A Meta-synthesis of Post-migration Changes in Marital Relationships in Canada

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ABSTRACT

Objectives: Immigration to a new country constitutes a major life change and challenge that can directly and indirectly affect the health of individuals and families. A systematic review was conducted to identify post-migration changes and understand their impact on immigrants' marital relationships in Canada.

Method: Using Noblit and Hare's meta-ethnography steps and Paterson et al.'s meta-data method, we conducted a meta-synthesis of qualitative articles.

Synthesis: Four journal articles and one book chapter met the inclusion criteria. Our synthesis of these studies identified three key themes reflecting the major post-migration changes experienced by couples: changes in gender and sexual relations, loss of social networks and support, and de-skilling and de-professionalization. The importance of communication emerged as a fourth theme that cut across the three key themes. These post-migration changes were common across nine ethnic communities, and affected the couple as a unit as well as individuals within this unit, both negatively and positively. The changes were associated with four outcomes: abuse, separation/divorce, staying with each other, and resilience. The synthesis also showed various pathways that link the post-migration changes and their outcomes.

Conclusion: Understanding post-migration changes, their outcomes, and the pathways that link them is useful in developing health promotion activities to promote couples' resilience as well as health interventions to reduce the negative impact of the changes on couples and individuals. These activities and interventions must be planned at micro, meso, and macro levels of society.

Key words: Post-migration changes; marital relationships; immigrant couples; meta-synthesis, Canada

La traduction du résumé se trouve à la fin de l'article.

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Immigration to a new country constitutes a major life change that can directly and indirectly affect health. Considerable research has focused on the impact of immigration on individual psychosocial and cultural adaptation and integration, but far less has examined "how migration affects marital relationships or the processes by which couples adapt to their new circumstances" (p.149).¹ This is a key limitation in the literature given that the majority of immigrants come as family units.²

Post-migration changes can both positively and negatively affect marital relationships. For example, post-migration changes in gender roles have been shown to have a profound effect on married couples.³⁻⁵ Immigrants' ways of thinking about couple relationships may be rooted in understandings of human nature and social order that differ from those that have set the foundations of Canadian culture and institutions.⁶⁻⁸ Changes in gender roles have been associated with increases in stress,^{2,9} marital conflict,^{10,11} marital discord,¹² and the risk of abuse.^{13,14} The connection between changes in gender roles and spousal abuse has been studied in a number of ethnic communities in the United States including Mexican immigrants,⁴ Southeast Asian refugees,¹¹ Chinese immigrants,¹⁵ and Iranian immigrants.¹⁴ This connection was evident in a number of Canadian studies as well.^{1,3,5}

Immigration to a new country also offers couples the opportunity to renegotiate and rebuild couple relations.¹ For example, Cheung found that although those with long-term happy marriages went through major adjustments after they had immigrated to

Canada,¹⁶ a number of significant factors affected their resilience: 1) adjustment to changing gender relations, 2) increase in intimacy and mutual reliance, and 3) management of conflict and willingness to compromise on differences.

However, we do not know if other post-migration changes are faced by immigrant couples in Canada, whether these changes are common across different ethnic communities, and the pathways through which these post-migration changes lead to positive or negative outcomes in couples' lives. This information is necessary for developing health promotion interventions for immigrant couples.

Recently, there has been an increase in research on post-migration changes and their impact on immigrants' health. In Canada, much of this work has been qualitative. Individual studies focusing on specific ethnocultural communities help improve our knowledge on the topic, however, a systematic review of the individual studies' findings across communities could provide a better framework

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Table 1. Characteristics of the Studies Used in the Meta-synthesis

Characteristics	Studies				
	Shahidian (1999) ²¹	Morrison et al. (1999) ⁵	Hyman et al. (2004) ²²	Cheung (2008) ²³	Hyman et al. (2008) ¹
Aim of study	To explore the ways in which spatial displacement transformed gender relations and sexuality	To examine the effects of transition between Tamil and Canadian cultures on marriage patterns, partner choices, sexuality, and gender roles	To document post-migration changes in the lives of newcomer couples	To understand the factors in marital processes that lead to the couples' resilience in the immigration and integration process	To examine the impact of post-migration changes on marital relationships
Ethnic background of the study participants	Iranian	Sri Lankan Tamil	Ethiopian	Chinese (Mainland China & Hong Kong), Ukrainian, Polish, Italian, Korean, and Vietnamese	Ethiopian
Sampling strategy	Snowball and convenience sampling	Non-probability quota sampling	Snowball and convenience sampling	Purposive sampling	Purposive sampling
Sample size	68 (35 M, 33 F)	32	16 (8 couples)	16 (8 couples)	16 (8 couples) 9 separated or divorced individuals
Data collection	In-depth interviews, life histories, and participant observation	In-depth interviews	Focus group discussions, in-depth interviews	In-depth interviews	Focus group discussions, in-depth interviews

for understanding the topic. Meta-synthesis, in particular, is the “aggregating of a group of qualitative studies for the purposes of discovering the essential elements and translating the results into an end product that transforms the original results into a new conceptualization” (p.314).¹⁷ Therefore, we conducted a meta-synthesis to address the overall research question of: What are the impacts of post-migration changes on heterosexual couples' relationships? The subquestions were: 1) What are the post-migration changes that couples face in Canada? 2) What are the impacts of these changes on marital relationships? 3) Are these changes common across different immigrant communities in Canada? and 4) What are the pathways through which these post-migration changes lead to positive or negative outcomes in couples' lives?

METHODS

We completed computer searches on MEDLINE, CINAHL, Academic Search Premier, Canadian Periodical Index, Proquest, Psycinfo, Sociological Abstracts, Social Services Abstracts, and Worldwide Political Science Abstracts. We conducted manual searches of selected journals that deal specifically with marital relationships, such as *Journal of Marriage and Family*, *Marriage and Family Review*, *Marriage Partnership*, *Journal of Marital and Family Therapy*, and *Journal of Sex and Marital Therapy*. We also searched Google Scholar for studies we might have missed. The reference lists of all studies that met the inclusion criteria were hand-searched. Various combinations of the following keywords were used to conduct the search: post-migration changes, marital/couple relationship, immigration, and Canada. Qualitative studies were selected if they: 1) examined post-migration changes in heterosexual couples' relationship within a Canadian context, 2) were published in English in peer-reviewed journals or books, and 3) were published from 1990 onwards.

Based on Noblit and Hare's¹⁸ meta-ethnography and Paterson, Thorne, Canam and Jillings'¹⁹ meta-data method, we undertook the following steps: 1) Read each study with attention to detail to understand the author's description of the findings as a whole; 2) Generated initial codes; 3) Created a list of the key metaphors, phrases, ideas and/or concepts, and their relationships that were used in each account; 4) Determined how the studies were related, and translated the studies' findings into one another by comparing

the metaphors or themes of one study with the concepts of other studies; and 5) Synthesized translations to make a whole that is more comprehensive than the individual studies' findings.

To ensure the rigour of the synthesis, we used the following methods adapted from Paterson et al.¹⁹ and Sandelowski²⁰: 1) Primary study reports were independently reviewed by the team members; 2) The team members met regularly to identify differences in their reviews of each primary study and to reach an agreement on the coding; 3) During team meetings, the members discussed methodological and theoretical issues that arose during the process; and 4) The procedures used and the decisions made during team meetings and throughout the process of meta-synthesis, as well as the rationale for these, were documented.

SYNTHESIS

Although we found many studies pertaining to the process, barriers, facilitators and dynamics of the acculturation and assimilation of immigrants to Canada, only 32 were related to the focus of this study. Of these, four journal articles^{1,21-23} and one book chapter⁵ met the inclusion criteria of this study. We did not exclude any studies based on their methodological approach in order to capture the depth and breadth of the phenomenon of interest.^{19,24}

Participants included in the five studies were from the following immigrant communities in Canada: Iranian, Ethiopian, Sri Lankan, Chinese, Ukrainian, Polish, Italian, Korean, and Vietnamese. The sample sizes ranged from 16 to 68. Some studies' samples included individuals while other studies included couples. Within these studies, the number of couples included from each community varied from 1 to 8. Additional characteristics of these studies are described in Table 1.

Three overarching themes describing post-migration changes emerged from our meta-synthesis: 1) loss of or limited social networks and support; 2) de-skilling and de-professionalization; and 3) changes in gender and sexual relations. In addition, a fourth theme, importance of communication, both within and outside the family, cut across the three key themes. These changes were common across the nine communities included in these studies. One positive (resilience) and three negative (staying with each other, separation/divorce, and abuse) outcomes occurred as a result of the post-migration changes. The pathways that link the post-

Figure 1. Linkage between themes and the original concepts

migration changes and their outcomes in couples' relationships are depicted in Figure 1.

The post-migration changes in social networks and support have the potential to generate both positive and negative outcomes in marital relationships. As indicated in the figure, the lack of familiar social support systems may force couples to rely more on each other (i.e., increase mutual dependence), for example, for instrumental support such as household work and child rearing. This situation requires the husband to take on more household work that (along with improved communication between the couple) leads to equal division or more equitable sharing of household work, which in turn can lead to strong couple relations (resilience). On the other hand, if a dispute occurs due to one partner (often the man) resisting equal sharing of household work, this can lead to conflict and abuse.

The downgrading of immigrants' skills and professional experiences can result in the loss of social status for the family in general and for the husband in particular. This change, often in the context of associated financial constraints and stress, can lead to conflict and spousal abuse, all of which are connected to ill health. Alternatively, financial constraints in the family can make the wife's income necessary. This necessity along with more opportunities for

the woman in the post-migration context for work outside the home (albeit in low-status, low-paid jobs) can lead to a relative increase in the woman's financial independence and autonomy that may provide her with an opportunity to leave an abusive husband. While this outcome might be considered positive for a woman in an abusive relationship, the outcome might be considered negative for the man. On the other hand, the overall economic hardship in the family may compel women to remain in abusive relationships. In addition, the financial strain and the necessity for both husband and wife to work long hours outside the home can also lead to negative outcomes.

Last, changes in gender relations (e.g., more joint decision-making) and sexual relations (e.g., greater assertiveness about sexual needs) can promote immigrant couples' resiliencies in the face of post-migration adjustments or they can lead to conflict and abuse. Both partners may not respond the same way when faced with sexual scripts and culture in Canada that may differ from or contradict their home country's cultural beliefs, for example, about sexual relations. One partner's post-migration expectations regarding sexual relations might change significantly, which, in the context of other pressures and stresses along with the other partner's response to such expectations, might lead to sacrifice, tolerance, infidelity, and

separation or divorce. Yet some immigrant couples redefine their gender and sexual relations, and experience a growing love, better communication regarding each other's sexual needs and expectations, and resilience.

DISCUSSION

This systematic review has a number of limitations. First, the meta-synthesis included only those Canadian studies published in English. Second, although we performed an extensive search, some relevant studies may have been missed because we included only the peer-reviewed publications. Third, we might have mixed culturally, socially, and linguistically incomparable concepts in our analysis. For example, it was not possible to differentiate how the concepts of violence or resilience were defined and understood in different communities. Also unclear was the quality of the relationship when couples "stayed with each other". Meta-synthesis as a method also has certain limitations,²⁵ some of which are related to the heterogenic nature of the study characteristics. For example, the study populations and/or the theoretical foundations used in the studies were different. Other limitations are related to the samples of the original studies. For example, some studies included individuals and other studies included couples. The number of couples from each of the communities varied from 1 to 8 across studies, and the studies that included individuals had more women than men in their sample. Despite these limitations, we believe that the findings of this meta-synthesis have implications for shaping public health approaches to working with immigrant couples.

This meta-synthesis demonstrated that the three post-migration changes (i.e., loss of or limited social networks and support; de-skilling and de-professionalization; and changes in gender and sexual relations) were common across the nine ethnic communities. These changes occur at and demonstrate their impacts at the level of the individual or the couple. However, the determinants of these changes are at micro, meso and macro levels. For example, the determinants of de-skilling and de-professionalization are at the macro level of Canadian society and their consequences are felt primarily at the micro level by individuals and couples. This distinction has implications for designing strategies for health promotion and violence prevention.

This synthesis also showed that these post-migration changes can lead to positive and/or negative marital outcomes (i.e., resilience, staying with each other, separation/divorce, and abuse) for the couple. In addition, when the pathways depicting the processes through which these changes affected the couple were identified, it became clear that the changes could affect individual partners within the couple differently. For example, de-skilling and de-professionalization affect both partners, but more so the men who almost always experience this change more negatively or more severely, perhaps because of the patriarchal expectation of men as the primary or the sole breadwinner of the family.

Understanding the pathways through which the post-migration changes can translate into positive and negative marital outcomes can help health care professionals determine where public health interventions can be most effective in stopping the process from leading to negative outcomes for the woman, man and couple. For example, health care professionals can work with couples to rebuild social networks and support systems for women and men that can effectively address issues surrounding loss of social status, gender

role socialization, professional reinsertion/reorientation, more effective ways of communicating stresses and frustration, and how/where to obtain formal social support for informational, instrumental and financial needs that might arise within the new context. In order to do so, health care professionals must learn about the informal and formal resources available to immigrants both within and outside of their communities and make referrals to these based on the woman's, man's and the couple's unique needs and preferences.

Recognition of post-migration changes and how they lead to negative outcomes could help policy-makers, service providers, and researchers to find ways to prevent conflicts in couples' relationships, promote healthy marital relationships, and ensure couples' health and wellness following their arrival in Canada. Some of the ways in which health, settlement, and social workers can intervene include: acknowledging the post-migration changes in the quantity and quality of social supports and making more formal social supports available to immigrant couples, enhancing communication within and outside the couple unit, and highlighting the importance of accepting the fluid nature of gendered roles and responsibilities and perhaps a need for renegotiating expectations regarding sexual relations between the couple, in the new context. Health care professionals also need to develop reciprocal and collaborative partnerships with community leaders and agencies to develop culturally appropriate health promotion materials and programs. In fact, lessons learned from those who were able to develop and/or maintain a positive marital life in spite of the hardships they faced could be used to create health promotion models to manage the challenges of immigration and settlement and inform the development of community-based health promotion strategies.

Health care professionals can also act as advocates within the health care system, identifying and challenging structural barriers that the couples face in the post-migration context in Canada. This advocacy must go beyond the health care system to address larger societal and systemic barriers such as racism that continue to lead to de-skilling and de-professionalization of immigrants, or to lobby for a better and faster family reunification system. These changes can be realized only by collaborating across health, social, settlement and legal sectors.

In summary, the changes that couples undergo following migration to Canada points to the need for policy, programs and research to stop or reduce the negative impact of post-migration changes while promoting couples' resiliencies.

REFERENCES

- Hyman I, Guruge S, Mason R. The impact of migration on marital relationships: A study of Ethiopian immigrants in Toronto. *J Comp Fam Stud* 2008;39(2):149-63.
- Ataca B, Berry JW. Psychological, sociocultural, and marital adaptation of Turkish immigrant couples in Canada. *Int J Psychol* 2002;37(1):13-26.
- Guruge S. The influence of gender, racial, social, and economic inequalities on the production of and responses to intimate partner violence in the post-migration context [dissertation]. Toronto, ON: University of Toronto, 2007.
- Morash M, Bui HN, Santiago AM. Cultural-specific gender ideology and wife abuse in Mexican-descent families. *Int Rev Victimology* 2000;7:67-91.
- Morrison L, Guruge S, Snarr KA. Sri Lankan Tamil immigrants in Toronto: Gender, marriage patterns, and sexuality. In: Kelson GA, DeLaet DL (Eds.), *Gender and Immigration*. New York, NY: New York University Press, 1999;144-61.
- Barot R, Bradley H, Fenton S (Eds.). *Ethnicity, Gender and Social Change*. London, UK: Macmillan Press, 1999.
- Beckett C, Macey M. Race, gender and sexuality. *Womens Stud Int Forum* 2001;24(3-4):309-19.

8. Shirpak KR, Ardebili HE, Mohammad K, Matlicka-Tyndale E, Chinichian M, Ramenzankhani A, et al. Developing and testing a sex education program for the female clients of health centers in Iran. *Sex Educ* 2007;7(4):333-49.
9. Boyd M, Grieco G. Women and Migration: Incorporating Gender into International Migration Theory, 2003. Available at: <http://www.migrationinformation.org/Feature/display.cfm?ID=106> (Accessed December 24, 2008).
10. Krulfeld RM. Changing concepts of gender roles and identities in refugee communities. In: Camino LA, Krulfeld RM (Eds.), *Reconstructing Lives, Recapturing Meaning: Refugee Identity, Gender and Culture Change*. Basel, Switzerland: Gordon and Beach Publishers, 1994;71-74.
11. Kulig JC. Sexuality beliefs among Cambodians: Implications for health care professionals. *Health Care Women Int* 1994;15(1):69-76.
12. Hojat M, Shapurian R, Nayerahmadi H, Farzaneh M, Foroughi D, Parsi M, et al. Premarital sexual, child rearing, and family attitudes of Iranian men and women in the United States and in Iran. *J Psychol* 1999;133(1):19-31.
13. Jewkes R. Intimate partner violence: Causes and prevention. *Lancet* 2002;359(9315):1423-29.
14. Jewkes R, Levin J, Penn-Kekana L. Risk factors for domestic violence: Findings from a South African cross-sectional study. *Soc Sci Med* 2002;55(9):1603-17.
15. Tang TN, Oatley K. Transition and engagement of life roles among Chinese immigrant women. Paper presented at the American Psychological Association Annual Convention, Chicago, IL, 2002.
16. Cheung M. Resilience of Immigrant Couples in Immigration and Integration, 2004. Available at: http://pccerri.metropolis.net/generalinfo/info_content/Maria%20Cheung%20Complete.pdf (Accessed July 28, 2009).
17. Schreiber R, Crooks D, Stern PN. Qualitative metaanalysis. In: Morse JM (Ed.), *Completing a Qualitative Project: Details and Dialogue*. Thousand Oaks, CA: Sage Publications Ltd., 1997;311-26.
18. Noblit GW, Hare RD. *Meta-ethnography: Synthesizing Qualitative Studies*. Newbury Park, CA: Sage Publications Ltd., 1988.
19. Paterson B, Thorne S, Canam C, Jillings C. *Meta-study of Qualitative Health Research*. London: Sage Publications Ltd., 2001.
20. Sandelowski M. The problem of rigor in qualitative research. *Adv Nurs Sci* 1986;8(3):27-37.
21. Shahidian H. Gender and sexuality among immigrant Iranians in Canada. *Sexualities* 1999;2(2):182-222.
22. Hyman I, Guruge S, Mason R, Gould J, Stuckless N, Tang T, et al. Post-migration changes in gender relations among Ethiopian immigrants in Toronto. *Can J Nurs Res* 2004;36(4):74-89.
23. Cheung M. Resilience of older immigrant couples: Long-term marital satisfaction as a protective factor. *J Couple & Relationship Ther* 2008;7(1):19-38.
24. Sandelowski M, Docherty S, Emden C. Focus on qualitative methods: Qualitative meta-synthesis issues and techniques. *Res Nurs Health* 1997;20(4):365-71.
25. Sandelowski M, Barraso J. *Handbook for Synthesizing Qualitative Research*. New York, NY: Springer Publishing Company, 2007.

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RÉSUMÉ

Objectifs : L'immigration dans un nouveau pays est un changement de vie et un défi de taille qui peut directement et indirectement affecter la santé des particuliers et des familles. Nous avons mené un examen systématique afin de déceler les changements post-migratoires et d'en comprendre les incidences sur les relations matrimoniales des immigrants au Canada.

Méthode : Métasynthèse d'articles qualitatifs selon les étapes de la méta-ethnographie de Noblit et Hare et par la méthode des métadonnées de Paterson et al.

Synthèse : Quatre articles de revues et un chapitre de livre répondaient à nos critères d'inclusion. Notre synthèse de ces études a permis de cerner trois grands thèmes dans les changements post-migratoires importants vécus par le couple : le changement dans les rôles sexuels et les relations sexuelles; la perte des réseaux sociaux et du soutien social; et la déqualification et la déprofessionnalisation. Un quatrième thème, l'importance des communications, est ressorti des trois autres. Ces changements post-migratoires étaient associés à quatre résultats : les mauvais traitements; la séparation/le divorce; le fait de rester ensemble; et la résilience. Ces changements post-migratoires étaient courants dans les neuf communautés ethniques à l'étude et touchaient à la fois le couple et les membres du couple, de façon positive et négative.

Conclusion : Il est utile de connaître les changements post-migratoires, leurs résultats et leurs voies associatives pour élaborer des activités de promotion de la santé qui favorisent la résilience du couple ainsi que des interventions sanitaires pour réduire l'incidence négative des changements sur le couple et les particuliers. Ces activités et interventions doivent être planifiées aux niveaux micro, méso, et macro de la société.

Mots clés : changements post-migratoires; relations matrimoniales; couples immigrants; métasynthèse, Canada