**Supplementary Material: Table A2**

 ***Data extraction chart***

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| **Reference**  | **Purpose of article** | **Theoretical framework** | **Methodology and data collection**  | **Sample** | **Source Country** | **Destination country** | **Main results** |
| (Mcgregor, 2008) | To examine the way in which Zimbabwean professionals re-examine family life in a transnational context | Not specified | Qualitative;semi structured interviews | 37 black Zimbabwean Professionals (21 nurses, 16 teachers) both Shona and Ndebele living in London, South East and West Midlands who had children except 2 | Zimbabwe | United Kingdom | Parents highlighted the moral debates around raising children in the UK fuelled by everyday interactions with the British context created by the crisis in Zimbabwe, reality of exclusion of migrants in the UK, problems created by feminisation of employment, different gender norms and resulting high divorce rates  |
| (Nyemba & Chitiyo, 2018) | To learn about parental involvement practices by Zimbabwean immigrant mothers and how their practices build upon Epstein's (2002) parental involvement framework | Parental involvement framework | qualitative;in depth semi-structured interviews | 6 Zimbabwean immigrant mothers with children from grade K-12 residing in Cincinnati, Ohio | Zimbabwe | United States (Cincinnati, Ohio,) | Mothers revealed that parental involvement is important both at home and school. Their understanding of parental involvement was revealed in the following; emotional and social support, effectively communicating with teachers, assisting with homework, helping with classroom activities and workshops, participating in school decisions and community partnerships.  |
| (Makoni, 2013) | To explore the construction of gendered identities by analysing language use in response to men engaged in activities that , in normative gender discourses, are considered 'womens work' | Feminist Critical Discourse analysis | Qualitative; inter-discursive photographs/ photo elicitation techniques individual discussion | 3 couples (6 participants , both husband and wife) | Zimbabwe | United Kingdom | Household tasks represented femininity and upheld the African cultural value systems. Some women were reinforcing set norms about gender roles while others were contesting such. As men try to balance off maintaining masculine ideals and taking on childcare, male migrants experience a loss of identity as family providers, leading to a redefinition and reproduction of a ‘new’ patriarchal position within the household based on remembered significance. |
| (Stewart et al., 2015) | to examine challenges face by Sudanese and Zimbabwean refugee new parents in Canada | Not specified | mixed methods (ethnographic, quantitative);standardised questionnaires, semi-structured individual individuals | 72 participants, 36 Sudanese (19 females, 17 males), 36 Zim (24 females, 12 males)  | Zimbabwe, Sudan | Canada | Participants mentioned loneliness, isolation and migration related stress linked with new parenthood. Marital discord was reported due to assuming new gender roles. Some parents reported barriers to health services because of language barrier, time restrictions for family support, discrimination, prolonged family reunion process, cultural insensitive services and uncoordinated government services  |
| Benza & Liamputtong, 2017)  | to discuss the meanings and experiences of motherhood from the perspectives of Zimbabwean women living in Melbourne, Australia | Moral Career and Motherhood | qualitative;in-depth interviews, drawing and photo elicitation | 15 women | Zimbabwe | Australia (Greater Melbourne) | Mothers' defined motherhood differently apart from that motherhood had a significant meaning. Motherhood came with a sense of sacrifice for the children as they strive to be good mothers. Some expressed joy and pleasure while others found it burdensome in a new homeland. They expressed how cultural expectations of motherhood silenced them from sharing challenges for fear of being deemed a 'bad mother'. They cited unfamiliarity with the health system, bad treatment and perceived discrimination as challenges.  |
| (Williams et al., 2012) | to investigate African and African-Caribbean fathers' beliefs about fatherhood, health and preventive primary care services | Not specified | qualitative; focus group discussions (9) | 46 African and African Caribbean fathers above 18 years and English speaking  | African, Caribbean, Zimbabwe, Nigeria | United Kingdom  | Fathers placed fatherhood at the centre of their identity and they enacted these identities in a number of ways including caring for and protecting children. They mentioned the influence of spirituality, relationships with women, paid work and racism. They had concerns about their own health but they were primarily focused on maintaining and improving their children's well-being. They reported little or no interaction/awareness with primary care services. Fathers also acknowledged structural constraints such as racism which influenced their perceptions and access to local health services.  |
| (Stuart et al., 2010)  | to examine questions in families who are actively involved in negotiating the acculturation | Acculturation theory | qualitative; individual interviews | 39 interviews (16 pairs of 1 parent: 1 child; plus 5 parents and 2 children) |  Zimbabwe, Uganda, Iraq, Egypt, Morocco, Philippines and Burma | New Zealand | Parents and adolescents differed in their expectations across a number of domains (privacy, trust, relationships) and intergenerational conflict may be worsened by acculturation. 3 areas of consensus between the 2 include cultural maintenance, anti-social behaviour (smoking, drinking) and education. Family was seen as a supportive system |
| (Mupandawana & Cross, 2016) | to explore attitudes towards HPV vaccination among UK based African parents of daughters aged between 8 and 14 years | Not specified | descriptive qualitative;semi structured interviews | 5 mothers and 5 fathers  | Nigeria, Zimbabwe, Zambia, Kenya, South Africa | United Kingdom  | Parents were not aware of HPV vaccines, especially fathers. They generally accepted the vaccination but expressed fears of promiscuity, unknown side effects or infertility. Others had a denial of HPV; citing religion and good cultural upbringing as lowering their risk, they also perceived HPV and cervical cancer as a "white people" disease. Religious values and cultural norms also influenced decisions, with fathers being the ultimate decision maker.  |
| (Cook & Waite, 2016) | to investigate experiences of settlement and intergenerational relations | modernisation and acculturation | mixed qualitative ,methods;7 focus groups, 40 one to one interviews | 20 families(with 2 generations in each family) | Zimbabwe, Kenya, Somalia, Sudan | United Kingdom (Yorkshire Humber region) | Families highlighted 3 main areas of intergenerational change. Disjunctures in parenting practices and values between generations were worsened by being in a new country. Shifts in parenting upon migration included embracing new parenting approaches. They also noted transforming gender norms and expectations as they parent. Thirdly, parents emphasised transmission of culture, values and practices to sustain intergenerational bonds |
| (Williams et al., 2013) | To understand the ways that African Caribbean fatherhood is changing and the implications it has on health and social care  | Changing gender relations  | qualitative; 9 in-depth qualitative group interviews | 46 African Caribbean fathers | African, Carribbean, Zimbabwe, Nigeria | United Kingdom (City location) | Fathers talked about their migration process. They talked about fatherhood across different generations including the experiences of racism. They highlighted the influence they draw from their own fathers. They advocated a style of parenting centred on good communication. |
| Agbemenu et al., 2018a.  | To describe the experience of African mothers living in the United States Providing RHE to their daughters aged 10-14 years | Not specified | qualitative descriptive approach ;individual semi-structured interviews,  | 20 African mothers | Nigeria, Kenya, Guinea, Zambia, Liberia, South Sudan | United States of America | Mothers talked about the reproductive health education of their home countries , their communication with their daughters and highlighted changes due to moving to the United states |
| (Dune & Mapedzahama, 2017) | To understand how sexual health and well-being are constructed and communicated from their migrant parents' cultures and host 'cultures".  | Not specified | qualitative design;Focus groups (in both Shona and English) | 14 Shona Zimbabwean women (Purposive Sampling) | Zimbabwe | Australia (Adelaide) | Parents talked about various source of knowledge in communicating about sexual health and well-being. Some restrictions to imparting sexual knowledge, communication facilitators and message content issues we discussed by the mothers |
| Agbemenu et al., 2018b | To understand factors that influence how African migrant mothers living in the US provide RHE to their teenage daughters by examining the sexual myths and taboos the mothers grew up in | Not specified | qualitative descriptive approach;in-depth semi structured interviews  | 20 immigrant African mothers | Nigeria, Kenya, Guinea, Zambia, Liberia, South Sudan | United States of America | Mothers noted that discussing these issues was taboo and they had learnt a lot about sexual intercourse, pregnancy prevention or termination using non hormonal ingested substances through myths they were told growing up. Majority of the mothers did not believe the myths |
| (Dryden-Peterson, 2018) | To explore the types of family–school relationships that promote academic, socio-economic, and social and emotional well-being of black African immigrant children in the US. | Not specified | Qualitative;participant observation, in-depth interviews, review of documents (school surveys, standardised test scores, school newsletters) | 17 parents from each of the 2 schools ;24 long-time resident teachers/school administrators/community leaders | Liberia CameroonDR Congo KenyaSomalia GhanaEthiopia ZimbabweGuinea Bissau LiberiaNigeria | United States of America | Building relationships between black African immigrant parents and school staff was complicated by racial, socio-demographic, and residential differences. They argue that intersections between demographics and school culture are central, as related to the possibilities for relational power, which can allow parents and school staff to transcend persistent inequalities.  |