to identify:

- ✓ Types of health promotion strategies immigrant mothers of children with DDs participate in,
- ✓ Types of unmet health promotion needs,
- ✓ Mother's perceptions on the helpfulness of available health promotion supports, and
- ✓ Challenges and enabling factors mothers experience in accessing health promotion supports and services.

What did we do?

Our qualitative study took place between April-December in 2015. Semi-structured interviews were conducted with 28 immigrant mothers of children with DDs in three locations - North York, Mississauga and Brampton.

Mothers had at least one child between the ages of 0-24 years with DD (as identified by mother) and participated in interviews in English. Nineteen interviews were face-to-face and 9 were over the phone, and lasted approximately 1-1.5 hours. The interview guide included a list of socio-demographic items, as well as open ended questions in regards to i) mothers' experiences/ideas about health; ii) questions from the Health Promoting Activities Scale (Bourke-Taylor et al., 2013) and; iii) mothers' perceptions on health promotion strategies, challenges and enabling factors. Data analysis was code driven.

What did we find?

Five broad themes emerged from participants' narratives about their experiences of health and health promotion strategies in relation to being immigrant mothers of children with DDs:

1. Rewarding and challenging nature of motherhood for immigrant mothers of children with DDs

Although motherhood was talked about in a positive and rewarding manner, there were also challenges identified, such as having limited time for self and having sole responsibility of family and children. This experience was further compounded with processes of immigration and settlement, financial stress, and challenges in accessing health care services for child and self.

"You know, being a mother is the best [thing that] could happen to me... I always wanted to have more kids and I would love to have much more..." (Mother 2).

"It's a joy, a blessing... it's all I thought it would be and more. But it's also very challenging and unpredictable" (Mother 23).

"I am proud of my son... I quit my job and 10 years I stayed at home and I spent time with him and now he is independent so I'm proud of him" (Mother 24).

"We have to adopt everything in a new way, language, clothing... work environment... your children, their education, your education, making friends, the community, getting services and... Everything we have to start with a new route, so it's not one stress, it's a combination of a lot of stress" (Mother 11).

2. Mothers' views on Health

Mothers agreed on how they conceptualized and defined health, as indicated by the second theme in relation to "what is health to you?". Health was understood as being more than just physical/biological wellbeing, but also incorporating emotional and mental health. A balanced lifestyle, although recognized as being very difficult to practice, was an important factor identified by many mothers.

"I like to see [health] as...holistic? As a very broad concept like physical health and mental health" (Mother 8).

"...I think feeling good... having enough time with the family, using enough time for yourself ... health has a lot to do with mind and body" (Mother 27).

"Health means...you have time to go see doctor...eat a good meal, balance your life, and be happy" (Mother 4).

3. Limited time for mothers to carry out mainstream health promoting activities

Mothers had limited time to carry out activities for themselves, such as planning to eat healthy foods, participating in regular exercise, and taking time for self to spend as they wish. A lack in social and family support due to having few family and friends nearby, limited time, as well as not many parenting programs with flexible timings and multiple locations, were also identified among factors affecting mothers' health and time for themselves.

"...I'm busy with thinking about my child and I'm using my lunch hour to do research for him...when I go home I have to cook and clean...I really don't have time for me" (Mother 28).

4. Mothers' Health Promotion Strategies

Mothers had clear strategies that they recognized as being important for health promotion. A main focus of many mothers was on their own will, agency, self-motivation and self-worth. They recognized that these qualities are internally needed to promote and improve one's health, in combination with improvements in the social, economic, and health contexts.

"I try my best to eat well and ... exercise and, you know, keep in touch with people who are positive, who have a positive attitude and ... I try to decrease the stress" (Mother 15).

"So for me being [healthy] is doing my checkups and making sure that everything is in order in terms of my body, so that I can function day to day to take care of my kids and do my duties" (Mother 23).

"Like for me [to] attend [a] parents support group...that's very important...more flexible offering [of] support groups ... and more and accessibility also" (Mother 12).

"The money issue too it's the financial issue... every time we do something with children with disabilities and you're doing it together it's just much more expensive" (Mother 16).

5. Structural Factors Producing Health Inequities

Mothers also discussed structural socioeconomic barriers and challenges that are among the social determinants of their health and wellbeing. They referred to socioeconomic challenges related to financial and language barriers, and unequal access to services, among others.

Mothers also discussed social support risk factors (social isolation, lack of networks, caregiving, lack of time, and dispersed/uncoordinated services) which impact on their health and wellbeing.

How can information from the Mothers Health Promotion Project be used?

Mothers have a holistic understanding of health and they take into consideration the entire family unit. Although mothers highlighted important health promotion strategies for themselves, as sole caregivers of their children with DDs, they also collectively noted that their child's health has effects on their own, their spouse's/partner's, and their other children's wellbeing.

Therefore, the availability of services for family level health promotion are identified as important, as well as programs targeted specifically at mothers themselves.

Selected References:

- Bourke-Taylor, H.M., Law, M., Howie, L, & Pallant, J. F. (2013). Health Promoting Activities Scale. Information booklet. Retrieved from www.canchild.ca
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ABOUT THE INFORMATION SHEET

This information sheet is in a series of knowledge transfer outcomes produced at our Office as part of the *Intersectional Approach to Immigration Status, Gender and Disability Research Program*. It provides some of the key findings of our recently completed qualitative study on the health promotion of immigrant mothers of children with developmental disabilities (DDs).

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The Office of Women's Health Research Chair in Mental Health is part of the Faculty of the Health, School of Nursing at York University. We are interested in studying social factors that affect the mental health and wellbeing of women, youth, and children. To learn more about other projects conduct at this Office, please visit <http://nkhanlou.info.yorku.ca/research/community-based/>

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