# SOMALI-CANADIAN YOUTH: EMPLOYMENT, HEALTH, PANDEMIC

# THE IMPACT OF THE PANDEMIC ON SOMALI-CANADIAN YOUTH LIVING IN REXDALE

By HABON ALI, B.Sc., Hons

A Thesis Submitted to the School of Graduate Studies in Partial Fulfilment of the Requirements for the Degree Master of Science in Global Health

McMaster University MASTER OF SCIENCE (2021) Hamilton, Ontario (Global Health)

TITLE: The Impact of the Pandemic on Somali-Canadian Youth Living in Rexdale AUTHOR: Habon Ali, B.Sc. (Hons) SUPERVISOR: Dr. Bruce Newbold COMMITTEE MEMBER: Marlene Dei-Amoah
NUMBER OF PAGES: xii, 106

## LAY ABSTRACT

In the 1990s, Somali refugees arrived in Canada following a civil war, with many settling in Toronto. The first wave of Somali refugees faced discrimination and settlement challenges. Generally, children of immigrants have a bright socioeconomic outlook. However, second-generation Somali-Canadian youth face unique challenges and systemic barriers. This study explores how the pandemic impacts the health and employment of the Somali-Canadian youth living in Rexdale. Eight semi-structured interviews with youth aged 18-25. The findings illustrated impacts such as precarious employment, unsafe work, lost income, and increased risk of exposure to COVID-19. The mental health of the youth was negatively impacted due to financial worries, educational and interpersonal challenges, and cultural stigma. Sadly, the intersectional identities of the participants resulted in limited choices and access to coping strategies. To improve the health and wellbeing of Somali-Canadian youth, there needs to be greater investments into the social determinants of health including employment, healthcare, housing, income, and education.

## ABSTRACT

**Background:** The first wave of Somali-Canadian refugees arrived in the 1990s following the civil war, with many settling in Toronto. First generation Somali-Canadians faced significant discrimination and settlement challenges. Previous research on Canada immigrants found that second generation youth tend to have a bright socioeconomic outlook. However, this outlook is not so certain for Somali-Canadian youth as they face unique long-term challenges with systemic barriers. Additionally, the pandemic has disproportionately impacted Black communities. Thus, it is important to explore how the pandemic has impacted the employment and health of Somali-Canadian youth living in Rexdale.

**Methods:** Through an IPA approach, semi-structured interviews were conducted with 8 Somali-Canadian youth between the ages of 18-25 living in the Rexdale neighbourhood. The interviews were then analyzed through the IPA perspective to generate themes.

**Results:** Somali-Canadian youth experience precarious employment, unsafe working conditions, lost income, faced financial difficulties and an increased risk of exposure to COVID-19. Furthermore, these impacts were exacerbated by living with large families and immunocompromised family members. Participants accessed government COVID-19 supports but some were ineligible due to precarious work or concerns associated with accessing governmental assistance. The pandemic negatively impacted the mental health of youth due to financial worries, educational and interpersonal challenges, and

cultural stigma. Additionally, the intersectional identities of the participants resulted in limited choices and access to coping strategies.

**Conclusions:** In order to improve the physical and mental wellbeing of Somali-Canadian youth, and those who share their experiences, there needs to be greater investments into the social determinants of health including employment, healthcare, housing, income, and education.

## ACKNOWLEDGMENTS

Alhamdulillah, I am grateful to Allah for having reached this milestone, in health, during this very difficult time. I feel lucky to be able to work, study, and indulge in curious pursuits. I hope this work can be of service to my communities.

I would not be able to reach this point of my academic career without the support of my family. Thank you Hoyoo and Aaba, Ali, Guled, Hyaat, Hanan, Abyan and Ayub for inspiring me and erasing limits from my visions for a better future. Your love fuels my journey.

To my extraordinary committee thank you for your patience, overwhelming kindness, and guidance throughout the research process. Dr. Newbold, thank you for listening to my ideas and believing in my curiosity. I will never forget your generosity. Marlene Dei-Amoah, your expertise and grounded knowledge in racial equity and intersectional theory made my thesis possible. Thank you for always pushing me to be bolder and dig deeper to allow my voice to shine through my work.

To Zoha Salam, thank you for mentoring me and guiding me with warmth and overwhelming thoughtfulness. I would not have chosen the thesis stream if it wasn't for your push. I also don't think I could've have stayed the course without your constant encouragement, work sessions, and motivation. You are one of the smartest people I know. I'm grateful we connected in this program. You make so many racialized students feel welcome in this program and your work does not go unnoticed.

To my friends, thank you for listening to me talk about my thesis for months. I appreciate your support in editing my drafts and reminding me of the purpose and impact of this research. I am truly blessed to have friends that are able to understand me. May Allah bless you all.

To the Somali-Canadian community and participants who responded overwhelmingly to this research with their time and stories, thank you. I do not take this trust lightly, and I promise to uphold my responsibility of centering this research in my future work and sharing our work with decisionmakers.

To the Hoyoo's who have been fighting for our futures since they arrived in Canada - we are indebted to you, we are here, and we are continuing the work!

Finally, thank you to the Global Health Office for allowing me to have a fruitful educational experience. To Adam, I appreciate your drop-ins and last-minute zoom calls that kept me on track. I am grateful for your guidance!

## TABLE OF CONTENTS

## LIST OF FIGURES AND TABLES

## LIST OF ABBREVIATIONS AND SYMBOLS

Canada Emergency Response Benefit - CERB
Canada Emergency Student Benefit - CESB
Coronavirus Disease of 2019 - COVID-19
Hamilton Integrated Research Ethics Board - HiREB
Interpretative phenomenological analysis - IPA
Not in employment, education, or training - NEET
Organization for Economic Co-Operation and Development - OECD
Personal Support Worker - PSW
Social Determinants of Health - SDOH
The Commission on Social Determinants of Health - CSDH

## DECLARATION OF ACADEMIC ACHIEVEMENT

This is a statement declaring that I, Habon Ali, have completed this McMasters thesis research under the supervision, guidance, and contributions of Dr. Bruce Newbold and Marlene Dei-Amoah.

# CHAPTER 1: INTRODUCTION

## 1.1 Global Health and the Social Determinants

The World Health Organization's Commission on the Social Determinants of Health has defined social determinants of health (SDOH) as "the conditions in which people are born, grow, live, work and age" (Commission on Social Determinants of Health [CSDH], 2008). On a global scale, the SDOH is utilized as a lens in which we analyze how social gradients due to unequal distributions of power, income, goods, and services result in unfairness in the circumstances of people's lives (CSDH, 2008). These impacts extend to access to healthcare, schools, education, their conditions of work, housing, communities, or cities (CSDH, 2008). All of these factors influence the ability of a person to live a healthy and fulfilling life. The international community must take urgent and sustained action on global, national, and local levels (CSDH, 2008).

To achieve global health equity, it is important to consider the social gradient of health worldwide. There are dramatic differences in health outcomes within countries, which is a global phenomenon (CSDH, 2008). Poor health, such as high levels of illness and premature mortality, is not confined to countries at a certain income level (CSDH, 2008). Health and illness follow a social gradient in countries of all income levels (CSDH, 2008). The social gradient in health finds that the relationship between socioeconomic level and health is ranked. People at a greater social disadvantage typically have poorer health (CSDH, 2008). The social gradient in health is not naturally occurring

and results from policies that prize a rich and powerful minority over the interests of a disempowered majority (CSDH, 2008).

Employment is a critical SDOH that shapes people's social position. Employment and working conditions impact health equity by providing financial security, social status, personal development, social relations, self-esteem, and protection from physical and psychosocial hazards (CSDH, 2008). In more economically developed countries, such as Canada, a lower socioeconomic position equates to poor education, lack of amenities, unemployment and job insecurity, poor working conditions, and unsafe neighbourhoods (CSDH, 2008). In this study, we are focusing on a Canadian level, to be more specific, a local level at the City of Toronto.

**1.2 Employment and Health Link**

The SDOH underscores the impact of employment conditions on population health and health inequalities (Benach et al., 2014). Working conditions are an important SDOH because we spend a great amount of time in workplaces (Mikkonen & Raphael, 2010). Research has found that factors shaping health outcomes include employment security, physical conditions at work, workplace and stress, working hours, opportunities for self-expression and individual development at work (Mikkonen & Raphael, 2010).

Between the 1950s and 1970s, the post-WWII years, employment relations in wealthier countries were shaped by industrial production and capital accumulation, generous welfare states, strong labour unions, and strong regulation of employment relations (Benach et al., 2014). In terms of economic stability and prosperity, employment relations became a capital-labour accord

to guarantee workers stable employment, employment-related relations, employment rights and protections, and the right to collective representation (Benach et al., 2014). This model of industrial relations allowed most workers to maintain their livelihoods in non-work periods while empowering workers to avoid exposure to hazardous work environments and conditions (Benach et al., 2014). Standard employment relations included constraints on hiring and firing, regulations against arbitrary dismissal, right to collective representation, minimum wages, non-wage benefits, and benefits (Benach et al., 2014). Despite these developments, the application of these standards was not universal or equitable (Benach et al., 2014). In most cases, these standards applied to male wage-dependent workers and excluded self-employed contractors and the majority of part-time workers who were mainly women (Benach et al., 2014).

A series of events in the 1970s, including the economic oil shocks, worldwide recession and technological, political, and economic factors, halted economic growth and changed production processes impacting employer and worker relations (Benach et al., 2014). During this time, employers focused on wage flexibility, easing the constraints on hiring and firing, and relaxing employment protection policies (Benach et al., 2014). There was a shift as the working-class power weakened and employers' power strengthened (Benach et al., 2014). In 1994, labour market flexibility was central to the Organization for Economic Co-Operation and Development's (OECD) strategy to reduce unemployment in industrialized countries (Benach et al., 2014). In turn, governments relaxed labour-market regulations, limited social security benefits,

modified collective bargaining regulations, favoured individualization of employment relations, and deregulated the contractual employment relationship (Benach et al., 2014). Organizations, both public and private, downsized, restructured, and outsourced the productive process, restored to temporary workers and dismantled internal labour markets (Benach et al., 2014). Large-scale industries became fragmented and dispersed, creating various production chains (Benach et al., 2014). These industry networks feature smaller firms, peripheral to the parent organization that absorb more significant market risks and offer worse employment conditions (Benach et al., 2014). The internationalization of production processes allowed organizations to delocalize to markets with lower labour costs (Benach et al., 2014).

The Great Recession of 2008 resulted in consequences for employment conditions, quality of life and health, which also appeared in previous crises (Benach et al., 2014). The economic crisis of 2008 is widely recognized in public health literature as a threat to population health (Benach et al., 2014). The implementation of labour-market reforms and austerity damaged employment conditions through direct staff cuts, rapid increase in unemployment, lower wages, downsizing, restructuring, outsourcing services, limiting workers bargaining power, and unfavourable working conditions leading to the rise in flexible and precarious working employment arrangements (Benach et al., 2014). Precarious employment is defined as jobs of limited duration and protection from labour-market uncertainties, unacceptable treatment at work, low wages, and limited worker control over wages and working hours (Benach et al., 2014). Unfortunately, those at a greater risk of poor health outcomes due

to their lower-income and education are also the ones most likely to experience adverse working conditions (Mikkonen & Raphael, 2010). Jobs with high-stress environments predispose people to high blood pressure, cardiovascular disease, and the development of physical and psychological difficulties such as depression and anxiety (Mikkonen & Raphael, 2010). These changes lead to poverty, social exclusion and mental health problems (Benach et al., 2014).

Canada is often mentioned as one of the high-income countries that escaped the detrimental impacts of the financial crisis and the recessionary and austerity effects (Ruckert & Labonté, 2014). However, Ontario was strongly impacted by the financial and economic crises due to its manufacturing sector being dependent on US exports (Ruckert & Labonté, 2014). Research on the SDOH suggests that the health impacts of the global financial crisis are mediated by political structures, particularly by the extent of state intervention in the economic marketplace (Ruckert & Labonté, 2014). It is reasonable to assert that the liberal welfare regime in Canada pays less attention to citizen security and welfare provision compared to conservative and social democratic welfare regimes (Ruckert & Labonté, 2014). This focus results in lower quality and commodification of resources related to SDOH (Ruckert & Labonté, 2014). In turn, the global financial crisis more directly impacts citizens' health as there is less insulation from market swings and social consequences (Ruckert & Labonté, 2014). Ontario faced strong and long-lasting budgetary impacts due to the global financial crisis in which there was a budget deficit of more than 6% GDP in 2009 which declined to 3% in 2012 (Ruckert & Labonté, 2014). By consequence, this deficit put pressure on the Ontario government to respond

and put finances in a more sustainable position which could be done through spending cuts or revenue increases (Ruckert & Labonté, 2014). The more viable option from a health equity lens would be to address a budget shortfall by raising revenues through progressive taxation and generating additional revenue (Ruckert & Labonté, 2014). However, the Ontario government stated that it would not increase taxes and chose to cut back on spending in many areas, including health care and program areas related to SDOH (Ruckert & Labonté, 2014). It is important to note that the overreliance on program cutbacks to address fiscal shortfalls has a more significant impact on lower-income individuals than on higher-income individuals, leading to widening health inequity gaps (Ruckert & Labonté, 2014). During this time, the federal government also led an austerity drive limiting the financial transfers to provinces for health and social programs (Ruckert & Labonté, 2014). This decision created difficulties for provinces to maintain program spending (Ruckert & Labonté, 2014). In 2014, health and social transfers from the federal government were mandated to be held at a reduced level, growing 3% annually (Ruckert & Labonté, 2014). Provinces struggling with larger deficits will have to make cuts to health and social services or limit growth to below inflation (Ruckert & Labonté, 2014). In Ontario, health care spending as a percentage of GDP has fallen every year since the global financial crisis (Ruckert & Labonté, 2014). While healthcare is one example, critical SDOH pathways, including housing, have also been affected by this austerity drive (Ruckert & Labonté, 2014).

### 1.3 COVID-19 and Employment Impacts

Youth unemployment rates are rising to unprecedented levels since the start of the global pandemic (Statistics Canada, 2020b). The global labour force participation rate for young people aged 15-24 has declined continuously, while the youth population has increased by 0.3 billion over the past two decades (International Labour Office [ILO], 2020). According to the ILO (2020), young people are three times more likely to be unemployed than adults due to limited work experience and structural barriers that prevent youth from entering the labour market and one-fifth of young people are not in employment, education or training (NEET) status. When the full potential of young people is not realized, it can lead to several harmful effects, including lower employment and earning prospects in the years to come (ILO, 2020). Even before the pandemic, young people across the world faced higher poverty rates, informal and less secure forms of employment, worries of the fourth industrial revolution, a digital divide, and a lack of adequate and decent jobs (ILO, 2020).

In recent times, with the start of the COVID-19 pandemic, public health measures implemented to combat the pandemic have had an impact on the Canadian labour market (Brunet, 2020). Youth were particularly affected by these measures as they experienced the fastest rate of employment decline since they usually hold less secure jobs in industries such as accommodation and food services (Brunet, 2020). The proportion of young people aged 15- 29 who are NEET youth is an established indicator closely monitored by policymakers as a sign that young people may be experiencing difficult transitions from school to the labour market (Brunet, 2020). In the COVID-19

pandemic, NEET rates provide insight into whether the economic uncertainty generated by the pandemic is causing delays in labour market entry or educational choices (Brunet, 2020). In all provinces, NEET rates among 15-29-year-olds increased significantly from February to April 2020 and the province of Ontario saw an 11-percentage point increase in this time period (Brunet, 2020). Among 15-19-year-olds, the increase in NEET rates was due to youth reporting not attending school (Brunet, 2020). For those aged 20 to 29 years old, the rise in NEET rates during this time was due to a decline in employment (Brunet, 2020).

In Canada, the pandemic has revealed the inequities faced by Black people with higher unemployment rates. Black people were identified to have higher labour force participation rates as compared to their non-racialized counterparts but higher unemployment rates and more significant wage gaps than all other racialized groups (Block et al., 2019). The 2016 census reported that Black Canadians experienced a higher unemployment rate as compared to non-visible minority Canadians (Statistics Canada, 2021). In 2016, 12.5% of Black Canadians were unemployed compared to 6.9% of non-visible minority Canadians (Statistics Canada, 2021). Unfortunately, Black Canadians continue to face high unemployment in the pandemic with January 2021 reports showing a 13.1% unemployment rate for Black Canadians as compared to a 7.7% unemployment rate for non-visible minority Canadians (Statistics Canada, 2021). Furthermore, Statistics Canada (2020a) reported that visible minority youth had an unemployment rate of 24.7% in September 2020 compared to 15.4% for youth who were not a visible minority or Indigenous. In particular,

Black youth aged 15 to 24 experienced higher unemployment rates during the pandemic with 30.6% of Black youth unemployed in January 2021 as compared to 15.6% of non-visible minority youth (Statistic Canada, 2021).

### 1.4 COVID-19 Health Disparities and Public Health Measure in Ontario

*COVID-19 Health Disparities*

Canada's population consists of 1.2 million Black people (Maheux & Do, 2019). It is important to note that Black communities are not monolithic. The presence of Black people in Canada dates to the early 1600s (Maheux & Do, 2019). Some Black populations have roots in Canada for many generations, whereas some have immigrated in recent decades (Maheux & Do, 2019). The Black population in Canada is young, with the median age being 29.6 years compared to 40.7 years for the total population (Maheux & Do, 2019).

Ontario has a highly diverse population with about 250 ethnic or cultural origins reported in the 2016 census (Ontario Ministry of Finance, 2017). Visible minorities are defined as people, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour (Statistics Canada, 2021). Over 3.8 million Ontarians identified as members of a visible minority population (Ontario Ministry of Finance, 2017). Ontario's visible minority population accounts for 39% of the province's population and more than half of Canada's total visible minority population (Ontario Ministry of Finance, 2017). Currently, the population of Black people in Ontario is 627,710 people (Maheux & Do, 2019). The COVID-19 pandemic uprooted the economy and society. The novel coronavirus and public health measures disproportionately impacted and magnified the inequities marginalized and vulnerable communities, including

people without homes, Indigenous communities, Black communities, racialized communities, people with disabilities, LGBTQ+ communities, newcomers, refugees, immigrants, and migrants face in Canada (Sultana & Ravanera, 2020).

As defined by the African Canadian Legal Clinic, anti-Black racism is prejudice, stereotyping, and discrimination that is directed at people of African descent and is rooted in their unique history and experience of enslavement (Mullings, Morgan, & Quelleng, 2016). In Canada, anti-Black racism is deeply entrenched in Canadian institutions, policies, and practices and continues historical practices of racial segregation, economic disadvantage and social division (Mullings et al., 2016). Anti-Black racism manifests through a lack of opportunities, lower socioeconomic status, higher unemployment, significant poverty rates, and overrepresentation in the criminal justice system (Mullings et al., 2016). From 2008 to 2011, young African Canadian males were carded in Toronto at a rate 3.4 times higher than the city's population of young African Canadian men (Mullings et al., 2016). Furthermore, in Federal prisons, there was an increase of 77.5% in the population of African Canadians from 2005 to 2015 whereas the white Canadian population decreased by 6.8% (Mullings et al., 2016). In the Toronto District School Board, African Canadian students account for 12% of high school students but are overrepresented in suspension rates, at 31% of all suspensions (Mullings et al., 2016). Anti-Black racism has affected the economic opportunities of Black Canadians, resulting in lower employment rates, lower savings, lower occupational status, and reduced incomes on average (Sultana & Ravanera, 2020). In 2006, research found that

occupational concentration in specific sectors and wage discrimination led to a CAD 1.5 billion loss for Black workers in the Canadian workforce (Sultana & Ravanera, 2020). Furthermore, Statistics Canada led a study in 2014 that found that 13% of Black Canadians compared to 6% of non-Black Canadians experienced discrimination throughout the job search or on the job (Sultana & Ravanera, 2020). Additionally, systemic racism results in Black communities having limited access to protections, including adequate and safe housing, equitable working conditions, and paid sick leave, which is all SDOH (Sultana & Ravanera, 2020).

African, Caribbean, and Black (ACB) communities represent a vulnerable population in the COVID-19 pandemic due to their health risks, receipt of adequate care and chances of recovery (Etowa & Hyman, 2021). The WHO Commission on Social Determinants of Health recognizes racism as a contributor to socioeconomic position which is a social determinant of health (Etowa & Hyman, 2021). The City of Toronto declared Anti-Black racism a public health crisis due to the broader impacts of racism in education, justice, media, policing, immigration, employment, hate activity, and government policy (Etowa & Hyman, 2021). It is important to note that intersecting identities including age, gender and religion shape experiences and impact health and wellbeing (Etowa & Hyman, 2021), Women are often unemployed or precariously employed in retail and service sectors that are substantially affected by the pandemic (Etowa & Hyman, 2021). This has caused women to experience proportionately steeper job losses than men in Canada during the pandemic (Etowa & Hyman, 2021). Women also make up 70% of health and

social service workers which places them at a higher risk of exposure to the virus (Etowa & Hyman, 2021). Immigrants account for one-third of people employed as nurse aides, orderlies, and patient service, wherein women account for over 80% of this group (Etowa & Hyman, 2021). Before the COVID-19 pandemic, 21% of ACB individuals lived in low-income situations as compared to the rest of the population (Etowa & Hyman, 2021). Additionally, around one-third of the ACB people were precariously employed with higher proportions for racialized and newcomer women (Etowa & Hyman, 2021). Thus, it is not surprising that ACB people experience inequities in health outcomes including hypertension, diabetes, chronic stress, and obesity (Etowa & Hyman, 2021). For ACB women specifically, rates of diabetes and hypertension were more pronounced (Etowa & Hyman, 2021). However, the rates of COVID-19 infection and mortality in the ACB population are difficult to find due to the lack of race-based data collected in Canada (Etowa & Hyman, 2021). The lack of race-based data is an example of anti-Black racism as the statistics would likely confirm the disparity of health equity.

Currently, Black people represent 7.5% of the City of Toronto's total population (Maheux & Do, 2019) with Black people predominantly living in the western regions and northwestern corners of the city, which include Etobicoke, North York, and Scarborough to the east (Vincent, 2018). Figure 1 shows Rexdale's map, a neighbourhood improvement area in Etobicoke, Toronto (City of Toronto, 2018). In 2014, the City of Toronto identified 31 Toronto neighbourhoods as neighbourhood improvement areas due to their higher-than-average crime or shortage of services (City of Toronto, 2018; City of Toronto,

2020). These areas have been particularly affected by the COVID-19 pandemic, with Toronto Public Health data illustrating that COVID-19 is more common in areas with higher Black populations (McKenzie, 2020). The pandemic has disproportionately impacted these communities due to the over-representation of residents in essential occupations in the care sector, the lack of culturally responsive health care services, and systemically racist health care systems that devalue and deprioritize their needs (Sultana & Ravanera, 2020).


**Figure 1.** Rexdale
Source: ("Neighbourhood Improvement Area Profiles.", 2018)

*Public Health Measures in ON*

Public health in Canada is governed by federal, provincial, and regional oversight, whereas the constitution gives the provinces and territories jurisdiction over health care (Detsky & Bogoch, 2020). Canadian provinces and territories have determined the COVID-19 response, including strategies for containment and mitigation (Detsky & Bogoch, 2020). Provincial public health authorities worked with local governments and regional public health officers to create policies and recommendations for testing and contact tracing (Detsky & Bogoch, 2020). The federal government focused on policies such as international travel, managing stockpiles of personal protective equipment, testing kits and ventilators (Detsky & Bogoch, 2020). Across all levels, there has been cooperation and considerable public criticism of decisions made by these officials from public health, infectious diseases, and other related specialists across Canada (Detsky & Bogoch, 2020). Social distancing was the critical measure that helped control COVID-19 in Canada and in March 2020, provinces mandated closing schools, universities, playgrounds, and non-essential businesses (Detsky & Bogoch, 2020). The provincial government encouraged everyone, besides essential workers, to stay home, discouraged social interactions beyond households, limited gatherings to 5-10 physically distant people, and police issued non-adherence fines (Detsky & Bogoch, 2020).

### 1.5 History of Somali-Canadians in Canada

Before 1989, there was a very small Somali population, roughly a few hundred, in Canada (Hopkins, 2006). This initial population consisted mainly of economic migrants, students, and political exiles (Hopkins, 2006). There was a

turning point in the 1990s, as the arrivals of Somalis seeking asylum following civil war increased in Canada and across the world (Ontario Council of Agencies Serving Immigrants [OCASI], 2016; Hopkins, 2006). Somalis arriving at his time were traumatized by what they had witnessed leading up to and during the civil war (Berns-McGown, 2013). The trauma included losing homes, employment, and property loss, sexual assault/rape, kidnapping, murder, torture, and imprisonment (Berns-McGown, 2013). A fifth of the Somali population left Somalia and found refuge in other countries by 1990 due to conflict; Somalia is considered one of the most 'fragile states' in the world (OCASI, 2016). The majority of Somalis settled in Toronto due to an attractive economic and employment prospect and the growing presence of the Somali community (Hopkins, 2006). Established communities provided material and emotional support, advice, and guidance (Hopkins, 2006). Somali refugees who arrived after 2002 had easier transitions due to existing social networks leading to better socio-economic outcomes than the first cohort (OCASI, 2016). The first wave of Somalis arriving in Canada were mainly professionals and well-educated, including business people from Mogadishu and Hargeisa (Berns-McGown, 2013). This is not surprising as the journey to Canada required money, knowledge, and planning (Berns-McGown, 2013). The journey was long and required many stopovers via Kenya or Ethiopia and then through Rome, London, New York City or Buffalo (Berns-McGown, 2013). All of these people were refugees who had lost everything in the breakdown of civil society and on their pathway to safety (Berns-McGown, 2013).

According to the 2016 Statistics Canada Census Profile, there are 62,550 Somali-Canadians across the country (Statistic Canada, 2017). Ontario is home to 60% of this population (Aden et al., 2018). The community grew rapidly in Toronto and Ottawa in the mid-1990s (Berns-McGown, 2013). Currently, significant communities of Somali-Canadians live in Etobicoke, West Toronto, York, North York, and East Scarborough (Hopkins, 2006). The ratio of dependents for Somali families is 2:1, which indicates that most Somali households include youth as dependents (Aden et al., 2018). There is an absence of data and a lack of data collection focused on ethno-racial communities, making it difficult to find demographic data (Aden et al., 2018).

The majority of Somali-Canadians came to Canada as refugee claimants or through family reunification (OCASI, 2016). Somalis made up 2% of Government Assisted Refugee (GAR) landings from 1993-2001 and 4% from 2000-2009 (OCASI, 2016). From 1990-1993, refugee claims from Somalis had high acceptance rates (90%) at the Immigration and Refugee Board (OCASI, 2016). The acceptance rate dropped gradually to 57% by 2015 (OCASI, 2016). In 1993, an amendment was made to the *Immigration Act* (Bill C-86) that impacted Somali and Afghan refugees (OCASI, 2016). The amendment required all applicants to have passports or 'satisfactory' IDs to be granted permanent residence (OCASI, 2016). The government's rationale was to combat immigration fraud by discouraging refugee claimants from destroying their travel documents (OCASI, 2016). Due to this amendment, many Somali Convention Refugees were unable to obtain Permanent Resident status after being approved by the IRB due to the absence of a government in Somalia,

meaning no authority was issuing or renewing passports and identity documents (OCASI, 2016). As a result, Somali refugees arriving in Canada were left in limbo. In 1996 it was estimated that around 7,500 Somali Convention Refugees were unable to get permanent residency (OCASI, 2016). This number increased to 13,000 by 1999 (OCASI, 2016). The Convention Refugees could not reunite with family members abroad, access federal and provincial student loans or bursaries for post-secondary education, obtain certain types of employment and re-enter Canada if they left (OCASI, 2016). In 1997, the Undocumented Convention Refugees in Canada Class accommodated those without identity documents (OCASI, 2016). Undocumented refugees faced another set of barriers, a mandatory five-year waiting period to obtain permanent residence after a positive decision by the IRB (OCASI, 2016). The total wait period was up to seven years post-arrival (OCASI, 2016). In 2000, the government settled the identity document issue following a Charter challenge launched by Somali refugees in 1996 (OCASI, 2016). Following this challenge, affidavits from individuals or Somali organizations in Canada were accepted to attest to the identity of Somali refugees (OCASI, 2016). In 2002, the Undocumented Convention Refugees in Canada Class was abolished (OCASI, 2016). To this day, Somali refugees face challenges presenting documents that establish family relationships requiring them to undergo DNA tests in the family reunification creating delays and increasing the cost of the process (OCASI, 2016).

When Somalis first arrived in Canada, they found themselves in a cold environment and met with hostile and stereotypical portrayals of an uncivilized

immigrant (Berns-McGown, 2013). The assumptions included that they were freeloading on Canadian generosity and that they preferred “First World" Canada to “Third World " Somalia (Berns-McGown, 2013). The media did not portray a positive image of Somali refugees as they depicted them as 'strange people with strange habits’ (OCASI, 2016; Berns-McGown, 2013). They were seen as people who ate with their hands, circumcised their daughters, had multiple wives, were Black, Muslim, secretive, violent and did not engage with non-Somali’s (Berns-McGown, 2013). They were assumed to be an economic burden on the social welfare system and security threat to Canadians following the 9/11 attacks due to their Islamic faith (OCASI, 2016). The negative portrayal of Somali refugees led to a hostile environment to navigate settlement and integration and thus adverse socioeconomic outcomes (OCASI, 2016). Somali women frequently bore the brunt of these racist assumptions expressed in the media and led them to experience racism in casual street incidents, and in their interactions with social service personnel, administrators, and bureaucrats with whom they dealt daily (Berns-McGown, 2013). These factors led to economic vulnerability, with refugee households forced to live precariously as they struggled with unemployment and underemployment, low English-literacy rates, and housing discrimination (Aden et al., 2018).

### 1.6 Resiliency in the Somali-Canadian Community

Despite discrimination and settlement challenges, the story of Somalis is also one of resilience (OCASI, 2016). Up against systemic challenges, the community established multiple service agencies to provide awareness, accessible settlement services, and employment in the community (OCASI,

2016). In 2011-2012, ethno-community organizations were defunded by the Conservative government, and these service agencies survived at reduced capacity while serving their communities (OCASI, 2016). Somali-Canadians successfully created support for local community members, and some managed to recreate the social support system from back home (OCASI, 2016). In addition, Somali-Canadians contributed to significant policy changes that benefited refugees and immigrants, including the charter challenge that led to the repeal of ID requirements that discriminated against refugee claimants from certain countries (OCASI, 2016). Somali-Canadian women in Toronto launched a lawsuit against the Housing Authority, arguing discrimination against refugee claimants, which led to a change in law entitling refugee claimants to access subsidized housing (OCASI, 2016). In 2012, Somali parents forced the Toronto District School Board to improve learning outcomes for Somali-speaking children, which led to the development of new teaching strategies and the expansion of mentorship and homework support programs in the TDSB (OCASI, 2016). The story of Somali-Canadians in Canada is not a failure of 'integration' but one of astonishing strength. The story of Somalis in Canada is indicative of a community that is civically engaged, active, and socially concerned.

### 1.7 Somali Families and Somali-Canadian Youth Experiences

There is a false perception that the Somali-Canadian community has failed to integrate into broader society (Berns-McGown, 2013). The community faces challenges with experiences of racialization following migration, Islamophobia, anti-Black racism, socioeconomic challenges, and refugee

trauma (Berns-McGown, 2013). There are also issues associated with community housing and marginalized neighbourhoods which have prompted media to portray Somalis as outsiders who have not integrated into Canadian society (Berns-McGown, 2013).

Due to discriminatory immigration laws and policies, there was a negative impact on family reunification that has led to devastating effects for Somali families and the family unit (OCASI, 2016). The majority of the initial Somali population in Canada were women, as men died or remained behind during the civil war in Somalia (OCASI, 2016). Somali mothers, often the only adults in the family, endured unique hardship in Canada, they raised children alone while assuming new economic responsibilities, including sending remittance to family abroad (OCASI, 2016). There were many single-mother households across the Somali diaspora because extended Somali families did not organize themselves according to Western ideas of nuclear family units (Berns-McGown, 2013). Families were large and made their way piecemeal across the Atlantic, and unfortunately, because stress or violence tore families apart throughout the move and in the early years in their adoptive countries (Berns-McGown, 2013). Somali women found themselves keeping the family together by finding housing, income, and education for their children; while dealing with the complex legalities of their precarious position in Canada and fighting bureaucrats (Berns-McGown, 2013). A clear example of this is Somali women who successfully fought the battle to make refugees eligible for social housing in Toronto in 1991 (Berns-McGown, 2013). It is important to note that newly arrived Somali-Canadians were experiencing post-traumatic stress and

mental health issues from experiencing violence back home and long waiting periods in refugee camps followed by prolonged processing periods in Canada (OCASI, 2016). This experience was compounded by the lack of culturally sensitive and appropriate mental health services during these times that increased the settlement challenges experienced by Somali refugees (OCASI, 2016). In Somali culture, extended family members assume an essential role in stabilizing marriages and marital disputes. The absence of these dispute mechanisms led to increased divorce and domestic violence rates in the Somali-Canadian communities across Canada (OCASI, 2016). The dismantling of the traditional Somali family negatively influenced socio-economic outcomes for Somali youth experiencing a lack of role models, intergenerational differences, and cultural differences between the Somali Muslim culture and the mainstream secular Canadian culture (OCASI, 2016).

Acculturation describes a phenomenon that occurs when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture pattern of either or both groups (Berry, 1997). Immigrants enter the acculturation process voluntarily while refugees experience acculturation without seeking it out (Berry, 1997). The Somali-Canadian community has faced tremendous challenges in the acculturation process. They arrived as refugees with collective trauma without a previously established diasporic community to guide them, help them retrain, teach them English, find them housing, and help them cope with racism in society (Berns-McGown, 2013). Western-style therapy was not comfortable, and they were fighting battles concerning legal status, accessing affordable

housing, education, and dignified work (Berns-McGown, 2013). Somalis were learning to redefine themselves as Black and Muslim in new contexts as they were met with racist or Islamophobic assumptions from social institutions, other Black Canadians, and Arab Muslims (Berns-McGown, 2013).

Previous research has found that children of Canadian immigrants, also known as the second generation, have a bright socio-economic outlook. They generally outperform the third plus generation in education and the labour market (Chen & Hou, 2019). However, large variation exists among different groups of second-generation Canadians (Chen & Hou, 2019). Immigration to Canada has shifted from Europe to Asia, Africa, and Latin America over the decades (Chen & Hou, 2019). The ethnic composition of the second generation has become more diverse, and so has the life course transitions (Chen & Hou, 2019). High educational mobility and attainment and decent labour market outcomes can be seen in second-generation Chinese, South Asian, Korean and Japanese Canadians (Chen & Hou, 2019). Second-generation West Asians or Arabs and Southeast Asians were found to have good educational mobility and attainment but low employment and below-average earnings (Chen & Hou, 2019). Second-generation Black and Latin Americans were found to have moderate educational mobility and attainment, low skill occupation and low earnings (Chen & Hou, 2019). This group had the lowest university completion rates amongst second-generation groups because their parents had low levels of education, and intergeneration improvement was moderate amongst men (Chen & Hou, 2019). This group was also less likely to work in high-skill jobs, and their average earnings were among the lowest for second-generation

groups (Chen & Hou, 2019). Second-generation whites were found to have moderate educational mobility and attainment alongside good labour market outcomes (Chen & Hou, 2019). The rates of working high-skill jobs for whites were not high compared to visible minority groups. Nonetheless, they were the group with the highest annual earnings (Chen & Hou, 2019). This report found different pathways to the integration of immigrant children and that outcomes differ significantly across different second-generation Canadian groups (Chen & Hou, 2019). The large variations in socioeconomic outcomes remained when the usual socio-demographic influences were factored out (Chen & Hou, 2019). The typical optimistic socio-economic outlook for the children of immigrants is not so certain today, especially as the non-European immigrants have come of age (Chen & Hou, 2019).

Second-generation Somali-Canadian youth continue to be viewed as vulnerable, with limited educational opportunities (Chen & Hou, 2019; Aden et al., 2018). Research has found that intergenerational barriers facing Somali youth include challenges with education, employment, criminality, racism, discrimination, and poverty (Aden et al., 2018).

### 1.8 Study Purpose

As previously mentioned, Rexdale is a neighbourhood improvement area in Etobicoke, Toronto (Neighbourhood Improvement Area Profiles, 2018). As a resident of Rexdale and Somali-Canadian graduate student, I am curious to learn more about the experiences of Black youth, specifically Somali-Canadian youth, during this pandemic.

Given the nature of the pandemic, the social reality of Somali-Canadians in Rexdale, the youth unemployment rate, which is higher for racialized youth, the health impacts of unemployment, and the higher unemployment rates for Black communities, there is a need to explore and identify the experiences of Somali-Canadian youth in Rexdale.

The purpose of this study is therefore to explore the following research question:

***How has COVID-19 impacted the employment of Somali-Canadian youth in Rexdale, and what are the associated health implications?***

Following this introductory chapter, the thesis consists of three chapters, with Chapter Two outlining the methodology that guides the research. Chapter Three shares the findings from the research. Finally, Chapter Four discusses the findings in the context of existing literature and research, implications for decision-makers, policy recommendations, and limitations and future directions.

# CHAPTER 2: METHODOLOGY

## 2.1 Study Design

A qualitative study design was conducted from January 2021 to August 2021 using an interpretative phenomenological analysis (IPA) framework and approach alongside constructivism to explore the experiences of Somali-Canadian youth aged 18-25 living in Rexdale to understand their experiences of employment and health during the COVID-19 pandemic.

IPA is a qualitative research approach that examines how people make sense of significant life experiences (Smith, Flowers, & Larkin, 2009). 'Experience' is a complex concept; however, IPA researchers are focused on what happens when the everyday flow of lived experience takes on a particular significance for people (Smith et al., 2009). The use of IPA allowed for the reflection on the significance of their experiences at this period in time while allowing for a detailed examination of youth experiences and how they are making sense of these experiences (Arnett, 2007). This approach will enable participants to share their experiences of health and employment during a global disaster, the COVID-19 pandemic.

Furthermore, IPA emphasizes that research is a dynamic process with an active role for the researcher (Smith & Osborn, 2008). As one explores the participant's world, access depends on and is complicated by the researcher's own conceptions (Smith & Osborn, 2008). This exercise is known as the double hermeneutic approach, a two-stage interpretation process (Smith & Osborn, 2008). A double hermeneutics approach acknowledges that participants are trying to make sense of their world and that the researcher is trying to make

sense of the participants trying to make sense of their world (Smith & Osborn, 2008).

The present study focuses on emerging adulthood, a period within the adult life course between the ages of 18-25 (Arnett, 2007). The five distinct features of emerging adulthood include the age of identity explorations, the age of instability, the self-focused age, the age of feeling in-between, and the age of possibilities (Arnett, 2007). The term “quarter-life crisis” is often used to describe the difficulties experienced by emerging adults as they navigate to find a place in the adult world (Arnett, 2007). Additionally, entry into the labour market is stressful and frustrating, especially for those with limited educational credentials (Arnett, 2007). For college and university graduates, their high expectations for the workplace are often challenging to find and require compromises of their dream (Arnett, 2007). As wellbeing rises for most during emerging adulthood, some experience serious mental health problems such as major depression and substance use disorder (Arnett, 2007). Somali-Canadian youth living in Rexdale face significant socioeconomic challenges and are disproportionately impacted by COVID-19 (Block et al., 2019; Sultana & Ravanera, 2020). Thus, emerging adulthood is a helpful way of conceptualizing their lives, especially considering that the transition to adulthood is now considered to be a separate period of the life course (Arnett, 2007).

### 2.2 Philosophical Orientation

The philosophical orientation that underpins the study question and design is constructivism. The study purpose, question, and design are framed in a qualitative worldview where individuals seek to understand the world in

which they live and work (Creswell, 2016). This orientation utilizes qualitative methods rooted in understanding, such as interviews, which allow for the addition of multiple perspectives (Robson & McCartan, 2016). Thus, constructivism will support our study purpose in relaying as much of the participant's view of the situation, in this case, the experiences of Somali-Canadian youth during the COVID-19 pandemic (Creswell, 2016). This is of critical importance because while the impacts of the pandemic on employment and health are well researched and understood, the stories of youth experiencing the pandemic are not fully explored with the attention it requires.

Constructivism focuses on the contexts in which people live and work to understand the participant's historical and cultural setting (Creswell, 2016). Constructivism as a philosophical orientation would allow for a qualitative study on the phenomena of the pandemic to clearly illustrate the health and employment experiences of Somali-Canadian youth living in Rexdale. Constructivism as an interpretive framework accounts for the researcher's curiosity to understand the world and recognizes the researcher's background as shaping interpretation (Creswell, 2016). As a member of the Somali-Canadian community and a young person raised in Rexdale, the interpretative framework of this study must account for my positionality, goals, and influences.

### 2.3 Theoretical Foundation of IPA

Interpretative phenomenological analysis (IPA) emerged from Jonathan Smith's 1996 paper in *Psychology and Health,* which presented IPA as an approach to psychology that captured both the experiential and qualitative (Smith et al., 2009). This approach aimed to revive pluralistic psychology rather

than import a qualitative approach from different disciplines (Smith et al., 2009). While IPA emerged in this seminal paper in the 1990s, IPA has been influenced by concepts and ideas with longer histories (Smith et al., 2009). The approach has expanded into disciplines including the human, health, and social sciences (Smith et al., 2009).

IPA aims to explore how participants make sense of their personal and social world through meanings of particular experiences, events, and states (Smith & Osborn, 2008). IPA is an approach to qualitative, experiential, and psychological research which has been formed by concepts and debates from three key areas of the philosophy of knowledge which include phenomenology, hermeneutics, and idiography (Smith et al., 2009). Phenomenology is a philosophical approach to the study of experience (Smith et al., 2009). Hermeneutics is the theory of interpretation (Smith et al., 2009). Idiography is concerned with grasping the meaning of something for a given person compared to most psychology which is nomothetic — concerned with making claims at the group level (Smith et al., 2009).

IPA is an appropriate approach for this study and to explore the study's research question because it is concerned with the detailed examination of the human lived experience (Smith et al., 2009). As a member of the Somali-Canadian community in Rexdale, the youth I interviewed share connections and experiences that I understand and are experienced by my loved ones. IPA has a theoretical commitment to the participants as cognitive, linguistic, affective, and physical beings (Smith & Osborn, 2008). This is important considering the disadvantaged and marginalized communities are rarely involved in research

projects that aim to support them (Pratt, 2019). IPA acknowledges the chain of connection between how people talk and their thinking and emotional state (Smith & Osborn, 2008). Additionally, IPA researchers realize the complication within this chain as people struggle and hesitate to express their thoughts and feelings. Researchers often interpret people's mental and emotional states from what they say (Smith & Osborn, 2008). The recognition of participants and researchers allows for a respectful and meaningful research process. I am comfortable conducting this research within my communities and sharing their experiences because the IPA approach allows sense-making of the participant's experiences while acknowledging that the researcher's interpretation is involved in the research process. My positionality within this research will be described below in section 2.11.

**2.4 Framework**

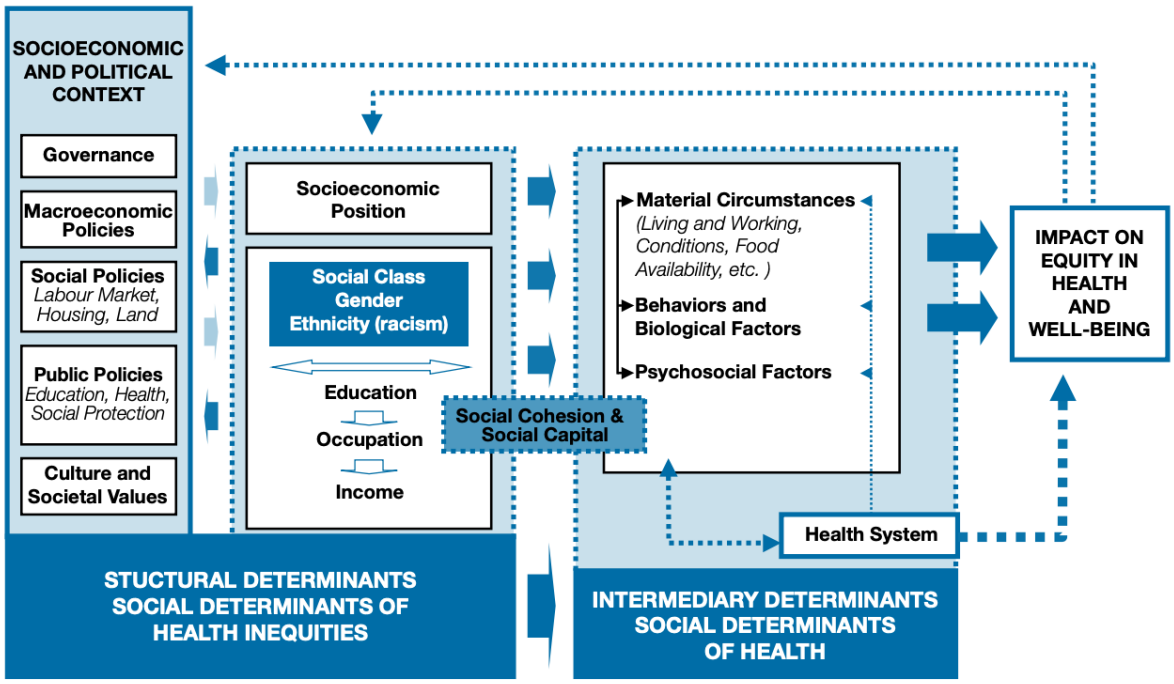
The Commission on Social Determinants of Health (CSDH) by the World Health Organization in 2010 led to the conceptual framework which depicts the social, economic, and political mechanisms that determine socioeconomic positions that stratify populations by income, education, occupation, gender, race/ethnicity, and other factors (Solar & Irwin, 2010). The socioeconomic positions then shape intermediary determinants, which are determinants of health status that result from a person's place within social hierarchies (Solar & Irwin, 2010).

This study will focus on the second element of the framework, which is the structural determinants and socioeconomic position (Solar & Irwin, 2010). In this element, structural determinants generate or reinforce social stratification

in society (Solar & Irwin, 2010). Structural social stratification mechanisms and institutions, and processes within a socio-economic and political context produce the social determinants of health inequities (Solar & Irwin, 2010). Figure 1 illustrates the structural mechanisms at play between context and socioeconomic position that generate and reinforce class divisions and define individual socioeconomic position with relation to hierarchies of power, prestige, and access to resources (Solar & Irwin, 2010). The most important stratifiers and proxies are income, education, occupation, social class, gender, and race/ethnicity (Solar & Irwin, 2010).

The constructivist approach of our study and target population benefit from an approach that centres on structural mechanisms and socioeconomic position and how these factors constitute the social determinants of health inequities (Solar & Irwin, 2010). More importantly, it is essential to explore the experiences of Somali-Canadian youth living in Rexdale whose health and employment can be impacted by income, education, class, gender, and race (Solar & Irwin, 2010). As well as exploring the impacts of the pandemic and the factors that may influence the inequitable distribution of health, wellbeing, and disease across social groups (Solar & Irwin, 2010).

**Figure 2**




Commission on Social Determinants of Health (CSDH) Conceptual Framework Note. The CSDH conceptual framework is an action-orientated framework that identifies social determinants of health/inequities, relationships between major determinants, and mechanisms by which social determinants generate health inequities (Solar & Irwin, 2010).

### 2.5 Interview Guide

IPA researchers analyze how participants perceive and make sense of things happening to them (Smith & Osborn, 2008). To achieve this, flexible data collection instruments, such as interviews, are required (Smith & Osborn, 2008). Qualitative interviews are often described as conversations to facilitate an interaction that allows participants to tell their own stories (Smith et al., 2009). Semi-structured interviews are commonly used in IPA studies (Smith & Osborn, 2008). These interviews allow for dialogue between the researcher and participant and questions can be modified due to participant responses (Smith & Osborn, 2008).

The interview guide (Appendix A) for this study was formed based on the research question: *How has COVID-19 impacted the employment of Somali-Canadian youth in Rexdale, and what are the associated health implications?*

The guide began with descriptive and narrative questions that explored mental health, physical health, employment, and social support. These questions were followed by prompts and probes where necessary. Each interview ended with a series of demographic questions to give a fuller picture of the participants' experiences.

**2.6 Recruitment**

The population of interest for this study is Somali-Canadian youth aged 18-25, living in the Rexdale neighbourhood, and being a part of the Somali-Canadian community.

Due to COVID-19, youth spaces, community centres, and social spaces were closed during recruitment, meaning that recruitment was conducted using social media. A poster (Appendix B) outlining a summary of the study, inclusion criteria, compensation, and the student investigator's contact information was shared online. Social media accounts of local Somali-Canadian community organizations, youth-serving organizations, and leaders in Rexdale and the Greater Toronto Area shared the poster on social media platforms, including Instagram, Twitter, and Facebook.

**2.7 Sampling**

Since the study employs an IPA approach, the recommended sample size is small (Smith et al., 2009). IPA is focused on a detailed account of individual experience; the quality and the complexity of human phenomena is

weighted more than the number of participants (Smith et al., 2009). Subsequently, studies benefit from a concentrated focus on a small number of participants (Smith et al., 2009). IPA researchers are advised to interview 5 to 25 participants (Creswell, 2016), in this study 8 participants were interviewed.

**2.8 Ethics, Consent and Confidentiality**

The study (Project #12968) was reviewed and approved by the Hamilton Integrated Research Ethics Board (HiREB). Once the participant consented to the study, they signed the consent form (Appendix C). During the semi-structured interviews, the researcher periodically asked the participant if they wished to continue with the interview to ensure continuous consent. The researcher conveyed that participation is voluntary and that participants can withdraw consent at any point in the study. Furthermore, the researcher emphasized that participants have the right to withdraw their data at any point in the study before the publication of the results.

The confidentiality and privacy of the participants were safeguarded throughout the study. The names of participants or identifiable information were not disclosed publicly in the study. To ensure confidentiality, data gathered from participants were assigned a unique code to represent their de-identified information. The audio interview files were kept on a computer that was password protected. The interview files were transcribed by the researchers, and the recordings were only kept for reference. The study used Zoom, a HIREB approved tool, as a platform to collect data.

### 2.9 Study Procedure

The study was conducted through 8 semi-structured interviews that were approximately one hour. The interviews were conducted and audio-recorded on Zoom. During the interview, participants were asked questions in three distinct categories: employment, health, and demographic questions. The study included seven questions on employment, seven questions on mental and physical health, and seven demographic questions.

At the end of the interview, participants were compensated with 20.00 Canadian dollars and a maximum of 2 volunteer hours towards their community service hours required for completing their Ontario Secondary School Diploma (OSSD), if necessary. Salam et al. (2021) led a study with resettled refugee youth in Canada. They opted to compensate the youth with 20 Canadian dollars and community service hours which go towards the requirements of their OSSD (Salam et al., 2021). We chose this compensation model to prevent undue influence and recognize the existing power imbalance between researcher and participant (Salam et al., 2021). This ethical consideration is essential considering the pandemic and the intensification of economic precarity (Salam et al., 2021).

### 2.10 Data Analysis

Transcripts from the interview were analyzed on a case-by-case basis through an IPA. The student investigator turned the analysis of the transcripts into a narrative account where the investigator's analytic interpretations were detailed and supported with verbatim excerpts from participants' interviews

(Smith et al., 2009). Interviews provided a textual and structural description of the experiences of Somali-Canadian youth, ultimately providing an understanding of the ordinary experiences of participants (Creswell, 2016).

The transcribed interviews underwent phenomenological data analysis steps through an IPA perspective to generate themes from analyzing significant statements from the interview (Creswell, 2016). The phenomenological data analysis drew upon the following strategies. First, there was a close, line-by-line analysis of the claims, concerns, and understandings of each participant's transcribed interview (Smith et al., 2009). Second emerging patterns and themes were identified within this material, emphasizing convergence, divergence, commonality, and nuance (Smith et al., 2009). This was done on a single case level and then across multiple cases (Smith et al., 2009). To develop a more interpretative account of the coded data, the researcher's interpretation of the data and what it might mean for the participants to have claims, concerns, and understandings in the research context were identified (Smith et al., 2009). Following this exercise, a structure was developed to illustrate the relationships between the themes (Smith et al., 2009). The significant statements and themes were then translated into a textual description of the participant's experiences of the phenomenon (Creswell, 2016), in this case, employment and health experiences of Somali-Canadian youth during the COVID-19 pandemic. Finally, a full narrative was developed, evidenced by data (Smith et al., 2009). The interpretation from the interviews, including the themes and visual guides, will be shared (Smith et al., 2009). The researcher's reflections on their perceptions, conceptions, and processes will also be shared (Smith et al., 2009).

## 2.11 Positionality and Reflexivity

Researchers bring values to a study; however, qualitative researchers ensure their values are known in a study (Creswell, 2016). In qualitative research, there is an axiological assumption where researchers admit the value-laden nature of the study and report their values and biases in addition to the formation gathered from the field (Creswell, 2016). Researchers identify their 'positionality' in relation to the context and setting of the research, including the researcher's social position, personal experiences, and political and professional beliefs (Creswell, 2016). Reflexivity refers to the researcher's constant awareness of their choices in the research and how their personhood, personality, and cognition interact with the phenomena and the data analysis (Gauci, 2019). Reflexivity is central to IPA and requires the researcher to interact closely and meaningfully with the data collected in the interviews (Gauci, 2019).

There are two main strategies I used to incorporate my positionality and reflexivity into the research. The first strategy involved talking about my experiences with the research topic (Creswell, 2016) which I will share below. The second strategy included discussing how these experiences shaped my interpretation of the phenomenon as a researcher (Creswell, 2016). I employed the second strategy by writing comments about what is being experienced throughout the study process, including the observations from data collection, hunches about what the findings might indicate, and reactions from the participants (Creswell, 2016). Through reviewing these comments, I discussed how biases, values, and experiences impacted the study's emerging

understandings, findings, conclusions, and interpretations (Creswell, 2016). Reflexive comments were placed in the introduction, methodology, and comments throughout the study (Creswell, 2016).

With respect to this study, I am a second-generation Somali-Canadian female. I am 24 years old, and I have spent all of the years of emerging adulthood (18-24) in Rexdale. I live with my two parents, three brothers, and three sisters. I have two siblings in the emerging adulthood stage: an older brother, aged 25, and a younger sister, aged 21. My parents came to Canada in the early 1990s from Somalia, following the civil war. I am a graduate student with an undergraduate degree in biology from the University of Toronto. I am constantly looking for ways to mitigate the systemic barriers that impact racialized and low-income youth. I hold values of human rights, equity, and dignity. This informs how I see my place in the world. I cannot assume that my values align exactly with the participants in the study. However, my values have developed from experiencing and seeing my loved ones experience the same barriers as a youth in my communities. Therefore, I would assume that there would be some similarities in our values. My values impacted the study because I was deeply tied to the work and have a personal curiosity to explore these barriers. In order to ensure that this curiosity benefits the study, I chose a framework that aligns with my values — the social determinants of health. In terms of my connections to the participants, I am socialized in the same community as the participants in the study. I grew up in the same neighbourhood, attended the same schools and mosques, share similar economic backgrounds, educational backgrounds, employment history, familial

immigration histories, and barriers to employment and health. While this allows me to understand the participant well, it also can create barriers as the community is small and interconnected. There is a potential for this to impact how participants engage in the interview.

Due to being a graduate student and a well-connected community leader, I recognize that there are power dynamics when I interact with participants. It is important to acknowledge and account for the power dynamics between the participants and myself. Working towards equitable power dynamics between researchers and populations can be challenging when issues of rank, social status and privilege arise (Andress et al., 2020). In order to contend with inequitable power dynamics, I reflected on my positionality at all points throughout the research process, provided financial compensation for interviews to ensure participation, and ensured confidentiality of the participant's identity throughout the study.

# CHAPTER 3: RESULTS

This chapter will share the findings from the study by starting with outlining the sample of participants involved in the study as well as the superordinate themes and subordinate themes developed from the interviews.

## 3.1 Sample of Participants

The study consisted of eight participants, including four males and four females between the ages of 18 and 25. All participants are second-generation Somali-Canadians. Two participants are in high school, six are in university and one is currently on a break from school. Seven participants were employed in various sectors such as community-based organizations, Toronto Pearson International Airport, retail, warehousing, and the military.

## 3.2 Key Themes

Through exploring the areas of employment, physical health, mental health, and social supports in the interviews and by using the iterative and inductive process outlined in Chapter 2, eleven superordinate themes and twenty-four subordinate themes were identified. For the area of employment, there were two main themes: precariousness and sector choice. Physical health was developed into four main themes: mobility, barriers to seeking health care, sickness in the family, and exercise. For mental health, there were three main themes: pandemic, coping strategies, and access. Finally, for social support, there was one main theme: Canada Emergency Response Benefit (CERB) and Canada Emergency Student Benefit (CESB). This chapter will outline the superordinate themes and subordinate themes outlined in Table 1 below.

**Table 1.**

*Superordinate and Subordinate Themes*

| Interview Subject | Superordinate Theme | Subordinate Theme |
|---|---|---|
| **Employment** | Economic Impacts | ➔ Laid Off or Reduced Hours<br>➔ Unsafe Work<br>➔ "School is Expensive" (Sector Choice)<br>➔ CERB and CESB |
| **Physical Health** | Mobility and Transportation | ➔ Transit Systems, Vehicles, and Public Health Concerns |
| | Healthcare Challenges | ➔ Accessing Healthcare<br>➔ Sickness in the Family |
| **Mental Health** | Pandemic Related Stressors | ➔ Financial Worries<br>➔ Education<br>➔ Interpersonal Skills |
| | Coping Strategies | ➔ Nutrition and Sleep<br>➔ "Tiktok, just like 15 seconds of enjoyment"<br>➔ Tawakkul<br>➔ Exercise |
| | Access to Mental Healthcare Services | ➔ Stigma<br>➔ Losing Access<br>➔ Limited Benefits |

### 3.3 Employment: Economic Impacts

The study participants identified employment impacts including precariousness and the reasons they chose to work in certain sectors. These impacts on employment are important to understand from the perspective of youth interviewed as they led to the loss of employment, difficulty gaining employment, unsafe work conditions and limited choices of employment.

*3.3.1 Laid Off or Reduced Hour*

Participants recounted their experiences of being laid off due to COVID-19. In some cases, the role that age or seniority played as a potential factor in their layoffs was identified. One participant, for example, shared that priority for work was given to full-time workers.

> **"... I think was like around like March, and the company sent an email saying that due to reduced positions that priority is given to full time workers who work there more years than I did. And they laid me off, and due to the hours that I worked I was able to at least like take CERB like employment insurance. So I was, I wasn't that bothered at first, and then like halfway through the early, I think was like, mid-summer emailed me that they are opening up again. They said they were going to call me for position. It's 2020, or 21 and I haven't heard from them yet" Participant 7, 22, F**

A loss of income was a concern for participants. In discussing the process of being laid off, one of the participants mentioned that her workplace assured her that they would call her back for a position. Unfortunately, the participant has yet to hear back from her former employer.

> **"I was laid off because of COVID, because they didn't need that much workers, so I was the youngest there. So, I'm 19 now, I was 18 last year, I was the youngest there so, yeah. Yeah, they laid me off. It was actually a pretty good job." Participant 2, 19, M**

In the quote above, another participant identified that since they were the youngest employee, they were laid off. It's important to note that this participant worked part-time in a single full-time income household in which his father is a taxi driver. Being a fifth-year student moving out of the city for university, this loss of income impacted his ability to save for his potential move in Fall 2021.

> **“back in March, That's when we were all initially laid off, I wasn't originally working at the daycare I was working with the after-school program and of course because of schools closing, we were all out of a job at that point. So, I did end up staying home, all the way up until July when things were opening back up again and that's when I signed on with the daycare for only a couple of months and then I quit November” Participant 1, 22, F**

In her account of being laid off, Participant 1 expresses that she was brought back from the layoff in July of 2020. She was brought back to her workplace in July but decided to quit in November due to workplace safety concerns. Currently, she is a nursing student living in a single-parent household with five siblings. She mentioned that this loss of income led to financial stress in keeping up with her student loans.

Other participants shared that they faced reduced hours at work due to the COVID-19 pandemic.

> **“so, currently during the lockdown the hours have been cut down” Participant 4, 25, F**

> **“Uh yes, I would say reduced hours mostly, I usually use work to pay off school. Last summer, entering COVID, there wasn’t much work opportunities available and it was harder to work” Participant 6, 19, M**

In the extract above, a participant shared that he worked to pay for his university education. However, the pandemic resulted in a reduction in work opportunities and made it harder to work. This reduction in hours impacted his

ability to pay for school. Now a second-year student, he is working as much as he can to make up for the lost income.

One participant lives with her parents, who are both employed and were able to support her during this time. She stated that during the lockdowns, which began in March 2020, the store she worked at reduced her hours. Due to family support, she was not as impacted as other participants.

> **"So, when like March 2020 when everyone's closed down, so our store was closed so I was not necessarily laid off, but I wasn't working at all, so like they just told us take on EI or CERB. So, I wasn't working for a while and then when the store opened back up. I think around October, I didn't get any hours, so I barely worked like for the whole like October November, I got maybe two shifts." Participant 8, 19, F**

Participant 8 noted that the store she was employed at closed in March 2020 leading to a temporary layoff where she received social support during unemployment. Her employer brought her back to work at significantly reduced work hours and she became ineligible for social support. She is currently a second-year student living with her mother, who works in a restaurant, and her siblings in a single-income household. The reduction in work hours limited her ability to pay for food and her phone bill.

Young people have been hit the hardest due to the economic implications of the pandemic. The accounts above illustrate examples of how the impact on the service and retail industry during the pandemic resulted in negative implications for young people and part-time work. The significance of precarious work conditions, experienced by all participants, will be discussed in Chapter 4.

*3.3.2 "School is expensive"*

When young people are starting in the labour force, their choices of employment are often limited due to a lack of training, education, and experience. Many participants are enrolled in post-secondary education and employed part-time. They share their experiences of working in different sectors to pay their school and life bills. The participants worked in a variety of sectors including community-based organizations, the airport, retail, warehousing industries and with the military.

> **"...I just wanted to make money like just side pocket and especially because I was starting University. School is expensive - Participant 8, 19, F**

Participant 8 worked as a sales associate in a retail store. She mentioned how she decided to work to have enough money to pay for her university education as it's expensive. She is the same participant who received a severe reduction in hours at work. The loss of income will create financial stress in accessing education for this participant.

> **"You know like before the pandemic I used to work at [redacted]...I used to work part time weekends, I worked in the mornings, eight hours. And I only used to work over the weekend because of classes and stuff. Yeah. And it was like at the airport." Participant 7, 22, F**

> **"I was working part time at [redacted], I was going to school" Participant 2, 19, M**

Two participants shared that they worked at Toronto Pearson International Airport. One participant worked in a fast-food chain and another participant worked at a car rental service.

> **"Yeah, because a lot of people go to work at CATSA or at the airlines doing the wheelchairs, you'd see like a lot of young people doing now." Participant 7, 22, F**

When questioned on employment options in the airport, a participant shared that the airport was commonplace for young people in Rexdale to work with many working for airlines wheelchair service and the Canadian Air Transport Security Authority (CATSA). This is not surprising given the proximity of the airport to the neighbourhood and that participants shared that they found employment through friends and word of mouth. The airport emerged to be a unique employer for youth living in the neighbourhood.

> **"I mean other than pay, I didn't have any benefits because I just started out part time..." Participant 5, 22, M**

It is important to note that most students working while in school often work evenings and weekends leading to part-time hours. Moreover, in discussing his employment at a warehouse, an undergraduate student shared that he could not receive benefits due to being a part-time employee**.** The main reason he chose to work in this warehouse sector was due to the pay.

> **"I wanted to join the military because I thought it was a good opportunity to gain more experience, it looks good on the resume, and it helps with my studies. Also, the availability, because when I started it was 2019 summer before COVID, so they were offering full time summer employment. So as soon as I finished my semester, I had guaranteed work every summer..." Participant 6, 19, M**

One participant shared his experience of joining the Canadian military. He chose this sector to gain experience and due to the availability of work. The military provided full-time summer employment consistently every summer.

*3.3.3 Unsafe Work*

Working in person during the pandemic posed an inherent risk for essential workers. However, workplace management and leadership also played a role in the safety of employees during this time. There was an emphasis on workplace neglect as some participants experienced poor communication during COVID-19 exposures and harassment in the workplace.

> **“me being my job specifically I was in contact with everyone… the straw that broke the camel's back, you would say, was finding out that way later after I'd already been in contact with one parent, finding out later that this parent was COVID positive, and I was the last person on staff to find out, like everyone else had known and me being a screener, it's kind of vital information that I know that.” Participant 1, 22, F**

A participant expressed how she chose to quit her job during the pandemic because her employer withheld sharing contact tracing information. She had come across a COVID-19 positive parent as a screener in daycare and her employer let her know at a later time. In the extract above**,** she uses the expression the “straw that broke the camel's back” which usually signals a built-up reaction to a series of negative incidents. From this, it is clear that multiple incidents at work led to her deciding to quit her job in a pandemic.

> “...**Because, I worked at warehouse jobs, it’s a lot of work and if your employers are yelling at you and giving you a hard time every shift, that’s not a good look. But yeah, one day they were coming at me because I was working PT, and there’s a rule in the cold chain warehouse to not wear masks and they changed the rule, and I was PT, so I wasn’t aware of the change, and I walked in, and this one guy came in and totally went at me**...,” **Participant 5, 22, M**

Similarly, participant 5 shared that experiences of an unsafe workplace, specifically workplace harassment from a supervisor during work shifts, led to him quitting his job. He mentioned working conditions in the cold chain warehouse that required a no-mask policy for workers. There was a rule in the

warehouse that workers couldn't wear masks while on shift for a period of the pandemic. He explained that he wears glasses and wearing a mask at the same time in a zero-degree environment can lead to foggy vision resulting in safety hazards with all the moving parts in a warehouse. He also shared that he lives with an immunocompromised family member and contracted the COVID-19 virus. In the same vein, Participant 1 chose to quit her job despite her financial responsibilities as a nursing student and family member in a single-income household. She mentions that “the risk is not worth it”. Additionally, she felt that the government is not doing enough to protect workers as public health policy and practice differed in workplaces. Both of these accounts illustrate the challenges that youth from racialized and low-income communities face in accessing safe work and education.

*3.3.4 CERB and CESB*

The Canada Emergency Response Benefit (CERB) and the Canada Emergency Student Benefit (CESB) were two financial support systems provided for Canadian workers and students to mitigate the financial impacts of the pandemic. In the interview, participants shared how CERB and CESB payments impacted them during this time. Canadians who were eligible for CERB received $2,000 a month and students who were eligible for CESB received $1,250 a month. CERB was in effect from March 2020 to October 2020. CESB was in effect from May 2020 to September 2020. Participants below shared how helpful the financial support was, fears attached to receiving government assistance, and experiences of being unable to receive these supports.

A few participants conveyed how life-changing CERB and CESB payments were in their life.

> **"Yeah, so I did receive it, starting March, I believe when everyone else started to get theirs. It did make a difference. It was quite literally the only thing, like, the only thing I had coming in at that time, because I don't have like a small business, I don't have a side hustle. It was my job, and it was school so to be able to get those checks is helpful." Participant 1, 22, F**

Participant 1 shared that she received CERB starting in March 2020. These payments were the only source of income she had during the pandemic.

> **"Yes, I did, I worked another job during the pandemic. This was a contract job. It was a summer, I worked at [redacted] warehouse, and me and alongside other employees got laid off because there was no work. I worked at this job the summer before, when things were normal and it was a non-stop overtime, over 60 hrs, it was not a good fit, and it was tiresome. After 2pm there wasn't anything to do until 6 am, so they got rid of most of us. And I take the benefit and it helped with rent at home and other expenses" Participant 5, 22, M**

One participant noted that he lost his warehouse job during the pandemic and was laid off because there was no work available. He was able to apply for CERB and pay his bills including rent.

> **"it was helpful because I was like getting way more than I was getting a part time job. I wasn't that stressed, like paying my bills and stuff like that" Participant 7, 22, F**

In the quote above, Participant 7 shared that she was receiving more financial support from CERB than her income from her part-time job at the airport. The CERB payments supported her in paying bills during this stressful time.

> **"Did I get. I got CERB, like the first. I've got CERB for a little bit, but then I stopped doing it. My mom got paranoid kind of, so I stopped doing it" Participant 2, 19, M**

> **“She was worried about well like paying it back, you know” Participant 2, 19, M**
>
> **“I mean, well that was the Toronto government like some people end up paying it back some don't. Right, so just like to get lucky I know some of my friends that weren’t even eligible and didn't get asked to pay it back I had some that were eligible, and they were asked to get paid back” Participant 2, 19, M**

Strikingly, Participant 2 disclosed how he was eligible for CERB after being laid off from his part-time job at the airport but chose to stop receiving financial support from the government because his mom was paranoid about having to pay back CERB. During the pandemic, the Federal government encouraged everyone who needed support to apply for CERB. However, there was confusion around the eligibility requirements. This led to many participants applying to worry about whether they would have to repay the support they received afterwards.

As mentioned in Chapter 1, Somali women were at the forefront of fighting for housing, educational and citizenship rights when the first wave of Somali refugees arrived in Canada. The community faced discrimination and stereotyping from the media, labelling them as freeloaders of Canadian generosity. It could very well be the fear of experiencing this stigma as a refugee that led to a fear of her children taking CERB payments.

> ***“So right now, we just opened back up June 14, they like still are not giving a lot of people a lot of shifts. And even if you ask for shifts, but it didn't work.” Participant 8, 19, F***
>
> ***“...And like she also have other kids and like, it can get tough” Participant 8, 19, F***
>
> ***“...March 2020 to I think summer I was taking like 2000 like every month. But ever since that and when we opened up, I wasn’t eligible” Participant 8, 19, F***

> ***"Yeah, to be honest, it was a lot like I was getting more than I would make like during school year because I was, I was in school to, I would make more during the summer but like the 2000 helped a lot..." Participant 8, 19, F***

One participant shared her experience of being ineligible to receive CERB. Her employer recalled her to work during the summer. She expressed that she was put in a difficult situation where she received a reduction in her work hours but was ineligible to continue applying to CERB because she technically had employment. This led to challenges because she lives in a single-parent household with other siblings including an immunocompromised sister. This experience led to her inability to contribute to household responsibilities like the grocery bill. In her situation, precarious employment left her unable to receive support from the government.

The experiences shared above highlight how critical government support was for racialized low-income youth during the pandemic. Many of them had financial responsibilities including rent and education. CERB and CESB provided a lifeline that was able to allow these youth to meet their needs during the pandemic.

In exploring the economic impacts of the pandemic on Somali-Canadians, the results of the study found that youth were precariously employed and lost significant income during the pandemic which resulted in financial difficulties that impacted their ability to pay household bills and educational bills. Additionally, members of the study also shared that they were exposed to unsafe working conditions, which is concerning given that most of them live with their families — in single-parent income households — many having immunocompromised family members. During this time, participants did

benefit from CERB and CESB support. However, some did not receive the benefit due to precarious work or fear of receiving government support. It is unfortunate especially at the intersections that these young Black Muslim youth hold, that they are left to contend with the brutal impacts of the pandemic.

### 3.4: Physical Health: Mobility and Transportation and Healthcare Challenges

In the interviews, participants were questioned about their physical health including their mobility, access to health care services and providers, and the experiences of illness in their families. The participants identified four impacts that the COVID-19 pandemic had on them and their families. These impacts included mobility and transportation concerns, barriers to seeking healthcare, and sickness in their families,

### 3.5 Mobility and Transportation

The COVID-19 virus is spread through the close contact of people which is why federal, provincial, and municipal governments came together to implement and encourage public health measures including physical distancing. Participants expressed how their mobility was limited due to the safety of using public transportation during the pandemic and the affordability of vehicles. Amid the pandemic, not all participants had access to a vehicle. This was a concern for many as they felt public health measures were not being enforced on public transportation systems.

#### *3.5.1 Transit Systems, Vehicles, and Public Health Concerns*

Throughout the interviews, many participants reflected that they were uncomfortable, scared, and reluctant to use public transportation due to

perceived health risks. All participants except for one had access to a vehicle. Two participants relied primarily on public transportation despite having a family vehicle. Three participants relied on their vehicles as a main method of transportation despite primarily using public transportation before the pandemic.

> **"... I wouldn't say it's a choice. When I try to think about it like even if I were to get my license, could I get a car in the city. You know, I kind of really don't have a choice, so maybe I could get my license but like a car I wouldn't be able to get a car that's too much, so its affordability. Because yes, definitely with it because I still have no job right yeah so exactly yeah that would be that would be a mess, to try to do that with a nursing school loans that would be a disaster. So, yeah, no choice in that regard, it's public transport or nothing." Participant 1, 22, F**

When discussing mobility and transportations options in the pandemic, a participant expressed how her mobility choices were limited due to her inability to afford a car. She shared that even if she was to get a license, a vehicle costs too much given her financial situation balancing school loans. Subsequently, her only option to move around during the pandemic was public transportation.

> **"I have to take public transport I do not drive. I don't want to say a mess, but it's kind of a mess. I'd seen mask rules not being enforced I've seen people laying down and coughing directly on me, beside me on the subways, it seems like there's a lot of regulation past a certain point in the city, but like, at least here or at least where I am." Participant 1, 22, F**

Participant 1 explained that she was concerned about the enforcement of public health measures, specifically mask rules, on the subway. She explained that she observed people laying down across multiple seats, coughing on each other and that the enforcement of public health measures occurred at certain parts of the city. She also found that public health measures were being enforced in certain parts of the city but not in Rexdale.

> **“For sure, 100% I would say I’m more reluctant to use public transport” Participant 4, 25, F**

> **“I just have a family car and I was using like public transit before the pandemic, but I don’t feel comfortable…” Participant 8, 19, F**

Another participant shares how these fears and worries in using public transit stemmed from delayed bus schedules leading to the inability to physically distance and the lack of enforcement of public health measures. The risk of exposure to the COVID-19 virus due to hazardous bus practices is a recurring theme brought up by participants.

> **‘Its ridiculous, especially like I live in. I don't know if you know the [Retracted] bus. Yeah, that one is packed and like before the pandemic it used to come every 10 minutes. Now it comes like every 20-25 minutes so and everyone wants to go to work. And I remember the like a rule, like, I think it's like a bylaw like only 10-15 people are allowed on the bus. That's completely not the case, it's literally how it was like on a 7am or 8am bus ride to school. It's so full everyone's touching, even with the mask like wouldn't make a difference” Participant 8, 19, F**

When asked about their use of public transit, a participant detailed the hazardous bus scenarios. She shared that bus routes that were busy pre-pandemic are now in more demand due to the delayed bus schedule. In turn, this has led to packed buses at 7 am and 8 am, with essential workers headed to their workplaces. She expressed that riders were in such close proximity that everyone was touching. Considering social distancing is a key public health measure in preventing COVID-19 spread, these experiences are concerning.

> **“In the start of the pandemic, I was using public transportation, but you know I was umm even before the pandemic planning on buying a car and saving for that throughout the year – it pulled through and it’s helped a lot. I got a two three months after the pandemic. In the beginning of the pandemic, I was taking public transport, but I was scared.” Participant 5, 22, M**

In the quote above, Participant 5 admits that he bought a car a couple of months into the pandemic to avoid using public transit because he was scared for his health. Overall, participants shared that they were reluctant, uncomfortable, and scared to use public transportation during the pandemic.

### 3.6 Healthcare Challenges

Before the pandemic, there were barriers to accessing healthcare for low-income and racialized communities. Unfortunately, the pandemic exacerbated challenges that impacted access to health care including challenges with virtual and telemedicine, having a family doctor, and sickness in the family.

#### *3.6.1 Barriers to Accessing Healthcare*

> **"Um, no, I don't think I have a family doctor." Participant 2, 19, M**
>
> **"No, I haven't been to the doctor in a long time, so I don't know." Participant 2, 19, M**
>
> **"Yeah, well I'm not going to lie, I haven't been to the doctor in a long time. It's literally since last year." Participant 3, 18, M**

Access to a family doctor is related to positive health outcomes. Out of the eight participants, three participants did not have access to a family doctor. Participants without a family doctor shared that they have not visited a doctor in a long time.

> **"know I had a family doctor before I was there so I could like go in and see him clinic but now she's like only available virtually to make appointments and stuff. Yeah, if it's over the phone, it's been fine. Oh no, sorry I was just saying I'm, like, with a lot of Family Physicians being virtual that does kind of, that's a little bit challenging sometimes just because there are some things you need to see them in person for but again, I don't blame them. What else could they do" Participant 1, 22, F**

> **"We had access to a family doctor only on telephone, it was really hard to get appointments." Participant 8, 19, F**

Due to COVID-19 public health measures, not everyone could visit their doctor in person. Virtual and telemedicine appointments became an option for some people. Participant 1 emphasized the difficulty of speaking to a family doctor virtually as it does not provide the same experience as seeing a doctor in person. Participant 8 shared that it was really hard to book telemedicine appointments with their family doctor.

*3.6.2 Sickness in the Family*

Participants voluntarily shared their experiences of sickness during the pandemic. When interviewed about their health and the health of their families, the subordinate themes that emerged from the interviews included immunocompromised family members and COVID-19 status.

Of the eight participants interviewed, five participants lived with a family member who was immunocompromised. This is important because people who are immunocompromised have weakened immune systems which can make them more susceptible to severe symptoms. Additionally, four of the five participants living with immunocompromised family members were working in person at some point during the pandemic. Given that many of the participants are precariously employed, this increases their risk of exposure to COVID-19.

> **"Ummm nah, everyone in my house is good alhamdulillah. My mom said she had high blood pressure" Participant 2, 19, M**

A participant mentioned that his mother has high blood pressure. He prefaced this statement by saying *Alhamdulillah* that everyone in his house is

well. *Alhamdulillah* means “praise be to God” in Arabic, it is a term Muslims often use to describe gratitude to God.

**“My dad is a dialysis patient and has diabetes” Participant 3, 18, M**

Another participant revealed that his father has diabetes and receives dialysis. Additionally, his mother is the sole income earner in the household working as a personal support worker (PSW) at the frontlines of the COVID-19 pandemic. PSW’s are essential workers, and the profession is predominantly women, racialized and immigrant workers. As his mother keeps people safe during the pandemic, she is exposed to a higher risk of COVID-19 exposure due to her profession, which is low-paid and a precarious line of work. This increased risk of exposure is a concern for her family as her partner is immunocompromised.

**“...My brother is immunocompromised, so we moved to Rexdale to be closer to the hospital...” Participant 5, 22, M**

As quoted above, a participant expressed that his family moved to Rexdale to have closer access to a hospital as his brother is immunocompromised. The family moved from Mississauga to better manage his brother’s disease.

**“...sister she has lupus. I don't know if you know this, it’s an auto immune like in the whatever the body. So that, and then my mom also has arthritis and like she has a compromised immune system as well” Participant 8, 19, F**

Participant 8 communicated that her sister has lupus, and his mother has rheumatoid arthritis. He also disclosed that his mother is an essential worker at a restaurant. From the experiences that participants shared it is clear that

immunocompromised family members were impacted by their employment decisions and housing decisions during the pandemic.

*3.6.3 COVID-19 Status*

One of the ways the pandemic impacted the health of youth during this time was by contracting the virus.

> **"Hmm, well I can tell you know that I am positive for COVID, I've had covid for 5 days now and I'm just better now and I'm able to get up and do stuff, alhamdulillah" Participant 5, 22, M**

Participant 5 shared his experiences with COVID-19 and showed up to his virtual interview for the study COVID-19 positive. During the pandemic, he was a frontline worker in the warehouse sector living with his family, including his sister who was immunocompromised as she lives with lupus. He was also a student at this time dealing with a loud home environment that led to increased stress. In the interview, he says *Alhamdulillah* as he is healing from the symptoms of COVID-19.

> **"Me, my dad, my mom all got COVID" Participant 3, 18, M**

> **"...Yeah, my dad, my mom got it from me. And they were there, they were sick. My mom was surprisingly not very sick, but my dad got pretty sick just because he's like a regular hospital patient. He is still there now, but he's still like beat it." Participant 3, 18, M**

Participant 3 noted how he contracted the COVID-19 virus and passed it onto his parents. He also revealed earlier how his father was immunocompromised as he has diabetes and receives dialysis, a treatment reserved for people experiencing kidney failure. This is important to note because as described earlier, weakened immune systems can result in the experiences of more severe COVID-19 symptoms. It is also important to note that Participant 3 lives in a single-income household, his mother is a PSW, and

his father is currently too sick to work. He shares that his mother got very sick, and his father also experienced serious symptoms.

> **"I think my brother, and he may have got COVID but it was at the beginning of the pandemic but it wasn't anything confirmed. Because at this time they were if you think you have COVID stay home and like quarantine Oh, yeah. So, after that, we didn't have any COVID scares because everyone made sure they were being cautious." Participant 7, 22, F**

Participant 7 is currently unemployed as she was laid off from her airport job. She currently lives with her brother who supports her and is a nurse. She shares below that he may have contracted the COVID-19 virus early on in the pandemic which led to them leading a cautious life.

In exploring the physical health impacts of the pandemic on Somali-Canadian youth in Rexdale, the study results found that young people were exposed to risker transit options, often travelling to essential frontline workplaces. These risks compounded and are of great concern given that many of the youth live with their large families, experience barriers in accessing family doctors and live with family members who have various immunocompromised conditions including kidney failure, lupus, high blood pressure, and diabetes. Due to their lower socioeconomic status, the affordability of other transit options, their inability to work from home, and the lack of access to healthcare led to negative physical health impacts, including exposure to the COVID-19 virus. Although they are at the forefront of the pandemic, they are exposed to riskier living and working conditions leaving them sick, frustrated, and scared.

### 3.7 Mental Health: Pandemic Related Stressors, Coping Strategies, Access

Participants identified how the pandemic has impacted their mental health, coping strategies they use and the challenges and benefits of accessing mental health care services.

### 3.8 Pandemic Related Stressors

The pandemic negatively impacted the mental health of many of the participants. Through the interviews, the participants shared that they are experiencing economic worries, educational difficulties, and challenges with interpersonal interactions during this time.

#### *3.8.1 Financial Worries*

Financial stress can impact mental health, physical health, and social well-being.

> ***"I'm just, I want to say, I've been okay but it's just a little bit frustrating. It's been frustrating, on, on my mental health, because of the uncertainty, with the career impacts… And then there's the economic or the financial effects. I know, I don't think I have to tell you live in Toronto right yeah you know the housing market is." Participant 1, 22, F***

A nursing student who worked in a community centre points out how she was worried about the potential career impacts of the pandemic and the housing crisis in the City of Toronto. She felt that there will be economic impacts on her career outcomes and her ability to afford a home in the future. She felt like the stress of the future was frustrating to grapple with and is negatively impacting her mental health. Education is often framed as an equalizer for inequality, especially to low-income youth. However, the pandemic has created financial and educational stresses that impact the ability of participants to access and reap the full benefits of education.

> ***"In the beginning, it was a problem because we couldn't do much, I was trying to work so I felt a bit of a burden but midway through the summer, things became normal – we were paying bills on time, everything was ok. It was a struggle in the beginning, but we managed to pull through." Participant 5, 22, M***

Participant 5 mentioned that he was worried about paying bills on time during the pandemic. He also expressed that he felt that his family's financial burden was his to share and he had a responsibility to contribute. During this time, he was working in a warehouse while being a full-time student. His experience illustrates the burden that low-income students carry to access education when they have other responsibilities. The initial shock of the world closing down and coming to terms with the pandemic led to many people facing difficulties paying for their needs but he said his family was able to overcome this difficult period.

*3.8.2 Education*

The pandemic and closure of schools had a negative impact on participant's education.

> ***" We're not going to see that for like a year or two, but I feel like it's going to be drastic so that's been a little bit scary.. you might come across other nursing students as well, or other health care professionals, and especially those of us in education right now, we're not really getting the opportunity to do a lot of hands on skills, so there was a lot of fear about how that's going to affect me in terms of getting a job and being with competent health care provider." Participant 1, 22, F***

One participant expressed a fear of not being able to get hands-on skills training as a healthcare student due to the pandemic. She shared that this is a common sentiment shared by healthcare professionals and is worried that it may impact her ability to obtain employment and become a competent health

care provider. Additionally, she shared that the impacts are unknown but might be felt for a couple of years.

> ***"...I would say the workload increased as compared to before. Even seeing random assignments pop out of nowhere, it's a lot of patience and you got to be focused all the time, There's no social aspect anymore it's just school" Participant 6, 19, M***

> ***"I felt like last year when it started around March, teachers were more lenient because like how it's like a big deal, they were worried more about peoples mental health last year than this year, professors were giving out less work at the end of the term..." Participant 6, 19, M***

On the other hand, Participant 6 disclosed the immediate impact of the pandemic on this educational journey. He felt that professors were more lenient at the beginning of the pandemic as they were more worried about students' mental health. However, after a few months, he noticed a change in teaching where professors were increasing the workload for students. He also shared that school lost the social aspect and the only thing he could focus on as a student was learning. This is important to note because losing access to friends in an educational setting can lead to isolation which can negatively impact mental health.

*3.8.3 Interpersonal Skills*

Participants shared that their interpersonal skills such as holding conversations and interacting with people in social settings were negatively impacted by the pandemic.

> **"... Like, I have worse social skills" Participant 2, 19, M**

> **"having a back-and-forth convo with someone just like I just never. I just been loving myself during a lockdown, not this lockdown, the first one. So yeah, I like I'm getting them back now I feel it but like at first like when we went back to school in September. Oh, just yeah, it was kind of weird" Participant 2, 19, M**

The impacts of the pandemic on social skills were highlighted by one participant. He indicated that he spent a lot of time alone during the first lockdown which led him to have difficulties maintaining conversations with others. He also conveyed that after spending some time socializing with others when school started in September 2020, his social skills improved.

> **"... maybe being home all day but now I can't fathom going outside and interacting with people" Participant 7, 22, F**

> **"Oh yeah, basically like yeah as I said interacting with people got harder because you're not you're not. like nobody's going out so yeah. all socializing skills, have decreased. And like everybody so busy as well you don't have time to contact your friends even through the phone because everything going through their own stuff..." Participant 7, 22, F**

Another participant echoed these sentiments sharing that spending time alone and not interacting with others impacted her social skills. She detailed that all her friends are busy dealing with their own challenges and it's hard to connect over the phone. Additionally, she shared that she cannot fathom going outside or interacting with people. This is a clear example of isolation leading to loneliness and impacting mental health.

### 3.9 Coping Strategies

In the interviews, participants expressed the coping strategies they used to manage the stress that impacts their mental health. These strategies included nutrition, sleep, social media, religion, and exercise.

#### *3.9.1 Nutrition and Sleep*

> **".. I try to eat as healthy as possible." Participant 1,22, F**

> **"... anything like that just basically everything Health Canada would tell you to do to stay to stay healthy and stay sane I've been trying to do. And it's been it's been working." Participant 1,22, F**

A key coping strategy for participants included eating the right foods and supplementing vitamins to maintain their health. A couple of participants expressed that they managed their mental health by ensuring they were eating healthy foods.

> **"well, eat the right foods. Get enough sleep. It's like, I don't know take care of personal hygiene, like little stuff to like better yourself, or like to be the best version of yourself. I'll know, like, look good feel good. Yeah, basically" Participant 3, 18, M**

Another strategy Participant 3 used was getting enough sleep and taking care of personal hygiene to feel good. Nutrition and sleep can positively impact physical and mental health

*3.9.2 "Tiktok, just like 15 seconds of enjoyment"*

Three participants detailed how they engaged in avoidance-based coping strategies through the use of television and social media.

> **"...Anything like that that just sort of keeps your mind off the current situation because social media - everything is just always about COVID or about someone passing away and it's really sad it's really depressing but if you just go on like a Netflix show or like a YouTube video from 2015, you can sort of distract yourself from that. So, I find that that helps a lot." Participant 1,22, F**

The use of streaming platforms as a distraction from the stress of the pandemic came up frequently. The quote above signifies a participant's experience in using Netflix and YouTube to provide a comforting distraction from the depression and sadness after hearing about the death of their acquaintance. She stated that she's always hearing news about the COVID-19

pandemic or death. The constant bombardment of negative news can impact mental health. In her case, she dealt with the stress through escapism.

> **"...I've been watching a lot of international shows been like watching a lot of lot, a lot of shows. Yeah, really since this pandemic. Before that I would not want anything. I would watch only English shows, I watch Japanese shows and I watch a lot of Korean movies"**
> **"Participant 8, 19, F**

A second participant noted that she was managing her stress by watching a lot of TV shows including international shows from Japan and Korea.

> **"I know it's not healthy, but my phone helps a lot. If I want to like escape my life. I just watch a show." Participant 7, 22, F**

> **"Tiktok, just like 15 seconds of enjoyment you get from each video, it's just like quality content, people are doing the weirdest stuff and you just laugh." Participant 7, 22, F**

The feelings of escapism from reality were also brought up by Participant 7 who acknowledged that this avoidance through social media was not healthy but allowed for an escape from the reality of life. She shared that the 15 second Tik Tok videos provided comedic relief and enjoyment. With all the stress from daily life and the pandemic, television and social media brought short-term relief to these participants.

*3.9.3 Tawakkul*

The vast majority of the Somali-Canadian community is Muslim. In Islam, there is the concept of *Qadr*. There are six pillars of faith in Islam with one being *Qadr* - divine decree. Muslims believe that everything happens due to the decree of Allah. Five participants acknowledged that they relied on their faith, religion, and God as a coping strategy to manage stress. The other three participants did not directly mention religion as a coping mechanism but used

terms like *Alhamdulillah* to describe gratitude to God when discussing good and difficult moments in their life during the pandemic.

> ***"Um, I try to just like not do not do anything. like, what I try to do which is not in control anything Just like live in the present, you know. Yeah, like, not a controlled feature like don't control stuff I can't control. Just like leave it at that that – have it been what it is kind of like mindset, almost. I let God be the best planner, basically." Participant 2, 19, M***

As described in the quote above, Participant 2 expressed contentment and trust in the divine decree. He shared that he was not in control of anything and left what was out of his control to God because he is assured that God is the best of planners.

> ***"...Oh yeah, I'm also say I have my faith too like my religion, I'm Muslim, like, literally, it is what it is because it's up to God, whatever happens so you got to put your faith in God. Because at the end of the day, everything's written so you can't really change anything. I might be mad now but like maybe better things will happen." Participant 8, 19, F***

This sentiment and belief in *Qadr* were shared by Participant 8 in the quote below. She expressed that being a Muslim meant that she has to put her faith in God because everything is written.

> **"My religion is helpful. I know everything is written and My God always has something good planned for me. I would you say like alhamdulillah I have other things to supply me even if I don't get that one thing, I wanted like something better will come for me. God has been showing up for me, Alhamdulillah's. It made me feel more connected to God. You see a lot of things and just get goosebumps it's like okay. Yeah. Like you understand why people feel the need be more spiritual and like connected to the deen. it actually helps you a lot, even though, like, sometimes, like mental health is outside like what your religion can cure. It can still at least help. Its tawakkul like have faith in Allah and as well tie the camel so it doesn't run away." Participant 7, 22, F**

Another participant expressed similar views as she expressed believing in the divine decree and what was written for her. Additionally, she was hopeful

when things did not go as planned as she believes that God will give her something better. She also expressed that while some might see mental health as something that cannot be supported by religion but she finds it helps her mental wellness. Participant 7 mentioned having *tawakkul* and tying your camel. *Tawakkul* is the Islamic concept of placing your trust in Allah. In Islam, *hadiths* are the actions, sayings, and teachings of Prophet Muhammad, Peace Be Upon Him (PBUH). In one hadith, a man asked Prophet Muhammad (PBUH) if he should tie his camel and trust in Allah or if he should leave his camel untied and trust in Allah. The Prophet responded by saying tie your camel and trust in Allah. This exemplifies the essence of *tawakkul*, Muslims do what is within our power and leave the rest to Allah. If the outcome is positive or negative, it was the divine decree.

> ***"I would say yes – my religion is very helpful because it keeps me level-headed. Obviously, my family, as well to support me is a main factor" Participant 4, 25, F***
>
> ***"So, praying and making sure that I am staying busy and understand what's going on..." Participant 4, 25, F***
>
> ***"Also, now that we are celebrating Ramadan it helps a lot more being like having time towards your religion, family times and celebrating brings back a social aspect" Participant 6, 19, M***

In quotes above, Somali-Canadian youth expressed how their religion was a coping strategy to deal with stress that impacts their mental health during the pandemic. One pointed out how her faith keeps her level-headed through prayer and the understanding of life. Another mentioned that experiencing Ramadan in the pandemic and having time for faith and family during this month

gave him the socialization he needed in the pandemic. The participants found religion to be a helpful coping strategy in dealing with stress.

*3.9.4 Exercise*

Exercise has positive benefits for physical health, mental health, and social wellbeing. Due to the pandemic, public health measures including lockdowns have led to the closure of gyms and indoor facilities for months on end. Participants expressed that they were active pre-pandemic, but the pandemic has impacted their ability to exercise and their general mobility.

> **"Yeah, like because I had a gym and like indoor basketball facilities and like the weight room. And like any kind of thing that can move" Participant 3, 18, M**

> **"Muscle loss, because of the gym is like my cardio bad like I played basketball recently for the first time, like a long time, and I can't run that long just like a kind of lost my physical abilities." Participant 3, 18, M**

A participant mentioned how he was often in the gym playing basketball or using the weight room. Once these facilities closed down, he lost access and felt like his physical abilities were impacted including his ability to run and a loss of muscle mass.

> **"Yes mentally, I usually go to the gym a lot. My work requires me to be in shape at all times. I've been trying work out at home as much as I can, but it's impacted it a lot. Doing homework on a chair all day. At [redacted], I wouldn't be sitting on a chair all day." Participant 6, 19, M**

A member of the study works for the Canadian military. He expressed that since his job requires him to be "in shape" he frequents the gym. However, the pandemic impacted his access to the gym and he tried his best to work out at home but his health was impacted as he was studying from a desk all day

with minimal movement. He also expressed that if he was on campus, he would move a lot more instead of being sedentary at home. This situation could easily create stress and influence his mental health as his work, income and access to exercise is negatively impacted.

> **"Oh, well I guess like I would say I was more active before but I'm just home like, literally, there's nothing to do but eat and be home, so I'm that way..." Participant 8, 19, F**

One participant stated how she was active before the pandemic but found herself with nothing to do but stay home and eat.

> **"And I try to make sure I'm getting in my daily steps going for walks" Participant 1,22, F**

Another participant tries her best to stay active by taking daily walks but that is the extent of her exercise.

These experiences exemplify that participants had access to healthy and active lifestyles through exercise before the pandemic. Unfortunately, due to their lower socioeconomic status and critical public health measures, many participants do not have space to exercise at home or access gyms. This has led to an exercise becoming difficult and not a sufficient coping strategy for participants during the pandemic. While the health benefits of exercise are proven, not everyone has access to home space or green space in the city.

### 3.10 Access to Mental Healthcare Services

When exploring the impact the pandemic had on participants' mental health, participants shared the experiences of stigma in seeking mental health services, as well as losing access to mental health services, and the limited benefits they received from counselling.

*3.10.1 Stigma*

> **"I think you know; in our culture we don't seek mental health professionals. We have our family if anything, so I don't think I need it but if I did, I wouldn't be declining it" Participant 4, 25, F**

> **"... just from my experience it's just, for religious reasons, there's always Allah to be there for us to have and all our worries. Meditating as well, there's things outside of the one on one with a person that you can do more spiritually instead." Participant 4, 25, F**

Participant 4 provided a detailed description of mental health stigmatization in the Somali-Canadian community. She shared that in Somali culture seeking mental healthcare is taboo because family support and religious support are seen as sufficient mental health supports. She mentions that Allah is always there for those who need help.

*3.10.2 Losing Access*

With the stigma described above, we can understand that seeking and obtaining mental health care services takes effort. It is important to note that the participants who shared that they sought professional help were students in health-related fields and another participant who sought care was a high school student who had access to mental health services in school. Their health-related backgrounds and ease of access to care could be potential factors that aided them in overcoming the stigma of seeking support. Unfortunately, a couple of participants shared how they lost access to mental health care services during the pandemic.

> **" I need to see this professional, but that professional may never contact you. I got like a call from like a, like a social worker or something like okay we'll connect you with one after. And then, after never came, like this was in 2019, or so. Something like that this was pre COVID. And just, yeah. And it just never happened. And so of course the responsibility is on me to follow up, but I kind of**

> **just felt like since you know I was doing okay I was managing on my own. Things are going great for me. Alhamdulillah." Participant 1, 22, F**

As described in the quote above, Participant 1 reached out to her family doctor in 2019 to book an appointment with a mental healthcare professional. Since then, she has not been connected to a professional and has decided she no longer needs to speak to someone. The long waiting times to seek mental health care impacted her ability to speak with a professional.

> **"I've seen a counsellor at school last year for a bit. But no, not anymore." Participant 2, 19, M**

When asked if he ever saw a mental health professional, a member of the study shared his brief experience of seeing a school-based counsellor. However, with the switch to online learning in high school he is no longer connected to that counsellor. The educational transitions that occurred during the pandemic impacted access to mental healthcare services.

*3.10.3 Limited Benefits*

There was only one participant in the study who was currently seeing a counsellor. He shared that some of the stresses he is experiencing in life are non-stop and tough to deal with. Thus, he decided to speak to someone so that they could understand him, reassure him, and give him ideas of what he can do. He later shared that his counsellor provided spaces on campus where he could study because his home environment was not conducive for studying.

> **"I actually am right now, I am in contact with a counsellor at Waterloo because I just felt like some of my issues are non-stop and just tough, and to have someone understand what. I'm going through and give me reassurance and ideas of what to do. Some of the ideas are a little too much for me, some aren't realistic, but I try to pick a few things..." Participant 5, 22, M**

While this recommendation was beneficial to the participant, he mentioned that some of the ideas his counsellor shared were not realistic within his lifestyle. He also admitted that he picks a few things from what his counsellor suggests. Unfortunately, this is a reality for many Black Muslim youth seeking mental healthcare services due to their intersectional identities. Oftentimes, healthcare providers are not from our communities and lack the cultural, religious, and social understanding to provide care.

Mental health and lower socioeconomic status are deeply interwoven. This was evident when members of the study expressed how the pandemic led to negative impacts due to financial worries, educational and interpersonal challenges, and overall stigma from the community around mental health. Furthermore, their socioeconomic status, race, and religion impacted the coping strategies made available throughout this time. Black Muslim youth participants from Rexdale did not enjoy the privilege of having the space to learn from home, exercise at home, and follow public health measures of staying home during the pandemic. Additionally, another negative impact on mental health was the cultural stigma associated with seeking care and losing access to mental health service providers due to educational transitions to online learning and long wait times. There was also a lack of culturally competent and socially relevant care.

### 3.11 Conclusion

Second-generation Somali-Canadian youth living in Rexdale were able to share the impacts of the pandemic on their employment, physical health, and mental health. Through precarious employment, young people lost income, experienced unsafe working conditions, faced financial difficulty, and faced an

increased risk of exposure to the COVID-19 virus. These pandemic impacts were exacerbated by the fact that many of the participants lived with large families and immunocompromised family members. Additionally, some participants had access to government COVID-19 support, however, many were ineligible due to precarious work or they worried about how society and their communities would perceive them for receiving government support. The physical health of Somali-Canadian youth was impacted by riskier transit options, the inability to work from home, and barriers to accessing healthcare. The youth articulated how the pandemic negatively impacted their mental health due to financial worries, educational and interpersonal challenges, and the stigma surrounding mental health services in the Somali-Canadian community. Moreover, the study demonstrated that the intersectional identities of participants, including their socioeconomic status, race, and religion, influenced their choice and access to coping strategies including nutrition and sleep, social media, *tawakkul,* and counselling.

# CHAPTER 4: DISCUSSION

The purpose of this study was to answer the following research question:

***How has COVID-19 impacted the employment of Somali-Canadian youth in Rexdale, and what are the associated health implications?***

The findings of the study discussed in the previous section illustrated the experiences of Somali-Canadian youth living in Rexdale during the pandemic. This section will provide an understanding and continuation of the existing literature, as well as implications for decision-makers, policy recommendations, and the limitations along with future directions.

## 4.1 Employment: Economic Impacts

Existing literature from the early 2000s indicated that Somali families faced unfavorable societal conditions during their resettlement in Canada (Pillay & Asadi, 2018). Specifically, Somali-Canadian youth face unique challenges intersecting family, religion, and barriers to accessing education (Pillay & Asadi, 2018). These experiences are detailed in Chapter 1. The participants in this study expressed being impacted by precarious work situations in the pandemic as they were laid off, received insufficient work hours, and were exposed to unsafe working conditions due to workplace negligence.

Precarious employment is a concept that describes changes in labour markets since the late 1970s (Strauss, 2017). Precarious employment encompasses the rise of temporary and intermediate forms of employment, the changing nature of social and economic risks, the feminization of paid work, and the experiences of migrant workers (Strauss, 2017). Researchers have identified four key dimensions that could indicate precarious work, including

uncertainty about the continuation of employment, lack of control over the labour process, absence of regulatory protection, and low pay (Strauss, 2017).

*4.1.1 Laid Off or Reduced Hours*

Within the labour market, even with educational attainment, there is a history of the overrepresentation of racialized groups in low-income jobs, precarious work, and unemployment (Mahabir et al., 2021). Racialized workers are negatively impacted by the pandemic as the loss of income has led to serious effects on financial security (Mo, Cukier, Atputharajah, Boase, & Hon, 2020). From August to December 2020, 7.4% of white Canadians were unemployed; on the other hand, unemployment rates for Black Canadians are significantly higher at 13% (Block, 2021). This was also seen in the youth unemployment rates with Statistics Canada's December Labour Force Survey, showing an average unemployment rate of 15.4% for white youth as compared to a 31.6% unemployment rate for Black youth (Block, 2021).

All of the key dimensions of precarious employment were reflected in the findings of this study. The youth participants recounted experiences of being laid off, receiving reductions in their work hours, hazardous work environments, and the lack of seniority impacting their employment during the pandemic. Historically, part-time, temporary, contract, and agency work were forms of employment associated with women and racialized workers because their caring responsibilities and subordinate labour market positions were unable to secure full-time permanent wage work (Strauss, 2017).

*4.1.2 Unsafe Work*

The creation of flexible labour markets has led to shifts that include legal and regulatory changes to systems of labour, employment standards, and occupational welfare which have reduced protections for employees (Strauss, 2017). Participants shared that unsafe working conditions surfaced as a negative impact caused by the pandemic. The participants chose to work in a variety of sectors including community organizations, Toronto Pearson International Airport, retail, warehousing, and the Canadian military.

Somali-Canadian youth faced an increased risk of exposure to COVID-19 due to poor workplace management and communication and the sectors that employ them. To support these claims, Murti et al. (2021) led a study exploring COVID-19 workplace outbreaks by industry sector and the subsequent household transmission in Ontario from January to June 2020. Researchers found that three sectors: manufacturing, agriculture/forestry/fishing, and transportation and warehousing accounted for two-thirds of declared non-hospital, non-congregate, non-childcare workplace outbreaks of COVID-19 from January to June 2020 (Murti et al., 2021). In this case, transportation and warehousing workplaces require on-site work, have indoor crowded conditions where physical distancing is not possible and environmental requirements for refrigeration that impact the use of personal protective equipment for COVID-19 (Murti et al., 2021). Furthermore, workplace outbreak cases tended to be more likely among younger healthier males (Murti et al., 2021). This study illustrates some of the many risks participants in the present study were exposed to in their workplaces. It is evident that Somali-Canadian youth from Rexdale are being exposed to unsafe working conditions, despite working

essential jobs at the frontlines of the COVID-19 pandemic. To expose anyone, let alone young, low-income, racialized youth to life-threatening risks during a catastrophic pandemic is irresponsible and sheds light on the systemic barriers this community faces.

In addition to unsafe working conditions, many of the participants are from large families, compromised by single-parent income households and immunocompromised family members--often the most vulnerable groups to be exposed to the virus. Matilla-Santander et al. (2021) found that precarious employment might be a factor in generating new COVID-19 outbreaks since workers lack access to paid sick leave and are often forced to work while sick to avoid losing income or their job which accelerates the unequal spread of the COVID-19 virus (Matilla-Santander et al., 2021). Additionally, many workers in precarious employment have work environments that lack adequate virus control and safety measures (Matilla-Santander et al., 2021). Unfortunately, all of these factors increase the risk of infection amongst workers, their families, and the public (Matilla-Santander et al., 2021). This increased risk is concerning considering participants are working full-time students who pay student loans and essential bills, including rent and groceries at home.

The pandemic has shed light on the systemic barriers experienced by Somali-Canadian youth that decision-makers must keep in mind moving forward in a COVID-19 recovery. Racialized people from lower socioeconomic status bear the brunt of the pandemic while having the least access to support due to systemic racism. This signals that some lives are prioritized over others. Our society deems people dealing with poverty as disposable when we do not

provide the proper safeguards to ensure that they can survive the pandemic. Hence, a COVID-19 recovery necessitates a standard of health and safety that is consistent in policy and practice.

*4.1.3 "School is Expensive"*

The majority of the literature exploring the experiences of Somali immigrant families focuses on first-generation Somali-Canadians and their integration into Canadian society (Jibril, 2011). There has been very little focus on the experiences of the second generation of Somali-Canadians who face unique long-term challenges especially with systemic barriers and racial discrimination (Jibril, 2011).

One of the longstanding and intergenerational difficulties faced by the Somali-Canadian community is access to post-secondary education options (OCASI, 2016). Canada is one of the most educated countries in the world, with 86% of the adult population having completed secondary school and 65% having completed post-secondary education (Canadian Federation of Students, 2018). However, people from lower socioeconomic status groups are underrepresented in colleges and universities (Canadian Federation of Students, 2015). The Canadian Federation of Students Ontario (2015) found that students in Ontario have the highest tuition fees and debt loads in the country. Education provides people with skills and tools to participate in social and economic life (Canadian Federation of Students Ontario, 2015). Students from a lower socioeconomic status are more likely to rely on student loans that they pay back with interest that is often two or three times higher than the borrowed principle (Canadian Federation of Students Ontario, 2015). All of the

participants in the study are secondary and post-secondary students that have identified paying student loans as a primary reason for employment. The Toronto District School Board (2017) analyzed Grade 9 cohort graduate patterns from 2011-2016 and found that Somali speaking students have the second-lowest rate of graduation at 77.4%. Education is often seen as a social equalizer that can allow anybody to succeed. However, barriers to accessing education create an opportunity gap for Somali-Canadian youth in Rexdale. The youth from this present study expressed their educational aspiration but they were also dealing with other responsibilities rooted in their survival. Even when youth prioritized education, the pandemic led to educational challenges. The systemic barriers that inhibited first-generation Somali-Canadians from accessing education are also working against second-generation Somali-Canadian youth.

*4.1.4 CERB and CESB*

The majority of employed participants in the study received CERB and CESB payments during the pandemic. CERB created payment support for those aged 15 years and older of $2,000 per four-week period between March and October of 2020 (Robson, 2020). CERB was available to people who could not work because of illness, layoff, or caregiving responsibilities (Robson, 2020). Access to CERB was dependent on a uniform threshold of $5,000 in work income in 2019 or the 12 months before the CERB application (Robson, 2020). After CERB was launched, many students and recent graduates were unable to qualify for the benefit (Robson, 2020). Due to pressure from student organizations, the federal government created CESB which paid $1,250 per

four-week period from May to August 2020 (Robson, 2020). As explored earlier, many participants were laid off or received a reduction in hours at the beginning of the pandemic and amid a school semester. This caused a lot of financial worries for the participants. Participants expressed that CERB and CESB payments provided a lifeline because they did not have any additional sources of income outside of their part-time jobs.

Despite these payments being the only source of income for the participants outside of their household incomes which were often stretched thin to cover basic necessities, not everyone who needed these supports was able to access them. In one instance, being recalled from a layoff to drastically reduced hours inhibited a participant from continuing to receive CERB despite needing financial relief. The loss of significant income and work opportunities were not reflected in the range of support available to students during the pandemic. There was also a fear of receiving CERB and CESB payments. It is important to note that the Somali Canadians historically have faced extensive discrimination and stereotyping surrounding the use of government assistance. This was conveyed during the interviews where participants shared a fear of potentially having to pay back supports. Research has found that deliberate non-compliance is rare in social welfare and taxation (Robson, 2020). In May 2020, the CRA amended reporting mechanisms to encourage Canadians to report cases of suspected misuse of CERB and other COVID-19 benefits. On the other hand, some participants were receiving more from the support than they would make at their part-time job. The youth in the study were not in a position to be able to pay back these government supports. While these

supports were set up to help Canadians bypass a difficult period, the real fear of accessing support during a global pandemic that has upturned lives is quite concerning.

Precarious employment is an important social determinant of health that is associated with poor health outcomes (Matilla-Santander et al., 2021). Disadvantaged and vulnerable groups are commonly found in precarious employment, generating systemic, unfair, and avoidable differences in health (Matilla-Santander et al., 2021). As illustrated in this study and supported by literature, workers in precarious employment are often in situations where governments and employers do not provide access to sufficient social and health protections (Matilla-Santander et al., 2021).

## 4.2 Physical Health

Participants shared a multitude of impacts the pandemic has had on their physical health. These impacts included a lack of access to safe transportation options, difficulty in accessing healthcare providers, and experiences of sickness in their families.

### *4.2.1 Mobility and Transportation: Transit Systems, Vehicles, and Public Health Concerns*

Existing research suggests that declines in transit demand are not equal across all social groups (Liu, Miller, & Scheff, 2020). In the present study, participants expressed concern about the safety of public transit during the pandemic. There was a general sentiment that riding public transit posed a health risk. The youth expressed that they were reluctant, scared, and uncomfortable using public transit due to the proximity to others and lack of

enforcement of public health measures. They also noted concerns including busy bus routes, crowded buses, and the lack of public health measures being enforced in Rexdale.

In response to the measures that Canada took to limit infections in late March 2020, there was a steep reduction in mobility with an 80% decline in public transit use (Detsky & Bogoch, 2020). This reduction in use is likely due to the perceived risks of using public transit, particularly the risk of exposure (Loa, Hossain, Liu & Nurul Habib, 2021). Attitudes towards public transit have become more negative during the pandemic due to potential high occupational densities and hygiene concerns (Loa et al., 2021). The interviews with Somali-Canadian youth found that affordability was the main factor in mobility choices with some participants expressing that transit is their only choice. People are more likely to be exposed to the COVID-19 virus if their jobs require them to be in contact with large numbers of people (PHAC, 2020). In the case of the participants in the present study, their jobs required them to commute to work and interact with people throughout their shifts. Thus, these perceived risks of transit exposure and higher risk of exposure in their jobs impact the health of participants in the study. Mobility and transportation is another example of socioeconomic status impacting the health and safety of low-income, racialized youth during the pandemic.

*4.2.2 Healthcare Challenges*

During the interview, Somali-Canadian youth shared their barriers in accessing healthcare providers and experiencing COVID-19 and sickness in

their families. In this section, we will discuss how access and sickness impacted their physical health during the COVID-19 pandemic.

*4.2.3 Accessing Healthcare*

Canada has a publicly-funded healthcare system and even though the cost of a visit is minimal there are barriers to finding a regular family doctor (Bataieh et al., 2019). In Canada, there is a physician shortage and 15% of the population reports not having a regular care physician (Bataieh et al., 2019). A few participants shared they do not have access to a family doctor. Additionally, they shared that they have not visited a doctor for a long time. Access to a family physician or a usual source of care is an important determinant of access to other health care services, increased use of preventative care, and fewer emergency department visits (Bataineh, Devlin, & Barham, 2019). The benefits of having a regular family doctor include better continuity and quality of care, and improved health status (Bataieh et al., 2019).

In the City of Toronto, over half of the population is racialized (Mahabir et al., 2021). Due to systemic labour market racism, there is an overrepresentation of racialized groups with low income and precarious jobs, a racialization of poverty, and poor health (Mahabir et al., 2021). In a study conducted by Mahabir et al. (2021), researchers examined how racialized health care users experienced classism and everyday racism in the health care settings in Toronto and whether these experiences differ in social class, gender, and immigration status. They found that racialized health care users reported race and ethnic-based discrimination as moderate to high and social class-based discrimination as moderate in their experiences when receiving health

care (Mahabir et al., 2021). Furthermore, racialized health care users found that these experiences differed based on class, gender, and immigration status (Mahabir et al., 2021). These findings are important to understand how social exclusion plays a role in accessing healthcare in Canada and the participants' experiences of the compounding impact of multiple areas of marginality.

*4.2.4 Sickness in the Family*

Canadians may be at a greater risk of COVID-19 due to their occupational, social, economic, health circumstances, and life circumstances (Public Health Agency of Canada [PHAC], 2020). Somali-Canadian youth described their experiences with contracting the COVID-19 virus or supporting a family member with the virus during the pandemic. Many of the participants were working essential jobs during the pandemic. Moreover, most of the participants live with their families, in which five families had a member who was immunocompromised. Vulnerable populations are at a risk of more severe disease or disease outcomes (PHAC, 2020). Therefore, it's clear to see that participants experienced health inequity as they were precariously employed which put them at a higher risk of exposing themselves (PHAC, 2020) and immediate family members to the most detrimental impacts of the COVID-19 virus.

**4.3 Mental Health**

*4.3.1 Pandemic Related Stressors*

The mental health challenges and opportunities defined by the participants included pandemic-related stressors that had a series of negative

impacts on the mental health participants. They expressed facing financial worries, educational challenges, and interpersonal difficulties.

The financial impacts of the COVID-19 pandemic, which is still ongoing, can be expected to take a toll on mental health (Centre for Addiction and Mental Health [CAMH], 2020). A study conducted by the Centre for Addiction and Mental Health (CAMH) found that young people and those dealing with financial stress are more likely to experience symptoms of anxiety and depression at this time (CAMH, 2020). In previous financial crises, like the 2008 global financial crisis, there were increased rates of mood disorders, anxiety disorders and suicides as a result of unemployment, job insecurity, reduced wages, and increased workloads (CAMH, 2020). Somali-Canadian youth in the present study expressed that they experienced financial worries, frustration, uncertainty about their futures and negative mental health impacts during the pandemic. These experiences illustrate the need for better policy for youth navigating financial difficulties during global crises.

Education is a determinant of health and wellbeing. The closure and shifts to remote learning have resulted in a loss of access to free or low-cost meals, school-based healthcare services, a routine for socialization, and physical activity (Gallagher-Mackay et al., 2021). These impacts accumulate and have a significant affect on emotional and mental wellbeing (Gallagher-Mackay et al., 2021). The pandemic disrupted education in Ontario with mass school closures, a drastic shift in methods of instruction, and gaps in support for students with disabilities (Gallagher-Mackay et al., 2021). For participants in the present study, this manifested as difficulties with online learning, increased

workload, and a lack of physical space to learn at home. The pandemic associated hardships and school closures disproportionately impacted low-income families; racialized newcomers and people with disabilities are overrepresented in these lower income categories. (Gallagher-Mackay et al., 2021). Families with lower incomes are more likely to experience living spaces that are more crowded impacting studying (Gallagher-Mackay et al., 2021). Parents are also less likely to be working from home, supervising learning, or paying for private support such as tutoring (Gallagher-Mackay et al., 2021). In Etobicoke, many Somali Canadian families live in high-rise apartment complexes (Jibril, 2011). From this information, it's understood that there could be a lack of physical space for them to be engaged learners in the same capacity as attending school in-person.

COVID-19 has disrupted the social world of people entering secondary education (Gallagher-Mackay et al., 2021). Pandemic restrictions have resulted in youth spending unprecedented amounts of time with their households (Gallagher-Mackay et al., 2021). The mental health of families with children has declined and the stress on families is unequally distributed to visible minorities, recent immigrants, and people with disabilities (Gallagher-Mackay et al., 2021). The educational transition to high school is an important transition that marks increased independence of adulthood with social and emotional growth (Gallagher-Mackay et al., 2021). Somali-Canadian youth mentioned how their interpersonal skills were negatively impacted during lockdown periods. Participants expressed the loss of the support of friends, caring adults, and positive school culture, which are instrumental in navigating educational

transitions (Gallagher-Mackay et al., 2021), led to negative mental health impacts.

*4.3.2 Coping Strategies*

Humans are not equipped to handle high levels of stress for long periods (Tweed & Conway, 2006). If psychological stress is not dealt with it becomes detrimental to psychological and physical well-being (Tweed & Conway, 2006). Subsequently, people all over the world have found ways to cope with negative life events and emotions (Tweed & Conway, 2006). The coping strategy chosen may have implications for mental and physical health (Tweed & Conway, 2006). It is important to note that people from cultures with often vastly different understandings of suffering, adaptation, and the environment cope differently (Tweed & Conway, 2006). The participants in the study engaged in active behaviour, active cognitive, and avoidance behaviour coping strategies. Active behavioural strategies refer to external behaviour like problem-solving and seeking help (Braine & Wray, 2018). Active cognitive strategies refer to various internal processes including acceptance, finding inner strength and meaning, and religious beliefs (Braine & Wray, 2018). Avoidance-focused behaviour strategies include ignoring or avoiding and denial Braine & Wray, 2018). All of these strategies can be viewed as how an individual responds to a stressor (Braine & Wray, 2018).

Prowse et al. (2021) conducted a study to investigate the impact of the COVID-19 pandemic on post-secondary students' academic experience, social relationships, feelings of isolation, and mental health. They found that the pandemic had a more pronounced negative effect on female students'

academic performance, social isolation, stress, and mental health as compared to male students (Prowse et al., 2021). In the present study, there was no difference in the mental health experiences of males and females in our study. The participants used active behavioural strategies by focusing on improving their nutrition and physical activity. The youth shared their experiences of managing their mental health by following Health Canada guidelines, eating more nutritious food, supplementing their vitamins, and going for walks. On the contrary, they also engaged in avoidance-based coping strategies through sleep. Sleeping for longer periods is associated with a greater negative impact on academic performance, social relationships, stress, and mental health (Prowse et al., 2021).

Due to the collective trauma of the pandemic, there has been a significant rise in the use of technology (Garfin, 2020). People are consuming news, television, using social media apps, lifestyle apps for groceries, and engaging in home workouts (Garfin, 2020). Research has found that online platforms are designed to be addictive with the encouragement of endless scrolling (Garfin, 2020). Participants engaged in avoidance-focused behaviour coping strategies by using social media to ignore, distract and escape from reality. Within the findings of the present study, participants shared how they used television for distraction from the depressing nature of the pandemic. They also expressed using their phone to escape life and watch a show or a quick 15 second funny TikTok. Research has found that avoidance coping is linked to more depressive symptoms among community adults, college students, older adults, and cardiac patients (Holahan, Moos, Holahan, Brennan, & Schutte,

2005). In a study conducted by Holahan et al. (2005) researchers test a model of depressive symptoms integrating coping and stress generation models of depression over a ten-year period. They found that baseline avoidance coping was prospectively associated with more chronic and acute life stressors (Holahan et al., 2005). On the other hand, avoidance coping can be beneficial in some circumstances where an individual perceives to have limited control to alter outcomes of a situation (Carson & Polman, 2010). For example, avoidance coping may be important to athletes who experience serious injuries (Carson & Polman, 2010). Distraction coping allows them to engage in pleasant activities avoiding feelings of helplessness and reduced self-esteem (Carson & Polman, 2010). Social media can result in behavioural addictions with associations to increased anxiety, depression, and other mental health ailments (Garfin, 2020). The same coping strategy that participants are using to escape reality, can result in poorer mental health outcomes.

Culture is a way of perceiving the world based on a shared set of social beliefs (Wong, Wong, & Scott, 2006). In the coping process, the cultural context can influence an individual's appraisals and choice of coping strategies (Chun, Moos, & Cronkite, 2006). Somali-Canadians are predominantly Muslim and Islam influences their shared set of social beliefs. The interviews in our study were conducted during Ramadan - the holiest month for Muslims where Muslims fast to be more God-conscious. The participants engaged in active cognitive coping strategies to find inner strength and meaning through their religious beliefs. The theme of *Tawakkul,* the concept of placing trust in Allah, came up repeatedly in interviews. Participants expressed how they were not in

control and chose to leave God in control as he is the best of planners. They shared that by putting their faith in God they were accepting divine decree and maintaining hope through prayer. Research has found that religious coping can have a positive impact on mental health (Keshavarzi & Haque, 2013). In some instances, research has found religious coping to positively contribute to the mental health of people in stressful conditions as compared to other variables such as health status, social support, cognitive behavioural therapy, perceived control, and change control (Keshavarzi & Haque, 2013).

Research has shown that there is a link between physical activity and mental health (Faulkner et al., 2020). The benefits range from preventing the onset of depressive or anxious symptoms to minimizing the prognosis of certain conditions (Faulkner et al., 2020). Data collected during the pandemic suggests that Canadians are less likely to engage in physical activity as compared to sedentary activities as a coping mechanism for stress reduction (Faulkner et al., 2020). Participants in the present study shared how the pandemic negatively impacted their physical and mental health because they lost access to gyms and indoor facilities. They recounted losing the ability to run and muscle mass, as well as impacting their shape. Unsurprisingly, research has found that using physical activity as a coping mechanism is often more accessible to people who are younger, more educated and those of higher socioeconomic status (Faulkner et al., 2020). Individuals who can choose to engage in physical activity may have better access to physical activity and more time (Faulkner et al., 2020). In the case of our study, it was not a choice for participants to not

engage in physical activity but a result of a limited choice due to socioeconomic status which was influenced by their income level and precarious employment.

*4.3.3 Access*

Participants named that access to mental health services had positive and negative impacts on their health during the pandemic. This is due to the limited benefits of counselling, the cultural stigma associated with accessing care, and losing access to services.

Research has found that Muslim clients experience six barriers that contribute to the underutilization of mental health services (Keshavarzi & Haque, 2013). These barriers include mistrust of service providers, fear of treatment, fear of racism and discrimination, language barriers, differences in communication, and issues of culture and religion (Keshavarzi & Haque, 2013). There is limited research on the prevalence of mental illness in Muslim populations (Keshavarzi & Haque, 2013). However, Muslims often attribute mental illness toward demonic possession, known as "*Djinn*", consequences for past sins, being cursed by the evil eye, or separation from the divine (Keshavarzi & Haque, 2013). Due to these causal explanations, many Muslims turn to traditional non-clinical treatments such as Islamic faith healing (Keshavarzi & Haque, 2013). It is common for mental illness to be stigmatized in Somali culture and this causes people to experience self-stigma (Said, Boardman, & Kidd, 2021). Said et al. (2021) conducted a study to identify the perceived barriers to help-seeking for mental health for Somali-Australian women and found that the barriers included the influence of faith, stigma, mistrust of Western healthcare systems, and the denial of mental illness

reflected in community views on mental health. A participant in the present study detailed the mental health stigmatization in the Somali-Canadian community. She expressed that in Somali culture, people do not seek mental health care because they have their families and Allah to support them and deal with all of their worries. She mentioned that prayer is a spiritual practice that youth can turn to instead of mental health care services. In turning to a counsellor to deal with his mental health stressors, a participant in the present study found that he was given ideas that supported mental wellbeing and academic success. However, the lack of culturally competent care led to him conducting extra work to make the recommendations suitable to his needs. Euro-American psychology of stress and coping is inadequate when applied to cultures with different histories and dynamics (Wong, Wong, & Scott, 2006). When there are cultural differences, it is important that healthcare providers acknowledge these differences when providing care.

Access to support services including guidance counsellors may have been compromised in remote learning (Gallagher-Mackay et al., 2021). Somali-Canadian youth shared their experiences with losing access to mental health care services. Participants recounted their experiences of losing access to school-based counsellors early on in the pandemic due educational transitions. The Ontario COVID-19 Science Advisory Table is concerned with the lack of access to school-based health care services (Gallagher-Mackay et al., 2021). They found that important services including assessments, system navigation, access to information and referrals were impacted due to school closures. In addition to losing access to service providers, this poses a risk for physical and

mental health outcomes (Gallagher-Mackay et al., 2021). This is illustrated by the case of the participant in the present study who sought care despite the barriers and lost access to a coping strategy. Another young person from the present study shared that they requested a mental healthcare provider in 2019 and due to long wait times, they have not been connected. In Ontario, wait times for counselling and therapy are as long as 6 months to 1 year (Moroz, Moroz, & D'angelo, 2020). Some 12,000 children and youth are reported to be waiting over 2 years for services in Ontario (Moroz et al., 2020). These wait times are caused by an underfunding of community-based mental health care services and a reliance on last-resort services like the emergency department (Moroz et al., 2020). Considering the barriers that exist to seeking mental health care services for Somali-Canadian youth, unfortunately, inadequate services built without the consideration of intersectional identities are what is keeping young people from seeking mental health services.

### 4.4 Implications for Employers and Healthcare Providers

The findings from this study have surfaced recommendations for decision makers including employers and healthcare providers.

<u>Employers</u>

The pandemic has led to an economic catastrophe that will require years of economic and social rebuilding (Stanford, 2020). When discussing the employment impacts of the pandemic, Somali-Canadian youth in the present study shared how precarious employment impacts their life. These impacts included being laid off, receiving a reduction in hours, being exposed to unsafe

work environments, dealing with limited sector choices for employment and the use of social support.

The Centre for the Future of Work released a series of recommendations to ensure this recovery is rooted in improving the quality of work, safety, fairness, and sustainability (Stanford, 2020). These recommendations include calls to guarantee proper health and safety practices and equipment in workplaces, providing adequate paid sick leave and income security for workers, limiting precarious employment practices, and providing decent protection and support to workers, and ensuring the adequate structures of voice, representation and bargaining power of workers (Stanford, 2020).

Healthcare Providers

Despite Canada's national health care system that is largely free for users, healthcare access remains a problem (Cu, Meister, Lefebvre, & Ridde, 2021). The youth in the present study shared their difficulties in accessing a family doctor and mental healthcare services.

Levesque's Conceptual Framework for Healthcare Access is one of the most comprehensive and recent frameworks of healthcare access (Cu et al., 2021). The framework provides a multidimensional view of healthcare access in health systems with elements of approachability, acceptability, availability/accommodation, affordability, and appropriateness (Cu et al., 2021). The framework allows for an equal look into health systems and patients' perspectives concerning access (Cu et al., 2021). Researchers in a youth-led Canadian study sought to measure the impact of the COVID-19 pandemic on the mental health and well-being of marginalized youth to understand the

barriers they face in accessing mental health care services. (Mechmechia, 2021). The youth conducted this study because there is a current gap in the resources and services available to marginalized youth in Canada (Mechmechia, 2021). The study found barriers including inaccessibility, financial barriers, lack of cultural competency, ineffective treatment, and stigma (Mechmechia, 2021).

The practical implications that arose from this study, and support the challenges found in the present study as well, recommend service providers to increase the affordability and access of care, invest in ethnocultural services and providers and provide holistic support that acknowledges physical, environmental, and social factors (Mechmechia, 2021). These recommendations to healthcare providers are appropriate with a Social Determinants of Health framework because Levesque's framework and the youth-led Canadian study that is guiding these recommendations are acknowledging the inequalities in the distribution of the social determinants of health. Levesque's Framework accounts for the population's socioeconomic determinants resulting in the incorporation of five corresponding abilities of individuals and populations to perceive, seek, reach, pay, and engage in healthcare (Cu et al., 2021). Additionally, the youth-led study centred on the experiences of marginalized groups which were disproportionately impacted by the pandemic.

### 4.5 Policy Recommendations

In social determinants of health research, there is an emphasis placed on upstream change, also known as change within government and policy, as

an effective intervention point as compared to downstream changes that target communities and individuals (Carey & Crammond, 2015). This is important because the social determinants of health are affected by the organization of material and social resources amongst people in societies (Carey & Crammond, 2015). This is best addressed through government action (Carey & Crammond, 2015)

Education

Education and schooling in Ontario have faced disruptions due to the pandemic with schools in Ontario being closed longer than any other province or territory (Gallagher-Mackay et al., 2021). It is important to acknowledge that school closures and the pandemic have disproportionately impacted low-income families, racialized and Indigenous groups, newcomers, and people with disabilities (Gallagher-Mackay et al., 2021). Within the present research, it is clear that inequalities in educational outcomes are deepening and accelerating (Gallagher-Mackay et al., 2021). Ontario's Science Table (Gallagher-Mackay et al., 2021) has outlined international best practices including explicit education recovery strategies that include appropriate universal responses and targeted intensive accelerated learning programs for groups that have been disproportionately impacted by the health and education impacts of COVID-19 (Gallagher-Mackay et al., 2021). These recommendations are in line with the findings as participants are facing educational challenges. In practical terms, solutions will include funding extra academic support due to COVID-19, creating a tutoring fund for schools with demonstrated need, and committing extra days of schooling to support the

learning recovery (Gallagher-Mackay et al., 2021). These actions have been undertaken by the government of the Netherlands, the English government, and the US government respectively (Gallagher-Mackay et al., 2021).

Youth Employment

The economic and social impacts of the pandemic have the potential to create a lockdown generation of young people facing economic and social fallout in the upcoming decade, permanent income loss, poorer mental health, and a future likelihood of unemployment (Sultana & Stepic Lue, 2021). The YWCA and YMCA Canada proposed federal policy responses with an intersectional approach for the recovery and resiliency of youth called "Preventing A Lockdown Generation" (Sultana & Stepic Lue, 2021). These recommendations include increasing funding for the Youth Employment and Skills Strategy and ensuring youth have access to high-quality jobs and are prepared for the future of work (Sultana & Stepic Lue, 2021). Additionally, this should include targeted funding and support programs for youth facing additional and unique barriers and marginalization in the labour market, specifically young women and gender diverse youth, Black, Indigenous, and racialized youth, youth living with disabilities and newcomer youth (Sultana & Stepic Lue, 2021). Another recommendation suggests incorporating youth recruitment initiatives in national and subnational workforce strategies (Sultana & Stepic Lue, 2021). Furthermore, the Government of Canada can establish an employment and training youth guarantee policy for Canada that guarantees all young people in Canada under the age of 30 a quality offer of employment or education and training within 16 weeks of leaving their job or schooling (Sultana

& Stepic Lue, 2021). All of these recommendations would support the employment and health of Somali-Canadian youth living in Rexdale. These recommendations are in line with our findings which outlined the various economic impacts of precarious employment on Somali-Canadian youth living in Rexdale.

Invest in the Social Determinants of Health

CAMH (2020), Canada's largest mental health hospital, released a series of policy advice documents for the pandemic. They urge the government and decision-makers to invest in the social determinants of health (CAMH, 2020). Poverty is a longstanding issue that impacts many Canadians especially those with pre-existing mental illness and serious and complex mental illness (CAMH, 2020). Individuals living in poverty are less likely to participate in the labour force and have adequate housing (CAMH, 2020). Governments have been slow to act on poverty even though there are positive health and social outcomes alongside cost-effectiveness in addressing these social inequalities (CAMH, 2020). The government has proven that it can provide quick rent, income, and employment relief to those who are struggling during the pandemic (CAMH, 2020). CAMH recommends that Canada replace punitive and outdated income support programs that currently exist with a replacement basic income guarantee for unemployed people, low-wage workers and people who rely on social assistance programs (CAMH, 2020). Research indicates that basic income can improve social and health outcomes (CAMH, 2020).

Young people need access to housing that is safe and secure, this is a key social determinant of health (Sultana & Stepic Lue, 2021). Over 235,000

people experience homelessness in Canada every year (Sultana & Stepic Lue, 2021). Over 35,000 young people are included in this number with over one-third of young people experiencing homelessness in Ontario (Sultana & Stepic Lue, 2021). There is a housing unaffordability crisis in Canada with rising rent, a ballooning housing market and the increasing likelihood of youth being precariously employed (Sultana & Stepic Lue, 2021). Unfortunately, young people are also the first group to lose pay or be laid off (Sultana & Stepic Lue, 2021). During the pandemic, there were limited housing support measures in some provinces including rent relief, mortgage deferrals, and eviction moratoriums (Sultana & Stepic Lue, 2021). The YWCA and YMCA recommend that the government commit to eliminating chronic homelessness in Canada, provide appropriate resourcing to community-based organizations providing housing programming, services and supports, rapidly update existing safe and secure housing while building more housing for young people, implement an urban, rural and Northern Indigenous housing strategy, and expand the temporary rental assistance for low-income households (Sultana & Stepic Lue, 2021).

Social conditions that contribute to and exacerbate poor mental and physical health need to be addressed (CAMH, 2020). The impacts of structural racism, sex and gender inequality, social exclusion, loneliness, and poverty should be considered as efforts to improve mental health and physical health (CAMH, 2020). These policy solutions put forward by the Ontario Science Table, CAMH, YWCA and YMCA would create a positive impact on the health and future of Somali-Canadian youth living in Rexdale.

### 4.6 Limitations and Future Direction

The findings of this study are subject to some study limitations. There were methodological limitations, researcher limitations, and COVID-19 limitations.

In terms of methodological limitations, there was a lack of previous research studies conducted with second-generation Somali-Canadians. Research on the Somali-Canadian community focuses on the first-generation Somalis and their experiences of obstacles to integration (Jibril, 2011). The experiences of second-generation Somali-Canadians is overlooked in research (Jibril, 2011). The lack of available research created difficulty in contextualizing the findings beyond my interpretations. There is a significant portion of information coming from informal research reports led by community-serving organizations, news articles and graduate student theses. However, it's important to note that there is a tendency to view informal research conducted in the community as a non-credible academic source.

A potential researcher limitation is my identity as a Somali-Canadian researcher born and raised in Rexdale. The Somali-Canadian community is large but well connected. While I did not personally know my participants, I would not be surprised if there was only one degree of separation from the participants in the study. This could have impacted what information participants chose to disclose in the interviews. On the other hand, this could also be a benefit as my connection to Somali culture could lead to them feeling more comfortable sharing information during interviews.

The study was conducted during the COVID-19 pandemic. Recruitment and interviews were conducted online through social media and zoom, respectively. There is a digital divide in the city of Toronto where lower-income and older residents are more likely to not have access to or have slower internet (Andrey, Masoodi, Malli, & Dorkenoo, 2021). The nature of the pandemic limited in-person interviews and the ability to reach all youth within the neighbourhood. Especially if they did not have access to technology or the internet.

For future directions, I would encourage more research to be conducted on the second-generation Somali-Canadian youth and the intergenerational impact of poor resettlement on their lives. Furthermore, due to the mental health stigma in the community, I would encourage more research to be conducted on the barriers Somali-Canadian youth face in accessing mental health services.

### 4.7 Conclusion

The study aimed to explore how the COVID-19 pandemic impacts the employment and health of Somali-Canadian youth living in Rexdale. The employment impacts included precarious employment, unsafe working conditions, loss of significant income and financial difficulties during the pandemic. The physical health impacts encompassed riskier transit options, immunocompromised family members, increased exposure to the COVID-19 virus, and the lack of access to healthcare. The mental health impacts were negative due to financial worries, educational and interpersonal challenges, cultural stigma, and limited access to mental healthcare services. The coping strategies available to Somali-Canadian youth were impacted by their socioeconomic status, race, and religion. The study findings align with

recommendations for investments in the social determinants of health, including employment, healthcare, housing, income, and education, which would address the concerning social impacts on the physical and mental well-being of youth.

## REFERENCES

Aden, M., Issa, A., Rayale, S., & Abokor L. (2018). Another day, Another Janazah: An investigation into violence, homicide and Somali-Canadian youth in Ontario. *Youth Leaps*. https://static1.squarespace.com/static/56103920e4b0e1ea752b4c0b/t/5adfc485352f536ee589bd97/1524614283695/Another+Day_working_D3+%281%29.pdf

Andress, L., Hall, T., Davis, S., Levine, J., Cripps, K., & Guinn, D. (2020). Addressing power dynamics in community-engaged research partnerships. *Journal of patient-reported outcomes*, *4*(1), 1-8. https://jpro.springeropen.com/articles/10.1186/s41687-020-00191-z

Andrey, S., Masoodi, M.J., Malli, N., & Dorkenoo, S. (2021). Mapping Toronto's Digital Divide*. Ryerson Leadership Lab and Brookfield Institute for Innovation + Entrepreneurship*. https://www.ryersonleadlab.com/digital-divide

Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for?. *Child development perspectives*, *1*(2), 68-73. https://doi.org/10.1111/j.1750-8606.2007.00016.x

Bataineh, H., Devlin, R. A., & Barham, V. (2019). Social capital and having a regular family doctor: Evidence from longitudinal data. *Social Science & Medicine*, *220*, 421-429. https://doi.org/10.1016/j.socscimed.2018.12.003

Benach, J., Vives, A., Amable, M., Vanroelen, C., Tarafa, G., & Muntaner, C. (2014). Precarious employment: understanding an emerging social determinant of health. *Annual review of public health*, *35*, 229-253. https://doi.org/10.1146/annurev-publhealth-032013-182500

Berns-McGown, R. (2013). " I Am Canadian": Challenging Stereotypes about Young Somali Canadians. *Institute for Research on Public Policy.* https://irpp.org/research-studies/i-am-canadian/

Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied psychology*, *46*(1), 5-34. https://doi.org/10.1111/j.1464-0597.1997.tb01087.x

Block, S. (2021). Racialized and Indigenous workers are bearing the brunt of pandemic job loss. *The Monitor.* https://monitormag.ca/articles/racialized-and-indigenous-workers-are-bearing-the-brunt-of-pandemic-job-loss

Block, S., Galabuzi, G. E., & Tranjan, R. (2019). Canada's colour coded income inequality. *Canadian Centre for Policy Alternatives.* https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2019/12/Canada%27s%20Colour%20Coded%20Income%20Inequality.pdf

Brunet, S. (2020). Impact of the COVID-19 Pandemic on the NEET (Not in Employment, Education or Training) Indicator, March and April 2020. Education Indicators in Canada: Fact Sheet. *Statistics Canada*. https://eric.ed.gov/?id=ED609388

Canadian Federation of Students Ontario. (2015). *Free Post-Secondary Education: The case for eliminating tuition fees.* https://cfsontario.ca/wp-content/uploads/2017/07/Factsheet-FreeEducation.pdf

Canadian Federation of Students. (2018). *Education Justice*. https://cfs-fcee.ca/wp-content/uploads/2018/10/CFS-EducationJustice-Report-ENG-nobleed-1-1.pdf

Carey, G., & Crammond, B. (2015). Systems change for the social determinants of health. *BMC public health*, *15*(1), 1-10. https://doi.org/10.1186/s12889-015-1979-8

Carson, F., & Polman, R. C. J. (2010). The facilitative nature of avoidance coping within sports injury rehabilitation. *Scandinavian journal of medicine & science in sports*, *20*(2), 235-240. https://doi.org/10.1111/j.1600-0838.2009.00890.x

Centre for Addiction and Mental Health. (2020). *Mental Health in Canada: Covid-19 and Beyond CAMH Policy Advice*. https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/covid-and-mh-policy-paper-pdf.pdf

Chen, W. H., & Hou, F. (2019). *Intergenerational Education Mobility and Labour Market Outcomes: Variation among the Second Generation of Immigrants in Canada. Analytical Studies Branch Research Paper Series*. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/11f0019m/11f0019m2019006-eng.htm

Chioneso, N. A., Yusuf, M. A., & Elmi, S. M. (2019). Mending a Crack in the Sky: An Evolving Community Healing Case Study Among Somali Canadians. In *Frantz Fanon's Psychotherapeutic Approaches to Clinical Work* (pp. 229-253). Routledge.

Chun, C. A., Moos, R. H., & Cronkite, R. C. (2006). Culture: A fundamental context for the stress and coping paradigm. In *Handbook of multicultural perspectives on stress and coping* (pp. 29-53). Springer, Boston, MA.

City of Toronto. (2020). *Neighbourhood Improvement Area - Location and Population Characteristics*. www.toronto.ca/311/knowledgebase/kb/docs/articles/social-development,-finance-and-administration/social-policy-analysis-and-research/policy-development,-research-and-planning-analysis/neighbourhood-improvement-area-location-and-population-characteristics.html

City of Toronto. (2018). *Neighbourhood Improvement Area Profiles*. www.toronto.ca/city-government/data-research-maps/neighbourhoods-communities/nia-profiles/

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.

Cu, A., Meister, S., Lefebvre, B., & Ridde, V. (2021). Assessing healthcare access using the Levesque's conceptual framework–a scoping review. *International journal for equity in health*, *20*(1), 1-14. https://doi.org/10.1186/s12939-021-01416-3

Davidson, J., & Arim, R. (2019). *A Profile of Youth Not in Employment, Education or Training (NEET) in Canada, 2015 to 2017. Analytical Studies Branch Research Paper Series*. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/11f0019m/11f0019m2019020-eng.htm

Detsky, A. S., & Bogoch, I. I. (2020). COVID-19 in Canada: experience and response. *Jama*. https://jamanetwork.com/journals/jama/fullarticle/2769439

Etowa, J., & Hyman, I. (2021). Unpacking the health and social consequences of COVID-19 through a race, migration and gender lens. *Canadian Journal of Public Health*, 112(1), 8-11. https://doi.org/10.17269/s41997-020-00456-6

Faulkner, G., Rhodes, R. E., Vanderloo, L. M., Chulak-Bozer, T., O'Reilly, N., Ferguson, L., & Spence, J. C. (2020). Physical activity as a coping strategy for mental health due to the COVID-19 virus: a potential disconnect among Canadian adults?. *Frontiers in Communication*, *5*, 74. https://doi.org/10.3389/fcomm.2020.571833

Gallagher-Mackay, K., Srivastava, P., Underwood, K., Dhuey, E., McCready, L., Born, K., Maltsev, A., Perkhun, A., Steiner, R., Barrett, K., & Sander, B. (2021). COVID-19 and education disruption in Ontario: emerging evidence on impacts. https://doi.org/10.47326/ocsat.2021.02.34.1.0

Garfin, D. R. (2020). Technology as a coping tool during the COVID-19 pandemic: Implications and recommendations. *Stress and Health*. https://doi.org/10.1002/smi.2975

Gauci, M. G. (2019). WASP (Write a Scientific Paper): Interpretative phenomenological analysis: Its attraction and relevance to the medical field. *Early Human Development*, *133*, 52-56. https://doi.org/10.1016/j.earlhumdev.2019.03.012

Holahan, C. J., Moos, R. H., Holahan, C. K., Brennan, P. L., & Schutte, K. K. (2005). Stress generation, avoidance coping, and depressive symptoms: a 10-year model. *Journal of Consulting and Clinical Psychology*, *73*(4), 658. https://doi.org/10.1037/0022-006X.73.4.658

Hopkins, G. (2006). Somali community organizations in London and Toronto: Collaboration and effectiveness. *Journal of Refugee Studies*, *19*(3), 361-380. https://doi.org/10.1093/jrs/fel013

International Labour Office. (2020). Global Employment Trends for Youth 2020: Technology and the future of jobs. International labour office. http://hdl.voced.edu.au/10707/533065

Jibril, S. (2011). *"Cashberta:" Migration Experiences of Somali-Canadian Second Generation Youth in Canada*. [Master's thesis, York University]. https://yorkspace.library.yorku.ca/xmlui/handle/10315/13776

Keshavarzi, H., & Haque, A. (2013). Outlining a psychotherapy model for enhancing Muslim mental health within an Islamic context. *International Journal for the Psychology of Religion*, *23*(3), 230-249. https://doi.org/10.1080/10508619.2012.712000

Labonté, R., Cobbett, E., Orsini, M., Spitzer, D., Schrecker, T., & Ruckert, A. (2015). Globalization and the health of Canadians: 'Having a job is the most important thing'. *Globalization and health*, *11*(1), 1-16. https://doi.org/10.1186/s12992-015-0104-1

Liu, L., Miller, H. J., & Scheff, J. (2020). The impacts of COVID-19 pandemic on public transit demand in the United States. *Plos one*, *15*(11), 1-22. https://doi.org/10.1371/journal.pone.0242476

Loa, P., Hossain, S., Liu, Y., & Nurul Habib, K. (2021). How have ride-sourcing users adapted to the first wave of the COVID-19 pandemic? evidence from a survey-based study of the Greater Toronto Area. *Transportation Letters*, 1-10, 327-330. https://doi.org/10.1080/19427867.2021.1892938

Mahabir, D. F., O'Campo, P., Lofters, A., Shankardass, K., Salmon, C., & Muntaner, C. (2021). Classism and Everyday Racism as Experienced by Racialized Health Care Users: A Concept Mapping Study. *International Journal of Health Services*, *51*(3), 350-363. https://doi.org/10.1177/00207314211014782

Maheux, H., & Do, D. (2019). *Diversity of the Black Population in Canada: An Overview.* Statistics Canada. https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2019002-eng.htm

Matilla-Santander, N., Ahonen, E., Albin, M., Baron, S., Bolíbar, M., Bosmans, K., Burstrom, B., Cueervo, I., Davis, L., Gunn, V., Hakansta, C., Hemmingsson, T., Hogstedt, C., Jonsson, J., Juia, M., Kjellberg, K, Kreshpaj, B., Lewchuk, W., Muntaner, C., O'Campo, P., Orellana, C., Ostergren, P., Padrosa, E., Ruiz, M. E., Vanroelen, C., Vignola, E., Vves, A., Wegman, D., & Bodin, T. (2021). COVID-19 and Precarious Employment: Consequences of the Evolving Crisis. *International Journal of Health Services*, *51*(2), 226-228. https://doi.org/10.1177/0020731420986694

McKenzie, K. (2020). *Briefing to Standing Committee on Health: Canada's COVID-19 response.* https://www.wellesleyinstitute.com/wp-

content/uploads/2020/07/Briefing-to-Standing-Committee-on-Health-for-Wellesley-Website-1.pdf

Mechmechia, A. (2021). In This Together Preliminary Report 2021. *In This Together.* https://drive.google.com/file/d/1FM_Eb9Prj0LMQSRIe1NDAt0yxaeIWMdk/view

Mikkonen, J., & Raphael, D. (2010). S*ocial Determinants of Health: The Canadian Facts.* Library and Archives Canada Cataloguing in Publication.

Mo, G., Cukier, W., Atputharajah, A., Boase, M. I., & Hon, H. (2020). Differential impacts during COVID-19 in Canada: A look at diverse individuals and their businesses. *Canadian Public Policy*, *46*(S3), S261-S271. https://doi.org/10.3138/cpp.2020-072

Moroz, N., Moroz, I., & D'Angelo, M. S. (2020). Mental health services in Canada: barriers and cost-effective solutions to increase access. In *Healthcare Management Forum* (Vol. 33, No. 6, pp. 282-287). Sage CA: Los Angeles, CA: SAGE Publications.

Mullings, D. V., Morgan, A., & Quelleng, H. K. (2016). Canada the great white north where anti-black racism thrives: Kicking down the doors and exposing the realities. *Phylon (1960-)*, *53*(1), 20-41. https://www.jstor.org/stable/phylon1960.53.1.20

Murti, M., Achonu, C., Smith, B. T., Brown, K. A., Kim, J. H., Johnson, J., Ravindran, S., & Buchan, S. A. (2021). COVID-19 Workplace Outbreaks by Industry Sector and Their Associated Household Transmission, Ontario, Canada, January to June, 2020. *Journal of Occupational and Environmental Medicine*, *63*(7), 574-580. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8247533/

OECD (2015), *In It Together: Why Less Inequality Benefits All,* OECD Publishing, Paris. http://dx.doi.org/10.1787/9789264235120-en

Ontario Council of Agencies Serving Immigrants, OCASI. (2016). *Somali Refugee Resettlement in Canada* [Paper presentation]. 18th National Metropolis Conference on Getting Results: Migration, Opportunities, and Good Governance, Toronto, ON, Canada. https://ocasi.org/sites/default/files/OCASI_Presentation_Somali_Resettlement_Metropolis_2016.pdf

Ontario Ministry of Finance (2017). 2016 Census Highlights Fact Sheet. *Government of Ontario* https://www.fin.gov.on.ca/en/economy/demographics/census/cenhi16-9.pdf

Pillay, T., & Asadi, N. (2018). Creating educative spaces for second-generation Somali-Canadian youth through informal education. *Diaspora, Indigenous, and*

*Minority Education*, *12*(4), 201-213. https://doi.org/10.1080/15595692.2018.1506437

Pratt, B. (2019). Inclusion of marginalized groups and communities in global health research priority-setting. *Journal of Empirical Research on Human Research Ethics*, *14*(2), 169-181. https://doi.org/10.1177/1556264619833858

Prowse, R., Sherratt, F., Abizaid, A., Gabrys, R. L., Hellemans, K. G., Patterson, Z. R., & McQuaid, R. J. (2021). Coping With the COVID-19 Pandemic: Examining Gender Differences in Stress and Mental Health Among University Students. *Frontiers in Psychiatry*, *12*, 1-11. https://doi.org/10.3389/fpsyt.2021.650759

Public Health Agency of Canada. (2020). *Vulnerable populations and COVID-19.* Government of Canada. https://www.canada.ca/en/public-health/services/publications/diseases-conditions/vulnerable-populations-covid-19.html

Robson, C., & McCartan, K. (2016). *Real world research*. John Wiley & Sons.

Robson, J. (2020). Radical incrementalism and trust in the citizen: Income security in Canada in the time of COVID-19. *Canadian Public Policy*, *46*(S1), S1-S18. https://doi.org/10.3138/cpp.2020-080

Ruckert, A., & Labonté, R. (2014). The global financial crisis and health equity: early experiences from Canada. *Globalization and Health*, *10*(1), 1-10. https://doi.org/10.1186/1744-8603-10-2

Said, M., Boardman, G., & Kidd, S. (2021). Barriers to accessing mental health services in Somali-Australian women: a qualitative study. *International Journal of Mental Health Nursing*. 30(4), 931-938. https://doi.org/10.1111/inm.12846

Salam, Z., Nouvet, E., & Schwartz, L. (2021), Reflections of methodological and ethical challenges in conducting research during COVID-19 involving resettled refugee youth in Canada. *Journal of Medical Ethics.* 0, 1-5. Article. http://dx.doi.org/10.1136/medethics-2021-107291

Smith, J. A., & Osborn, M. (2008). *Chapter 4: Interpretative phenomenological analysis. Qualitative Psychology: A Practical Guide to Research Methods. Second Edition.* London: Sage Publications.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage Publications.

Solar, O., & Irwin, A. (2010). *A conceptual framework for action on the social determinants of health*. WHO Document Production Services. https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf

Stanford, J. (2020). 10 Ways the COVID-19 Pandemic Must Change Work for Good. *Centre for Future of Work.* *https://centreforfuturework.ca/wp-content/uploads/2020/06/10Ways_work_must_change.pdf*

Statistics Canada. (2020). Labour Force Survey, April 2020. *The Daily.* https://www150.statcan.gc.ca/n1/en/daily-quotidien/200508/dq200508a-eng.pdf?st=D13Ehk7g

Statistics Canada. (2020a). *The Consumer Price Index.* Labour Force Survey, September 2020 https://www150.statcan.gc.ca/n1/en/daily-quotidien/201009/dq201009a-eng.pdf?st=LKDsvxiJ

Statistics Canada. (2020b). Impact of the COVID-19 pandemic on the NEET (not in employment, education or training) indicator, March and April 2020 https://www150.statcan.gc.ca/n1/en/pub/81-599-x/81-599-x2020001-eng.pdf?st=_t-dZKwz

Statistics Canada. (2021). Study: A labour market snapshot of Black Canadians during the pandemic. https://www150.statcan.gc.ca/n1/en/daily-quotidien/210224/dq210224b-eng.pdf?st=KnhUrifv

Statistics Canada. 2017. *Canada [Country] and Canada [Country]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E

Strauss, K. (2017). Precarious work. *International Encyclopedia of Geography: People, the Earth, Environment and Technology*, 1-9. https://doi.org/10.1002/9781118786352.wbieg0718

Sultana, A. & Ravanera, C. (2020). A Feminist Economic Recovery Plan for Canada: Making the Economy Work for Everyone. The Institute for Gender and the Economy (GATE) and YWCA Canada. www.feministrecovery.ca

Sultana, A., & Stepic Lue, J. (2021). Preventing a Lockdown Generation - A plan to support Canada's youth in post-pandemic recovery. *YMCA Canada and YWCA Canada.* *https://static1.squarespace.com/static/60e72580e2125f3929162e29/t/611404a60b7d9d624d63b62f/1628701867181/Preventing+a+Lockdown+Generation+-+Final+Report+-+English.pdf*

Toronto District School Board. (2017). *Grade 9 Cohort Graduation Patterns, 2011-2016.* https://www.tdsb.on.ca/Portals/research/docs/reports/FS2%20Grade%209%20Cohort%20Grad%20Rate%20Patterns%202011-16%20FINAL.pdf

Tweed, R. G., & Conway, L. G. (2006). Coping strategies and culturally influenced beliefs about the world. In *Handbook of multicultural perspectives on stress and coping* (pp. 133-153). Springer, Boston, MA.

Vincent, D. (2018). Census Map Shows Black People Live in 'Segregated' Toronto, Professor Says. from: www.thestar.com/news/gta/2018/11/08/census-map-shows-black-people-live-in-segregated-toronto-professor-says.html

Wong, P. T., Wong, L. C., & Scott, C. (2006). Beyond stress and coping: The positive psychology of transformation. In *Handbook of multicultural perspectives on stress and coping* (pp. 1-26). Springer, Boston, MA.

World Health Organization. (2008). Commission on Social Determinants of Health-CSDH. https://www.who.int/teams/social-determinants-of-health/equity-and-health/commission-on-social-determinants-of-health

## APPENDIX A: INTERVIEW GUIDE

We are now going to get into the interview. Please remember that whatever you share with me stays with me and no one else will know. You do not need to answer any questions that you do not want. You can also end the study whenever you want. We are going to start by discussing COVID-19 and employment.

**COVID-19 and Employment**

1. Are you currently employed?
    - If so where are/were you working?
    - Are you working full-time or part-time?
2. How has COVID impacted your ability to work? Have you lost your job or reduced hours at all?
3. Did you lose any employee benefits ?
4. How did you find employment?
5. Did you receive CERB/CESB during the pandemic?
    - If so, did CERB/CESB make a difference? Was it helpful/enough?
6. If you lost your job, was your employer helpful?
7. Tell me about your current/previous job in detail?
    - How long have you kept your current/previous job and why did you choose this job?

Thank you for sharing with me. Do you want to take a break before I ask you about your health? Do you want to continue participating with the study?

**If participant does not wish to proceed with study**: I understand. Thank you for telling me this. I will end the interview. Please send me your consent form and I will also make sure to send your compensation.

**If participant wishes to take a break before continuing**: Take your time! I will be right here. Let me know when you're ready.

**If participant wishes to continue with the study without a break**: Thank you! Let us move onto the next set of questions.

**COVID-19 Health Impacts**

1. Are you or someone you live with or your family have immunocompromised?

2. Has your physical health been impacted by COVID-19?
3. Have you worried about paying rent, hydro, electric, internet phone bill, and/or grocery bills?
4. Do you have access to a vehicle, or do you use public transport?
5. Do you travel for errand (i.e., groceries, laundry), if so is it a walking distance or do you take transportation?
6. Do you have access to a family doctor during COVID-19?
7. How has COVID-19 impacted your mental health?
    - What would you describe your mental health as currently due to COVID-19?
    - How are you (coping) managing your mental health?
    - Are you seeing someone professionally for your mental health?

Thank you for sharing with me. Do you want to take a break before I ask you demographic questions? Do you want to continue participating with the study?

**If participant does not wish to proceed with study**: I understand. Thank you for telling me this. I will end the interview. Please send me your consent form and I will also make sure to send your compensation.

**If participant wishes to take a break before continuing**: Take your time! I will be right here. Let me know when you're ready.

**If participant wishes to continue with the study without a break**: Thank you! Let us move onto the next set of questions.

**Demographic Question**

1. How old are you?
2. What gender do you identify as?
3. Where were you born?
4. Do you live with your parent(s)/guardian(s)?

- If so, do they support you?

5. Are your parent(s)/guardian(s) currently employed?

- If so, where?

6. What is your parent(s)/guardian(s) highest level of education?
7. Are you currently in school?
8. What is your highest level of education?

**APPENDIX B: STUDY FLYER**

## APPENDIX C: CONSENT FORM

**Study Title:** How Has Covid-19 Impacted the Employment of Somali-Canadian Youth in Rexdale and What Are the Associated Health Implications?

**Investigators:**

**Local Principal Investigator:**
Dr. Bruce Newbold
Department of Geography & Earth Sciences
McMaster University Hamilton, ON, Canada
Hamilton, ON, Canada
alih11@mcmaster.ca
**(905)-525-9140 ext. 27948**
E-mail: newbold@mcmaster.ca

**Student Investigator:**
Habon Ali
Department of Global Health
McMaster University
**647-960-2756**
E-mail:

***What am I trying to discover?***

*You are invited to take part in this study on exploring how the COVID-19 pandemic has impacted the employment and health of Somali youth in Rexdale. I am looking to interview 10 youth aged 18 to 25, who are living in Rexdale and are a part of the Somali-Canadian community The study I am conducting is on understanding how COVID-19 has impacted the employment of Somali-Canadian youth in Rexdale and exploring the associated health implications. This research is being completed for my Master's thesis.*

***What will happen during the study?***

*If you are interested in this study and would like to participate, you will be interviewed one-on-one with me and online through Zoom for an hour. You will be allowed to pick any time for this interview that is convenient for you based on your personal schedule. With your permission, the interview will be digitally recorded (audio only).*

*In the interview, I will first ask you some questions about yourself. These questions include your age, gender, familial information, and educational history. I will then ask you to share information on your employment experiences during the pandemic. Followed by questions*

*asking you to share your health and how it has been impacted by the pandemic.*

***Are there any risks to doing this study?***

*There are minimal risks involved in the study. There is a potential for the interview to bring up emotional factors such as stress and/or anxiety. You are not obligated to answer any questions and can answer if you are comfortable. You are allowed to take a break at any time during the interview. You can stop the interview or withdraw consent at any point in the study.*

***Are there any benefits to doing this study?***

*The research will not benefit you directly. We hope to learn more about the experiences of Somali-Canadian youth living in Rexdale during the COVID-19 pandemic to learn more about employment and health during this time. This information in turn will made available to the general public including decision makers. Therefore, by participating in this study you might be helping your fellow community members.*

***Reimbursement***

*As a token of appreciation, you will receive $20.00 and I will sign off your community volunteer hours for your Ontario Secondary School Diploma, if necessary.*

***Confidentiality***

*We will protect your confidentiality and privacy to the best of our abilities. We will not publicly use your name or identifiable information. The information will only be seen by student investigator and research committee. The student investigator will be the only person who has access to the information you share. If we use quotes from your interview in the results of the study, your name or any identifiable information will not be shared. The audio interview files will be kept on a computer will be protected by a password. The interview will be transcribed by student investigator, and the recordings will be kept for referencing. The electronic transcript of your audio file will be kept in a locked folder separately from your consent form. Once the study is complete, an archive of the data, without identifying information, will be kept for 1 year. You are also allowed to participate if you are enrolled in other research during the time of this study.*

*This study will use the Zoom platform to collect data, which is an externally hosted cloud-based service. A link to their privacy policy is*

*available here: https://zoom.us/privacy. While the Hamilton Integrated Research Ethics Board has approved using the platform to collect data for this study, there is a small risk of a privacy breach for data collected on external servers.*

*If you are concerned about this, I would be happy to make alternative arrangements for you to participate, perhaps via telephone. Please talk to the student investigator, Habon Ali, if you have any concerns.*

***What if I change my mind about being in the study?***

*Your participation in this study is voluntary and confidential. It is your choice to be part of the study or not. If you decide to be part of the study, you can decide to stop, at any time, even after signing the consent form or part-way through the study. If you decide to withdraw, there will be no consequences to you. If you want to remove your interview data that has been already collected, you can contact Habon Ali at the email and phone number provided above before August 31, 2021.*

***How do I find out what was learned in this study?***

*I expect to have this study completed by approximately September 2021. If you would like a brief summary of the results, please let Habon Ali know how you would like it sent to you.*

***Questions about the Study***

*If you have questions or need more information, please contact Habon Ali at: 647-960-2756 or alih11@mcmaster.ca. Additionally, you can contact Dr. Bruce Newbold at newbold@mcmaster.ca*

*This study has been reviewed by the Hamilton Integrated Research Ethics Board (HiREB). The HiREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HiREB, at 905.521.2100 x 42013.*

*CONSENT*

*Participant:*

*I have read the preceding information thoroughly. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I agree to participate in this study. I understand that I will receive a signed copy of this form.*

| *Name* | *Signature* | *Date* |
|---|---|---|

*Person obtaining consent:*

*I have discussed this study in detail with the participant. I believe the participant understands what is involved in this study.*

| *Name, Role in Study* | *Signature* | *Date* |
|---|---|---|