

Résumé

**Les changements postimmigration
dans les rapports sociaux entre les sexes
chez les couples éthiopiens au Canada**

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La communauté éthiopienne à Toronto, au Canada, a identifié la prévention de conflits maritaux et de la violence conjugale comme une question prioritaire. Des recherches antérieures et des discussions au sein de la collectivité suggèrent que les changements dans les rapports sociaux entre les sexes survenant après l'immigration contribuent à l'incidence de conflits maritaux et de violence conjugale. Cette étude communautaire pilote avait pour objectif d'explorer les changements postimmigration dans les rapports sociaux entre les sexes chez les couples éthiopiens, en vue de contribuer à l'élaboration de stratégies visant à prévenir la violence. L'étude a été réalisée selon des méthodes de recherche et des analyses qualitatives. Des entrevues en profondeur et des discussions en groupes ont été menées avec la collaboration de huit couples mariés en Éthiopie et installés à Toronto. Les résultats indiquent une modification des rapports sociaux entre les hommes et les femmes après l'immigration, ainsi que des tendances de changement concordantes et discordantes. La recherche révèle que l'incidence de changements est associée à des facteurs comme l'âge, le nombre d'années de vie conjugale, l'expérience de vie dans un pays en développement, et la socialisation relativement aux rôles assignés à chacun des sexes. Les implications sur le plan des futures recherches et de la pratique infirmière font l'objet de discussions.

Mots clés : immigration, rapports sociaux entre les sexes, conflits maritaux, violence conjugale

Post-migration Changes in Gender Relations Among Ethiopian Couples Living in Canada

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The Ethiopian community of Toronto, Canada, has identified the prevention of marital conflict and partner abuse as a priority issue. Previous research and community discussions suggested that changes in gender relations following migration contribute to both marital conflict and partner abuse. The objective of this community-based pilot study was to explore post-migration changes in gender relations among Ethiopian couples in order to inform the development of violence-prevention strategies. Qualitative research methods and analyses were used. In-depth interviews and focus-group discussions were conducted with 8 couples who had been married in Ethiopia and migrated to Toronto. The findings indicate changes in gender relations following migration as well as concordant and discordant patterns of change. Change was found to be associated with factors such as age, number of years married, experience in a third country, and gender-role socialization. Implications for future research and nursing practice are discussed.

Keywords: immigration, gender relations, acculturative change, marital conflict, partner abuse

Introduction

Violence against women is present in every society and culture (Locke & Richman, 1999). Some studies have suggested that post-migration changes in gender relations affect the power dynamics between men and women, thereby increasing the risk of marital conflict and partner abuse in newcomer couples (Bui & Morash, 1999; Morash, Bui, & Santiago, 2000; Morrison, Guruge, & Snarr, 1999; Narayan, 1995; Oxman-Martinez, Abdool, & Loisel-Leonard, 2000; Raj & Silverman, 2002; Tang & Oatley, 2002; West, 1998). Concerns about changes in gender relations as possible contributors to marital conflict and partner abuse have also been identified by the Ethiopian community in Toronto, Canada. In 2001 a partnership was formed between the Ethiopian Association in Toronto (EAT) and academic researchers to further explore this phenomenon. The objective of this community-based pilot

study was to examine the ways in which gender relations change after migration to Canada, patterns of change, and factors associated with change. It was hoped that the findings would enhance the cultural and gender-based sensitivity of nurses working with newcomer families in Canada and inform the development of community-based violence-prevention strategies.

We will present a brief overview of the literature, followed by a description of the background, design, and results of the study, a general discussion, and some implications of the findings for research and clinical practice.

Literature Review

It is well established that immigration to and settlement in a new country entail significant stress and a period of adjustment, particularly in the area of social relations (Canadian Council on Multicultural Health, 1989; Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees [Canadian Task Force], 1988). At the same time, immigration offers some people the opportunity to recreate, reinvent, and negotiate established gender roles. Changes in gender roles, in turn, have a profound effect on gender relations within couples (Bui & Morash, 1999; Canadian Council on Multicultural Health; Canadian Task Force; Morash et al., 2000; Morrison et al., 1999; Sorenson, 1996).

The results of previous work suggest that changes in gender relations following migration are associated with marital conflict and increased risk of abuse in immigrant and refugee populations. Changing gender roles is cited as a contributor to increasing levels of conflict, divorce, and domestic violence among Southeast Asian refugees (Kulig, 1994). Morash et al. (2000) found that physical abuse was reported in 37% of Mexican immigrant families when one of the partners changed gender role expectations. Data from pilot interviews with Chinese immigrant women and service providers show that when his role as breadwinner is threatened, a husband may reassert his power and control through physical and psychological forms of abuse (Tang & Oatley, 2002). Raj and Silverman (2002) suggest that changes in gender relations not only serve as a justification for partner abuse but also increase women's vulnerability to abuse. Yet other research suggests that immigration offers the possibility of change in traditional gender roles that otherwise would be difficult to negotiate and may offer women previously unavailable or suppressed employment opportunities (Krulfeld, 1994).

As a result of civil war, since the mid-1970s an estimated 1.25 million Ethiopians have fled to neighbouring countries such as Sudan, Kenya, Djibouti, and Yemen, while a smaller proportion have immigrated to

Europe and North America (McSpadden & Moussa, 1993). As in the home country, the Ethiopian community in Toronto is characterized by tremendous diversity with respect to ethnicity and religion. According to the EAT, the current Ethiopian population of Toronto is 35,000 (B. Menkir, Executive Director, Ethiopian Association in Toronto, personal communication, December 20, 2002).

In 2001, the EAT identified prevention of marital conflict and partner abuse as a priority concern. Post-migration stresses such as poverty, underemployment, minority status, and discrimination, which increase the vulnerability of women to partner abuse, have been noted in the literature (Bui & Morash, 1999; Morash et al., 2000; Morrison et al., 1999; Narayan, 1995; Tang & Oatley, 2002; West, 1998). However, these were factors that the EAT believed it could not address. Although empirical data were unavailable, a decision was made by the EAT staff and board members and the research team to focus this study on exploring the ways in which gender relations changed after migration to Canada, patterns of change, and factors associated with change. The findings would be used primarily to inform the development of community-based violence-prevention strategies.

Methods

In this community-based pilot study, all phases of the research, development of objectives, recruitment, development of research/interview questions, and analysis were determined together with the EAT staff. Since relatively little was known about the issue in question and since this was an exploratory study, qualitative methodology was chosen. Participants were recruited via newspaper advertisements, flyers distributed at EAT headquarters, and word-of-mouth.

Ethics approval for the study was obtained from the Sunnybrook and Women's College Ethics Board. In order for a couple to be eligible, both partners had to be immigrants, both partners had to agree to participate, the couple had to have been married/living together prior to migration, and both partners had to be of Ethiopian origin. After having all the risks and benefits of participation explained to them, the participants provided written informed consent and were offered an honorarium for their contribution to the study. Data were collected by two (one male and one female) Ethiopian (Amharic-speaking) research assistants (RAs) trained in interview and focus-group techniques.

The interview schedule consisted of two sections: a short questionnaire on socio-demographics and migration history; and a set of open-ended questions on gender roles in Ethiopia and Canada, relationship changes, and types and sources of support. Eight Ethiopian couples living

in Toronto participated in the in-depth individual interviews. The couples were interviewed separately to ensure that the presence of a partner would not influence responses. During pre-testing it was determined that participants did not have a gender preference regarding the interviewer, so the same person interviewed both partners in each couple. The interviews took between 1.5 and 2.5 hours to complete. After completion of the in-depth interviews and preliminary data analysis, two focus groups (one for men and one for women) were formed. Each focus group consisted of five participants and the discussion lasted between 2 and 3 hours. Six participants who had been interviewed were unable to attend the focus-group discussion due to family or work commitments. The two RAs facilitated the discussions, the purpose of which was to confirm the themes that emerged during the initial data analysis and to generate data for ongoing analysis. All interviews and focus-group discussions were audiotaped, transcribed, and translated into English (with the exception of two interviews conducted in English).

Data Analysis

The two RAs cross-checked and validated all interview data. Data from the interviews and focus-group discussions were organized using N6 software. Concepts noted in the literature served as an initial guide for the development of a coding scheme. Additional codes were developed as the first interviews were coded and significant codes were grouped as subthemes. The coding scheme initially consisted of more than 120 codes. These were later reduced to 11 subthemes. Subthemes were then collapsed and condensed into themes. The findings reported here are those pertaining to three themes: main areas of change, patterns of change, and factors associated with change. Regular team meetings of all the investigators and the two RAs were held in order to discuss and reach consensus on the codes, subthemes, and themes, and on the terminology to be used in describing them.

Results

Characteristics of Sample

The participants varied with respect to age, number of years married, and number of years in Canada. Less heterogeneity was observed with respect to educational and religious background. Most participants were well educated, though men more so than women. The majority of participants were members of the Ethiopian Orthodox Church. All of the women and most of the men were employed. The sample was fairly homogeneous with respect to socio-economic status in Ethiopia and was indica-

Table 1 *Characteristics of Sample*

Age	27–71 years (<i>mean</i> = 47 years)
Education	High school graduate to doctorate
Religion	Ethiopian Orthodox (15) and Protestant (1)
Number of years married	3–42 (<i>mean</i> = 21)
Number of years in Canada	3–20 (<i>mean</i> = 13)

tive of the Canadian immigration selection process — that is, based on who has the means to immigrate. Thus, for example, all of the couples had pre-immigration “instrumental support,” which was not the case once they arrived in Canada. Table 1 summarizes the main characteristics of the participants.

In the interviews, the participants were asked to describe their roles and responsibilities as a wife/husband in Ethiopia. The findings indicate that the women were primarily responsible for taking care of the household and children, or “inside” matters, while the men were primarily responsible for supporting the family financially, or “outside” matters. The majority of men did not share household tasks, and those who did so performed tasks such as gardening or household repairs. According to both male and female participants, in Ethiopia there were no expectations that men would or should share in household tasks. One of the male participants pointed out that as a child he had been reprimanded if he “smelled of smoke” — the result of wandering into the kitchen. During the focus-group discussion the women said that as young girls they had been encouraged to acquire domestic skills but that boys had not.

The majority of female participants (80%) had been employed in Ethiopia and fulfilled a double role, responsible for both contributing financial support and running the household. However, both male and female participants reported that the man had been considered the primary breadwinner, with the woman’s income being seen as supplementary.

The reliance on instrumental support in Ethiopia was acknowledged by both male and female participants as an important contributor to the smooth functioning of the household. This instrumental support was provided by both hired help and extended family.

Main Areas of Change

Three main areas of change in gender relations in Canada were identified: household (inside) responsibilities, work (outside) responsibilities, and marital interactions.

Household (inside) responsibilities. The findings suggest that men share in more household tasks in Canada but overall responsibility remains with women. One female participant said: “70% of the work is mine...in Canada we both are working but I still take on most of the responsibilities.” Most of the men indicated that they helped with shopping, cleaning, and child care.

Work (outside) responsibilities. While the majority of the women had been employed in Ethiopia, all were employed in Canada, a significant difference being that in Canada, unlike in Ethiopia, the woman’s contribution to the household income was considered essential and as important as the man’s. The focus-group data show that the men believed that women should be employed, for the well-being of both the woman herself and the family, and that most of the men considered their wife’s income necessary to make ends meet. The majority of female participants reported that they worked both out of financial necessity and because it gave them more autonomy. Both male and female participants observed that many women derived other benefits from employment, such as reduced isolation and increased adaptation, besides bringing in necessary income.

When somebody stays home, you know, the condition of this country... you can’t have the kind of socialization we have had in our culture. Therefore, she won’t be comfortable if she is not working, she can’t share ideas with anybody unless she is working. If she always stays home while I am working and coming home, it will create for her some sort of stress. It is because to work and come home and staying home do have big difference. Besides, it also brings some additional income if she works.
[40-year-old man]

Marital interactions. The marital relationship was a major area of change, both positive and negative, for the majority of couples. One of the positive changes was described as an increase in joint decision-making. Although in Ethiopia there had been some shared decision-making on major financial issues, most male participants indicated that they had much more decision-making power in Ethiopia than their wives. A 60-year-old female participant stated:

We always discuss whenever we want to do something, like I may say what if we give this much for this wedding? We also discuss the money that we give for the church. We discuss everything. I don’t hide anything from him and he doesn’t hide anything from me.

Another positive change in some relationships was that husbands and wives were spending more time together and growing closer. The same 60-year-old woman stated:

There are a lot of changes, like usually we spend the evenings together, my husband and I. He doesn't say, "Now I am going with my friends"... He is always with me and I am always with him. We go for a walk together and even sometimes we go to bars together. It very much brought us together.

On the negative side, some couples faced new stresses and experienced conflict as a result of their different work schedules, long working hours, and fatigue, as described by a 39-year-old female participant:

Of course you would be happy if you could spend some time with your husband and if you could talk and chat with your husband, whatever the topic. But when you can't do that because of shortage of time, you may say until when? ...you may spend alone most of the time and you may tend to say, what is the difference if I live alone or with him?

Patterns of Change

The men and women adapted to their new roles and responsibilities in Canada in different ways. The different patterns were most apparent with respect to household tasks and were clearly important in the couples' lives. Both concordant and discordant patterns of change were observed. Concordant patterns included acceptance of the old ways and negotiation of new ways.

Acceptance of the old ways. Acceptance of the old ways meant that both partners were comfortable with or at least accepted the traditional division of responsibilities and tasks. This allowed for a relatively harmonious relationship with minimal stress:

Regarding activities in the house, I am telling you frankly, as far as the woman can do the job it is not necessary to impose on him. This is our culture; we get used to it since childhood. If they are willing to learn and help, that would be great, but it is not necessary to lose your long-term relationship because he is not doing it now. [39-year-old woman]

Negotiation of new ways. According to this pattern, couples negotiated tasks and responsibilities in Canada using criteria such as: Who does it better? Who has more time? Who enjoys doing the task? A 41-year-old male participant explained:

If your wife is a good cook and you are a lousy cook, it should be your wife that is doing the cooking. But if she is a lousy cook and you are better, then you should do it.

Discordant patterns of change included one partner resisting change, making sacrifices, and/or tolerating the old ways.

Resisting change. This pattern was most evident among male participants, with some of the men frequently expressing an unwillingness to take up certain responsibilities and tasks, particularly those they felt belonged to women. For example, one man stated that he did not mind making coffee using a percolator but that it was a woman's job to make it the Ethiopian way, accompanied by the traditional coffee ceremony. An example provided by a 71-year-old participant concerned the traditional bread, *enjerra*, an Ethiopian staple:

The reason why I am not baking enjerra is that first of all my body doesn't even accept it; it is a matter of acceptance. But if I [am] compelled to do so and if I am in a situation where I feel that somebody could be in danger if I don't do that, then I may consider doing that; but I don't know because that hasn't happened yet.

Sacrifice. Some female participants expressed a willingness to take on the double burden of inside and outside work in order to maintain household harmony. They accepted the idea that their primary mission in life was to do whatever was necessary to raise their children and provide them with a good education:

He used to say to me... "You work at night and come back home, you have to get some sleep and you have to take care of the kids and you have to come fetch me; this is not good." At one point I was not even able to open my eyes but I did not want to show it to him... So I never said I was tired. I worked and I took good care of my kids. [48-year-old woman]

Tolerance. This pattern was observed when female participants spoke about wanting change but believed that, in order to avoid conflict, women must be patient and not make demands on their husbands:

So we hold on to the idea of not going for divorce. So, to avoid such mishap, I tolerated. I believe that it was patience that prevented me from taking that kind of major decision — my silence, my working without complaining. He then started saying, "What?" So we were able to get to this stage. It wasn't because my husband was nice to me around the time we came here or that he had changed automatically. It was because I tolerated... [53-year-old woman]

It was evident from the interviews and focus-group discussions that the patterns of change were not fixed; couples adopted different patterns at different points during the process of settling in a new country. Indeed many couples themselves recognized that this process was dynamic. Analysis revealed three distinct stages of change, not necessarily corresponding to number of years in Canada. The first stage consisted of

maintaining the division of tasks as they were in Ethiopia as a way of maintaining links with the culture. The participants reported that during this stage most men did not help with household tasks, expecting their wives to run the house on their own. However, adherence to traditional roles and patterns of behaviour required agreement by both parties. During the first stage, the women had no expectations that their husbands would or should help with housework. As described by one of the male participants: "If you see couples who just came here for the first time, soon after they came the women don't even allow you to get into the kitchen." The female participants also found it difficult to ask their husbands to help, because "it is a little difficult to break that barrier and say to men, 'Do this.' They might think, 'She is giving me an order,'" which would not have occurred in Ethiopia. A number of participants noted that cultural adaptation is a gradual process.

During the second stage, mutual discussion and joint decision-making emerged as indicators of change in the relationship. As one of the male participants pointed out, "things are decided together." Interestingly, the participants also indicated a growing recognition that, in light of the absence of instrumental help, husbands now had to help their wives. One 53-year-old female participant recounted how her husband had changed over time:

I think he watched me through the window going far pushing the cart. He felt it and started saying, "Does she have to do all this by herself?"

During the third stage, tasks were described as having become routine or "carried out simply by habit," resulting in a decrease in the gendered division of labour. As a 42-year-old male participant put it:

For example, if the man does ironing clothes one or two times, first she will say, "Please do also these ones," but later it will specifically be his task and continue doing that.

Factors Associated with Change

Data analysis revealed several factors associated with patterns of change. Age and length of marriage were perhaps the strongest influences on change. The older women tended to be more patient, tolerant, less demanding, and more accepting of the traditional gender division of tasks. Both men and women who had been married a long time stressed the importance of mutual understanding and were much more comfortable with the traditional division of labour than those who had not been married long. The older women did not expect their husbands to help out at home, while the younger women did. The former were reluctant to ask for help, citing their partner's age and/or consideration for his

social status back in Ethiopia. Older participants were much more vocal on this point than their younger counterparts, and were critical of them.

Experience in a third country also played a part in couples' adaptation to their new roles in Canada. Those who had lived in a Western country before coming to Canada adapted more quickly and smoothly to their new role because of their exposure to different lifestyles. Even those who had lived in another non-Western country observed that the process of migration facilitated change. For example, when the participants were asked how the traditional division of tasks had changed for them in Canada, one woman responded:

We have come through a different country. Since both of us did housework, we were hired by families to do housework. When we come here, it is not a big deal for my husband to do housework. All of us started working right away — equally.

Finally, it was apparent that gender socialization influenced patterns of change among the couples. Most of the female participants accepted the fact that they had more responsibilities because this was part of woman's "nature." They maintained they had more household responsibilities than their husbands because they had taken it upon themselves to do more. Many male participants also expressed a belief in a "natural" division of labour and, regardless of their age or educational background, showed a resistance to change.

Discussion

The purpose of this community-based pilot study was to explore changes in gender relations, patterns of change, and factors associated with change in a sample of Ethiopian couples living in Toronto. The findings indicate strong evidence of change following migration, particularly in the areas of housework, paid work, and marital interactions. In Ethiopia, the men had been the principal breadwinners and were accorded more authority in relationships as a result of education, income, and cultural influences, while the women had fulfilled the dual role of wage-earner and household manager, though usually with the support of hired help and family members. In Canada, there was strong evidence of change in the gendered assignment of household tasks, though change was frequently described in terms of sharing specific tasks rather than sharing overall responsibility.

For most couples the marital relationship was a significant source of change, with participants reporting both positive and negative changes. Concordant and discordant patterns emerged with regard to changes in the couples' relations. Concordant patterns of change were those in

which both partners either accepted the old ways or negotiated new ways, while discordant patterns were those in which one partner resisted change, made sacrifices, and/or tolerated the old ways. Although discordant patterns might be considered less adaptive, it must be stressed that all eight of the sample marriages were still intact, indicating that the couples had developed effective strategies for resolving their differences.

The findings also indicate that the process of change was dynamic and that one partner or both may have gone through several different stages of change during the resettlement period. According to Berry (1995), individuals acquire, retain, and relinquish the behaviours and values of their traditional culture and the new culture to which they are adjusting. Thus, newcomer couples are continually striving to balance and combine the heritage and host cultures, creating diverse patterns of change, some of which may invoke risk while others may offer security. According to Dobash and Dobash (1997), without fundamental changes in gender relations, we may continue to experience a legacy of violence. The effects of different patterns of change on outcomes such as marital conflict or partner abuse were not assessed in the present study. However, new analyses of the 1999 General Social Survey conducted by our research team (M. M. Cohen, Principal Investigator) have found that recent immigrant women (less than 10 years in Canada) experienced significantly lower rates of intimate partner violence than their Canadian-born counterparts (Hyman, 2003).

Previous studies with Ethiopian immigrants support our finding that gender relations change following migration and that such change may involve marital conflict and partner abuse (Matsuoka & Sorenson, 2001; McSpadden & Moussa, 1993). In interviews with Ethiopian and Eritrean women and men in Toronto, Matsuoka and Sorensen found evidence of changes in gender roles and relations within couples that altered expectations and contributed to marital tension. Many of the women believed that in Canada, unlike in Ethiopia, it was impossible to work full-time while raising a family without help from their partner. Although some of the men accepted a new role for women in Canada, clear lines of demarcation persisted. Some of the men found that women's employment threatened their traditional ideas concerning male economic power. McSpadden and Moussa conducted qualitative interviews with Ethiopian immigrant families to explore their experiences with immigration and resettlement. Although they did not directly address the issue of partner abuse, McSpadden and Moussa attribute the growing incidence of wife abuse to male anger and frustration evoked by racism and un/underemployment, as well as loss of authority and respect within the family. Neither of these studies examined concordant and discordant patterns of change in Ethiopian immigrant couples.

No previous research has examined factors associated with post-migration changes in gender relations. Well-established research on the determinants of health has identified factors, such as education, gender, environment, and health services utilization, that affect the health of Canadians (Health Canada, 2002). Of particular importance to immigrant health are determinants such as income, social support, and stress, and a recognition that heterogeneity within immigrant communities in Canada may affect both health and access to health services (Hyman, 2004). The present study has identified additional and multiple factors that directly contribute to change, and thus indirectly affect health — namely, previous experience in a third country and gender role socialization.

Some limitations must be noted. Because our sample was restricted to couples who had been married in Ethiopia prior to migrating to Canada, we were unable to examine other types of marital relationships within the Ethiopian community. For example, the data may not reflect challenges that face newly married Ethiopian couples in Canada. The interviews carried out as part of the present study and informal discussions with members of the Ethiopian community suggest that newly married individuals may experience more marital conflict than couples who were married in Ethiopia. In addition, the majority of the sample had lived in another country prior to coming to Canada. The experiences of migrating together and facing common challenges in Canada appear to strengthen couples' relationships and marital resiliency. Finally, the sample did not include individuals who had separated or divorced post-migration; therefore, we could not ascertain the extent to which changing gender relations contribute to divorce or separation. This will be the focus of the next phase of the project.

Implications

These findings have implications for research and practice. They lay the groundwork for future research on marital conflict and partner abuse in immigrant populations. Further research is needed to address questions about the mediating factors identified in this study (i.e., age, previous experience in a third country, and gender socialization) and to determine whether concordant and discordant patterns of change are associated with different outcomes. Research is also necessary to extend these findings to other types of marital relationships within the Ethiopian community, including the relationships of those who marry in Canada. Finally, similar research should be conducted with couples from other immigrant communities, to determine whether the patterns identified have meaning beyond one particular community.

In terms of practice, nurses must recognize that immigrant couples frequently experience changes in their roles and relationships following migration and that these changes can be a source of strain and conflict. Crisis counsellors and mental health nurses are in an ideal position to identify individuals/couples at risk and to make suggestions or introduce interventions to diffuse tensions and improve communication between partners. Sensitivity to the dynamic nature of change and the factors associated with change is critical, in order to break down barriers and improve the accessibility of support services for women who experience marital conflict and/or partner abuse.

The findings are currently being used by the EAT to inform the development of culturally appropriate and gender-sensitive violence-prevention strategies, to increase community awareness of changes in gender relations following migration and the impact of migration, both positive and negative, on marital relationships.

In conclusion, this study represents a first step in addressing information gaps related to post-migration changes in gender relations within immigrant communities. The findings will be used mainly to inform the development of community-specific preventive strategies and programs to better meet the needs of Ethiopian couples experiencing marital conflict and partner abuse. Further research is necessary to determine the extent to which changing gender relations contribute to marital conflict and partner abuse in immigrant populations, and to examine the various strategies that couples develop to resolve conflict and adapt to changing gender relations.

References

- Berry, J. W. (1995). Psychology of acculturation. In N. R. Goldberg & J. B. Veroff (Eds.), *The culture and psychology reader* (pp. 457–488). New York: New York University Press.
- Bui, H. N., & Morash, M. (1999). Domestic violence in the Vietnamese immigrant community: An exploratory study. *Violence Against Women*, 5(7), 769–795.
- Canadian Council on Multicultural Health. (1989). *Canadian cultures and health: Bibliography*. Toronto: Author.
- Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees. (1988). *After the door has been opened: Mental health issues affecting immigrants and refugees in Canada*. Ottawa: Ministry of Supply and Services.
- Dobash, R. E., & Dobash, R. P. (1997). Violence against women. In L. L. O'Toole & J. R. Schiffman (Eds.), *Gender violence: Interdisciplinary perspectives* (pp. 266–278). New York: New York University Press.
- Health Canada. (2002). *Population health*. Available: <http://www.hc-gc.ca/hppb/phdd/>

- Hyman, I. (2003, December 10). *Intimate partner violence (IPV) among minority cultural communities*. Women's Health Research in Progress Seminar Series, Centre for Research in Women's Health and Department of Medicine, University of Toronto.
- Hyman, I. (2004). Setting the stage: Reviewing current knowledge on the health of Canadian immigrants: What is the evidence and where are the gaps? *Canadian Journal of Public Health, 95*, 15–17.
- Krulfeld, R. M. (1994). Changing concepts of gender roles and identities in refugee communities. In L. Camino & R. M. Krulfeld (Eds.), *Reconstructing lives, recapturing meaning: Refugee identity, gender and culture change* (pp. 71–96). Washington: Gordon & Breach.
- Kulig, J. C. (1994). Sexuality beliefs among Cambodians: Implications for health care professionals. *Health Care for Women International, 15*, p. 69–76.
- Locke, L. M., & Richman, C. L. (1999). Attitudes toward domestic violence: Race and gender issues. *Sex Roles, 40*, 227–247.
- Matsuoka, A., & Sorenson, J. (2001). *Ghosts and shadows: Construction of identity and community in an African diaspora* (pp. 13–14). Toronto: University of Toronto Press.
- McSpadden, L., & Moussa, H. (1993). I have a name: The gender dynamics in asylum and in resettlement of Ethiopian and Eritrean refugees in North America. *Journal of Refugee Studies, 6*, 203–225.
- Morash, M., Bui, H. N., & Santiago, A. M. (2000). Cultural-specific gender ideology and wife abuse in Mexican-descent families. *International Review of Victimology, 7*, 67–91.
- Morrison, L., Guruge, S., & Snarr, K. (1999). Sri Lankan Tamil immigrants in Toronto: Gender, marriage patterns and sexuality. In G. Kelson & B. Delaureat (Eds.), *Gender, immigration and policy* (pp. 144–160). New York: New York University Press.
- Narayan, U. (1995). “Male-order” brides: Immigrant women, domestic violence and immigration law. *Hypatia, 10*, 104–119.
- Oxman-Martinez, J., Abdool, S. N., & Loiselle-Leonard, M. (2000). Immigration, women and health in Canada. *Canadian Journal of Public Health, 91*, 394–395.
- Raj, A., & Silverman, J. (2002). Violence against immigrant women: The roles of culture, context, and legal immigrant status on intimate partner violence. *Violence Against Women, 8*, 367–398.
- Sorenson, S. B. (1996). Violence against women: Examining ethnic differences and commonalities. *Evaluation Review, 20*(2), 123–145.
- Tang, T. N., & Oatley, K. (2002, August 22). *Transition and engagement of life roles among Chinese immigrant women*. Paper delivered at American Psychological Association Annual Convention, Chicago.
- West, C. M. (1998). Lifting the “political gag order.” In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research* (pp. 184–209). Thousand Oaks, CA: Sage.

Authors' Note

This project was funded by the Canadian Institutes of Health Research – Institute of Gender and Health. We would also like to acknowledge the support of the Ethiopian Association in Toronto.

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