

***How do post migration stressors affect the mental health of Eritrean refugees and their socioeconomic integration in the Netherlands?***

***By***

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## **Preface**

The writing of this thesis is one of my proud achievements. My several years of working in a psychiatric hospital really paid off during this study because I was able to use myself in a therapeutic way while interacting and conducting the interviews with the refugees, which made me establish rapport easily with them and get enough information from them. I am happy about how the whole process of preparing and conducting the thesis worked out the way it did. The literature and journals that I studied and also the people I interviewed and developed friendship with during the whole process all became a treasured experience to me.

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I hope that you as a reader will enjoy my thesis.

Funmilayo Asolo.

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## **List of acronyms**

UNCHR: Office of the United Nations High Commissioner for Refugees

WHO: World health organisation.

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**Abstract.**

This study explores how post migration stressors influence the mental health and socioeconomic integration of the Eritrean refugees living in the Netherlands. The post migration stressors experienced by the refugees were explored with specific emphasis on influence of family and friends, language barrier, cultural differences and attitude of the local residents. The five Eritrean refugees were individually interviewed using semi-structured interviewing technique. The five interviews were analysed using content analysis approach.

The main findings of the study were that the Eritrean refugees living in the Netherlands are presently facing some post migration stressors which is affecting their mental health and their socioeconomic integration. Another main finding is the role aspirations plays in the lives of these refugees, their aspirations and resilience to achieve more for themselves .Based on the findings of this study, a holistic approach (which involves intervention and management of stressful experiences by different mental health practitioners) is proposed to address the different post migration stressors that the Eritrean refugees experience in the Netherlands, which will prevent mental health challenges or manage those already having any form of mental illness , and also help with their socioeconomic integration in the Netherlands.

*Keywords: refugees, post-migration stressors, mental health, socioeconomic integration.*

## Chapter 1

### Introduction

The inflow of refugees into the Netherlands has increased in recent time, peaking at 60,000 people who applied for protection in 2015; amongst these 60,000 people are refugees from Eritrea.

Between the year 2014 to 2016, 12,554 asylum applications were submitted by Eritreans, which makes this group of people the second largest refugees in the Netherlands. **(Marjan& Inge, 2017)**.Thousands of Eritreans fled Eritrea to avoid the government totalitarian regime and disrespect to the rule of law. There is a disregard for the liberty of its citizens and they do not have the freedom to practice their religious beliefs. (Bbcnews, 2017).Due to some of the challenges they face in their country ,some of these young Eritreans run away from their country to seek better opportunities in Europe, defying all odds to reach their destination.

When they get to their destination country (ies), they face several challenges. Many refugees face a number of barriers to socio-economic integration resulting from their experiences of flight, lack of knowledge of the language of the host country, isolation and separation from family members and physical and mental health problems relating to past trauma. Failure to address these functional barriers to integration can result in the marginalisation of refugees and can impact negatively on their mental health. Lack of access to the labour market during the initial period of arrival in a

country of asylum due to the long period of the asylum procedures, and also because of their low educational achievement can seriously hinder refugee integration in the long term. For this research, ideas from Hobfoll's conservation of resource theory will be used as a conceptual framework to analyse the relationship between resources and stress and how this will affect the mental health of the Eritrean refugees and also their socioeconomic integration. This research will show how the migration experiences of refugees are impacted by threats to loss of resources and lack of resources following the investment of resources. According to Hobfoll, resources such as personal, cultural, material and social resources have a great impact on the socioeconomic integration of refugees into the host society. (Hobfoll, 1989) The poor mental health of refugees can have a negative influence in their socioeconomic integration into their host country; also if refugees are poorly integrated into their host society, this could affect their mental health negatively which could lead to mental health problems. (Bakker, Dagevos & Engbersen, 2014).

This thesis is aimed to assess the role of mental health in the socioeconomic integration of Eritrean refugees, putting a focus on the influence of post-migration stressors and its effects on the mental health of refugees.

### ***1.1. Scientific relevance***

The literature points out that there are already some articles about the post-migration stressors and how it affects the mental health of refugees. Nevertheless, the already existing articles also show that there is still some unknown information about the Eritrean refugees and the role mental health plays in their socioeconomic integration; this is partly because of the language barrier and also due to the sensitivity of the issue of mental health problems. Related to this, there are still some concerns on how to help Eritrean refugees integrate better into the Dutch society, which will foster good mental health (Marjan & Inge, 2017), so my thesis will explore the post migration stressors that

the respondents identified during the interviews, and discuss how this affects their mental health and socioeconomic integration in the Netherlands. Another important influence to this research is that a lot of literature is written in Dutch, which is time consuming for non-Dutch speakers to translate from Dutch language to English language. Existing literature is mostly about the Syrians, Somali, Iraqi and Afghan, with very few English written literature or articles on the Eritrean refugees.

All this makes it very relevant to take a look at this issue to identify the role of mental health in fostering the socioeconomic integration of Eritrean refugees.

## ***1.2. Societal relevance***

With the growing number of Eritrean refugees and the high prevalence of mental disorder amongst this group of people in the Netherlands, there is need for proper integration of this group of people in order to reduce and/or manage the post migration stressors they face in the Netherlands. The focus of my research is to assess the role of mental health in fostering socioeconomic integration of the Eritrean refugee. From the review of some literature on post-migration stressors and socioeconomic integration, the role of mental health in socioeconomic integration was acknowledged, but not much was covered on the role of mental health and how post-migration stressors influence it. Bakker (2015) acknowledges the influence of migration stressors on the mental health and socioeconomic integration of Afghan, Somali, Iraqi and Syrian refugees, but there are no sufficient studies on the Eritrean refugees and also there were no examples of mental health intervention implemented to curb these stressors in the literature (Bakker, Dagevos& Engbersen, 2014). For my study, I will discuss the role of good mental health and how it fosters proper socioeconomic integration, and also discuss how the Dutch government can help refugees facing stressful experiences, by developing and implementing several mental health interventions such as psychotherapy with the refugees,(in order to explore and understand the feelings and behaviours and gain coping skills to be able to overcome the post-migration stressors),occupational therapy assessment(to help the refugees regain their independence, by assessing their strengths and

weaknesses) . A lot of research needs to be done to be able to help experts and social workers in this field of expertise, proffer some solutions on how to manage post-migration stressors.

Therefore, it is important to get to know more about the possible consequences of poor socioeconomic integration, so that, governments can give special attention to these group of people and formulate active integrative programs and mental health interventions that will help these refugees integrate better.

### ***1.3. Research objective***

The objective of this thesis is to examine the impact of post migration stressors on the mental health and the socioeconomic integration of the Eritrean refugees in the Netherlands. Nonetheless, there are not a lot of literatures or research on the Eritrean refugees and the role the mental health in fostering their socioeconomic integration in the Netherlands, so my thesis will contribute to this growing topic. This research will contain studies of five Eritrean refugees (two females and three males), living in the Netherlands. These cases will aim to extend the knowledge of the Eritrean refugees living in the Netherlands. The interplay of these aspects is important when designing effective policy measures for refugee socioeconomic integration in the Netherlands.

### ***1.4. Research question***

In order to be able to achieve the above-mentioned research objective, the main research question will be answered:

How does the mental health condition of Eritrean refugees in the Netherlands affect their socioeconomic integration and what is the role of post-migration stressors?

The main research question is divided into sub-questions. Answering the different sub-questions will help to find an answer to the main research question. The sub-questions are as follows:

- a) What is the current situation regarding the socioeconomic integration of Eritrean refugees in the Netherlands?
- b) What is the current mental health condition of these refugees?
- c) What are post-migration stressors and how can they affect the mental health of refugees?

### ***1.5. Structure of the thesis***

This thesis comprises five Chapters: 1) Introduction; 2) Literature Review; 3) Methodology, 4) Results; and 5) Discussion.

Chapter 1 begins with the above-presented overview of the thesis which describes the background of the study; the societal relevance, the scientific relevance of the study and also the structure of the thesis. Chapter 1 proceeds with a brief historical account of the current number of Eritrean refugees seeking protection in the Netherlands, also the Eritrean migration experiences from Eritrea to the Netherlands was discussed, followed by a discussion of the post-migration stressors the Eritrean refugees face while residing in the Netherlands and how this can affect their mental health and also their socioeconomic integration in the Dutch society.

Chapter 2 presents a detailed theoretical and empirical literature to demonstrate how Eritrean refugees face several post migration stressors and how it affects their mental health and also their socioeconomic integration in the Netherlands. Chapter 2 begins with an introduction to the literature on the Eritrean refugee, the political situation in Eritrea, the history of the Eritrean refugee's migration to the Netherlands and their current mental well-being in the Netherlands. Chapter 2 also introduces Hobfoll's theory of conservation of resources and how the loss of

resources or threat to resources can have a great impact on the socioeconomic integration of refugees into their host society.

Chapter 3 discusses the methodology used in carrying out this research project. First, an overview of the chapter is presented, and then the rationale for the chosen research methodology is presented in which data collection and analysis methods are discussed. The chapter goes on to describe the participants recruited in each phase of the study by displaying socio-demographic information tables for each participant group, along with discussions of inclusion criteria for each phase. Chapter 3 concludes with the description of the procedure for each phase - along with the lines of the recruitment process, data collection, and data analysis.

Chapter 4 presents the results of the analysis. It begins with a summary of the main findings arrived at as a result of the analysis. Chapter 4 then provides an overview of the structure used in presenting the findings, followed by the analysis of each phase in turn. Chapter 4 concludes with some reflexive observations revolving around the process and outcome of the study.

Chapter 5 begins with a discussion of the main findings in relation to the existing literature. This is then followed by an exploration of my contribution to the existing body of knowledge in terms of theory, practice, and research method.

Chapter 6 proceeds with a discussion of the limitations of this research, followed by suggestions for future research. Chapter 5 concludes with a summary of the conclusions arrived at as a result of carrying out this research project.

## Chapter 2

### Literature review

#### 2.1 The Eritrean refugee

According to UNCHR, a refugee is

*“A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries”.* (UNCHR, 2017).

Though the UNCHR statistics are based on this definition, the term ‘refugee’ is used for those whose application for asylum under the terms of the 1951 Refugee Convention has been approved. The 1951 Refugee Convention is the main international instrument that guides the refugee law. (UNCHR, 2017). The convention clearly defines who a refugee is, the type of protection the refugee will receive and also the assistance and social rights the refugee is entitled to. Refugee status entitles recipients to support services, including obtaining a social security card, school registration, medical evaluation, and Dutch language training. Due to rights refugees have to seek protection in any country, it has increased the number of asylum seekers and refugees in most European countries. The Netherlands is one of such countries presently experiencing the increase in asylum seekers from countries in the Mideast and Sub-Saharan Africa as a result of political unrest and the government totalitarian regime and disrespect to the rule of law. The inflow of refugees into the Netherlands increased, peaking at 60,000 people who applied for protection in 2015; amongst these 60,000 people are refugees from Eritrea. Between the year 2014 to 2016, 12,554 asylum applications were submitted by Eritreans, which makes this group of people the



second largest refugees in the Netherlands. Marjan & Gruijter, 2017). Amongst the Eritrean status holders, more than three-quarters are under 30 years of age, the majority are male and a relatively high proportion of these refugees are unaccompanied minor foreigners seeking protection away from the country Eritrea, of which twenty per cent of Eritrean immigrants live in a family setting, while half of them live alone. (Marjan & Gruijter, 2017). The Eritrean refugees being the second largest refugee group in the Netherlands are having challenges integrating into the Dutch society as a result of several post-migration stressors that will be discussed in this research. These group comprised of young people with high aspirations are a cause of concern to the municipalities they reside and also the people helping them in the Netherlands (Marjan.G & Inge R., 2017). The large cultural difference and the language barrier make it difficult at times for professionals and experts to work with this group of people, thereby making it difficult to understand them and proffer solutions to the challenges they face while trying to fully integrate into the Dutch society. Many Eritrean refugees neither speak fluent English nor Dutch but speak their local language which makes it difficult to research and understand this group of people. My research on the Eritrean refugees and how post-migration stressors affect their mental health and their socio-economic integration in the Netherlands, will contribute to the limited knowledge people working with them( such as researchers, students, mental health professional, Dutch residents and the municipalities they reside) have of this group and also encourage further research in this respect.

## **2.2. Target group.**

The focus on the Eritreans who are presently refugees living in the Netherlands, i.e. they have the refugee status is because of the growing number of young Eritrean refugees living in the Netherlands who are finding it difficult to fully integrate into the Dutch society. This has become a concern to municipalities they live in and the aid workers/welfare officers on their cases. This is due to challenges they face such as; the language barrier since most of these refugees do not speak Dutch

and/ fluent English, personnel working with them use an interpreter to communicate with them. (Marjan.G & Inge R., 2017). This group of people mostly in their most productive years less than 40 are finding it difficult to integrate socioeconomically into their new environment as a result of their limited educational achievement, language barrier, unemployment, separation from family and friends etc.

### **2.3 The Political situation in Eritrea**



Figure 1: Map of Eritrea

Source: <http://eritreanrefugees.org/eritrea-and-its-struggles/>

Eritrea is a country on the Red Sea in the Horn of Africa; it borders Ethiopia, Sudan and Djibouti. The population is about 4 Million people, and the resident population consist of both Christian and Muslims. Eritrea is widely referred to as “the North Korea of Africa” – due to the government’s enslavement, torture and murder of its own people, even as they suffer from malnourishment and economic destitution (Habeshia.A, 2011). The Eritrean government under President Isaias Afewerki continues to be responsible for repeated serious human right violations ,where Eritreans are subject to arbitrary arrest and harsh treatment in detention and there are no means that exist to challenge detention and other abuses. (<https://www.hrw.org/africa/eritrea>). The country is tightly closed and

largely impermeable by outsiders; independent journalism, foreign NGOs, freedom of speech, and oppositionist parties are banned, while brutal military conscription, political imprisonment, torture and death from abuse are widespread. Young people who do not go to high school are called up for their conscription when they have turned eighteen. Young men and women between ages eighteen to Forty are enlisted in the national duty of service to the State in Eritrea. Official compulsory military service is eighteen months, but in practice, there is compulsory military service. In addition to military service, there is a civil service in which Eritreans are assigned a social function, varying from official to miner which is in the country's interest i.e. they work for free or they are paid a meagre fee. (Marjan & Gruijter, 2017).

As a consequence, hundreds and thousands of refugees have fled the country in recent years. Those in quest of escaping are considered traitors and the Eritrean forces are ordered to shoot on sight any Eritreans attempting to leave the country. Several Eritreans flee their country every month in search of asylum protection, but often as they flee their problems are not resolved but might just be the beginning. During the journey, they face several challenging and dangerous situations such as; torture and extortion at the hands of their traffickers, pursuit by the Eritrean agents who wish to capture and kill them and also mass drowning in the Mediterranean Sea as they try to cross into Europe irregularly (Habeshia, 2011). The perilous journey to Europe is long and very fatal, where they flee through the Libya route to Europe by using boats to cross the Mediterranean Sea to Italy.

Nevertheless, in recent years, thousands of Eritreans have been able to escape despite the risky and challenging journey. These Eritreans are usually young, bright adults and also unaccompanied children who have limited understanding of the world and the risks that lie before them. Eritrea has become so uncomfortable and dangerous to live that these young people are willing to take a huge risk to escape the situation in their country (Marjan & Gruijter, 2017).

#### ***2.4. The history of Eritrean refugees' migration to the Netherlands***

The migration pattern of Eritrean refugees to the Netherlands can be classified into three migrations waves. The first migration wave between (1980-1998) had around 1,500 Eritrean refugees that arrived in the Netherlands to seek protection. This first wave of Eritrean migrants fled due to the war of independence from Ethiopia, this war was between Eritrea and Ethiopia. The independence was in favour of the Eritrean government. (Marjan & Inge, 2017). The largest group of Eritreans arrived the Netherlands between 1983-1991, the features of this first group is that they are reasonably well educated and have found their way in the Netherlands. (Pharos, 2018).

The political rifts in Eritrea's political landscape date back to the 1960s and are narrowly linked to the 30-year for independence. ([www.theguardian.com](http://www.theguardian.com)). The second wave of refugees from Eritrea came to the Netherlands between (1998-2010), where about 6,000 refugees fled for various political reasons, one of which is during the border conflicts between Eritrea and Ethiopia. And the third migration wave between (2014-2016), where 12,554 Eritrean refugees filed for their first asylum application in the Netherlands. Most of these refugees are under 30 years old and have many unaccompanied minor refugees who neither have a parent or a relative in the Netherlands. (Marjan & Inge, 2017). As at March 2017, a projected 14,000 Eritrean refugees are currently in the Netherlands, most of whom have very little educational achievements since most of these refugees are from the rural areas in Eritrea and also due to the prolonged time spent in the journey to Europe and due to the long time spent in the asylum centres. The route they take in recent times is very dangerous because of the different challenges they need to cross to get to their country of destination in Europe. Mostly, they go through the Ethiopia or Sudan border, a dangerous move that can get them killed or kidnapped by smugglers. Once they get to the Sudanese capital Khartoum, they then undertake the perilous journey to Libya, where many die as a result of starvation, dehydration or even during sandstorms. (Connell, 2014.). The most gruesome of the journey is the one from Libya to Europe, where hundreds of Eritrean pay smugglers to smuggle them into Europe, but most of these people rarely make it to Europe as hundreds of Eritreans drown in the

Mediterranean sea and the ones who survive this ordeal face the risk of being returned back to Ethiopia or if they are being given the refugee status they face several post migration stressors in their new environment which might impair their mental health. Some of these stressors are affecting the current Eritrean refugees living in the Netherlands which is also affecting their mental health.

### ***2.5. The current mental wellbeing of the Eritrean refugees living in the Netherlands***

Currently, the experts working with the Eritrean refugees observed that these group of people are suffering from psychosocial and health problems as a result of pre-migration and post-migration stressors (Marjan & Inge, 2017). The journey from Eritrea to Europe is a very risky one where so many of these refugees are abused and maimed, and some female refugees are sexually abused but they fail to discuss this due to the stigmatisation associated with this act. According to the experts and volunteers working with the Eritrean refugees, they discerned that this group of people experience and complain of several psychosocial complaints such as stress, worry, insomnia and unpleasant dreams and this could lead to dependence on alcohol which has been observed in this group of people presently residing in the Netherlands (Marjan & Inge, 2017). According to the report by Pharos expertise centrum, there is a higher risk of psychological complaints such as Post-traumatic stress disorder and depression than on average in the Netherlands for the Eritrean refugees (i.e. around 13-25% of the Eritrean refugees developed PTSD and /or depression). (Pharos, 2018).

### ***2.6. Post-migration stressors***

Post-migration stressors are experiences or situations that may affect refugee's integration into their host society. (Phillimore, 2011, Ryan et al. 2008). The process of uprooting one's life and adjusting to an unfamiliar physical and cultural environment poses significant social and interpersonal challenges for refugees in the new environment (Susan, Belinda & Angela, 2016). Social and interpersonal

challenges experienced by the refugees as a result of forced displacement have negative consequences which can result to family separation, social isolation, and discrimination from the host country, loss of social identity tied with the former community with cultural groups. Recent work has verified that post-migration stress significantly influences the emotional well-being of refugees, and often provides a risk similar to or greater than war-related trauma (Schweitzer, Greenslade & Kagee, 2007). Refugees have experienced several significant stressors as a result of the traumatic experiences faced back in their country, while in transit and also as a result of the stress of adjusting to their new environment. However, early studies show that post-migration stressor also contributes to poor mental health in refugees (Beiser, 1999). Current studies also confirm that post-migration stressors can notably result in psychopathology in refugees. (Haslam, 2005). Post-migration stressors such as cultural and religious losses, loss of social support, identity confusion, acculturation, cultural adjustment, inadequate housing facilities, restriction to labour market, language barrier, separation from family members and friends, social isolation, loss of important life projects, a lack of environment mastery, loss of valued societal role etc., (Keyes & Kane, 2004) can make this group of people vulnerable which could increase their chances of having a mental breakdown. (Bhugra & Becker, 2005).

These stressors have a negative influence on the mental health of the Eritrean refugees, due to the severe painful experiences during their relocation stages, i.e. their pre-migration experiences and while in transit experiences. Post-migration issues not only cause distress but also contribute to psychopathology (mental ill-health) seen in the Eritrean refugees. The support offered to the Eritrean group is inadequate and the compulsory civic integration course does not offer them the full tools they need to effectively integrate into the Dutch society (Marjan & Inge, 2017). The language barrier makes it difficult to communicate their needs to the agencies, and they have to communicate through a third party and this makes the Eritrean refugees feel they are easily misunderstood. They get easily bored and lonely due to the language barrier and it affects their interaction with the Dutch residents. Separation from family represents a significant barrier to positive psychological outcomes

in refugees, and this is one of the factors affecting their integration into the Dutch society. Research shows that concerns and fear about family member left in their country are linked with anxiety and somatization in the Eritrean refugees , and this can be remedied when the Eritrean refugees are reunified with their immediate family members in their host country (Schweitzer , Melville , Steel & Lacherez , 2006). A study on Iraqi refugees residing in Australia revealed that those separated from their immediate family members had a greater chance of having a mental health-related disability compared to those who were not separated from immediate family members. If these stressors are left unchecked and unattended too, they can lead to unpleasant situations such as social isolation, anxiety disorder, depression, insufficient sleep, decreased work performance and decreased feelings of total wellbeing alongside with psychosomatic illness. (Parker & McEvoy, 1993, Wei et al., 2007).

## **2.7. Mental health**

*According to WHO, "Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community". (WHO, 2014).*

Mental health includes the emotional, psychological and social well-being which could affect thoughts, feelings and actions. Mental health determines the way people respond to stressful situations, interpersonal relationships with other people, and making life choices. The stressful experiences encountered by the Eritrean refugees from their home-country, while in transit and in their host society can impair the mental health which could lead to disorders such as depression, substance abuse and psychosis (Wessel, 2014). The possible build-up of psychological distress and stressful life experiences amongst the Eritrean refugees might also be further worsened by undiagnosed mental health problems or delayed mental health care utilisation. (Bolton, 2009).

## ***2.8. Post-migration stressors and mental health of the Eritrean refugee***

According to the study by Schweitzer, Melville, Steel, & Lacherez (2006), they discovered that most post migration stressors can lead to increase psychological distress, which can cause mental illness, and this will affect the Eritrean refugee's socioeconomic integration in the Netherlands. (Schweitzer, Greenslade & Kagee, 2007). Porter and Haslam found that refugees whose country of origin prolonged the on-going conflict had worse mental health outcomes compared to if the country's conflict had been resolved (Porter & Haslam, 2005). Also, Steel found out in his studies that the political terror ranking of the country of origin of the refugees was an important predictor of mental health disabilities amongst refugees (Steel, Chey, Silove, Marnane, Bryant, Van Ommere, 2009). Post-migration experiences are relevant predictors of the Eritrean refugee's mental health; this is to understand the psychological effects of these on the refugees' experiences (Susan, Belinda & Angela, 2016). Apart from these post-migrations stressors as a predictor of the mental health of the Eritrean refugees, underutilisation or lack of access to mental health care can be a precipitating factor to mental health disability (Bolton, 2009). Several factors can contribute to the underutilisation or lack of access to mental health care in this group; due to difficulties to be able to assess their mental health state as a result of the language barrier and lack of health insurance to cover their health care cost. Apart from this, some refugees might underreport some of the symptoms they feel that could diagnose them for mental illness due to their traditional health beliefs or religious practices which could differ from medical or psychiatry approach thereby leading to undiagnosed mental illness. (Bolton, 2009).

Also, the refugees might express psychological pains or distress in different ways, maybe by internalising their emotions due to the sensitivity of mental illness or by expressing themselves in a way that is not in line with the social background of the psychiatrist which could lead to misdiagnosed mental illness. (Phan, 2000). The Eritreans are religious, and it plays an important role



in their lives, and they practice their religious rituals as a solution to their health problems which could influence their decision to seek medical help, especially mental health care as a result of their religious beliefs. (Marjan & Inge, 2017). Although religion can be a source of psychological support for them, as it helps them to hope for the best and helps them to stay on the right path.

### ***Untreated or undiagnosed mental illness.***

It is important that mental illness is well diagnosed and treated appropriately in the Eritrean refugee's group, in order to make their integration into the Netherlands easy and also to maximise their full potential. Nevertheless, access to culturally fashioned psychiatric care for the Eritrean refugees is often an obstacle to the initiation and full optimisation of their treatment, and this makes the mental illness diagnosed or observed to be untreated. (Wessel, 2014). Any minor mental illness that is undiagnosed or untreated can lead to the refugees exhibiting deviant behaviours such as substance abuse, unruly behaviour and all another social unaccepted behaviour which could evoke police involvement, thereby leading to legal concerns or institutionalisation (Wessel, 2014). This not only affects their socioeconomic integration, but it also initiates discrimination or prejudice against the Eritrean refugees in the Netherlands. So the early correct diagnosis of mental illness in the Eritrean refugees is important to relieve the symptoms the refugees have, and also help the refugees increase their optimal functioning in the Netherlands.

### ***Culture, religion and mental illness***

Religion plays an important role in the lives of many individuals. Fifty-eight percent of respondents to a recent poll reported that religion is very important in their lives, and 23% reported that it is fairly important. (Gallup, 2013). Membership of a particular religion or faith may greatly affect a person's views on the meaning of life and death. (Blake, 2007), such as making medical decisions for themselves, including the refusal of potentially life-saving medical treatment. Many members of the Eritrean refugee community are religious people, and it plays a big role in their medication conditions such as; the diagnosis of an illness (both physical and mentally) and the treatment of

Eritrean refugees with mental illness. (Marjan & Inge, 2017). Also, the different cultural background of the Eritrean refugees and the Dutch medical system can be a form of hindrance to the utilisation of the mental health care. So the mental health care team need to consider the cultural norms and beliefs of the Eritrean refugees while assessing and treating them so that they can get the appropriate treatment in line with their cultural beliefs and religion.

### ***Loneliness and boredom***

Most times the Eritrean refugees feel lonely and bored as a result of the isolation (few close friends and no family members) different culture, social exclusion, self-doubt due to the new culture and environment that is different from their country, language barrier since most of the Eritrean refugees neither speak fluent English or Dutch, the impact of the government policies and discrimination connected to the Eritrean refugees. All of this can lead to loneliness and boredom which could negatively affect the mental health of the Eritrean refugees. (Power, Hannigan, Carney, Lawlor, 2017).

### ***Amotivation***

Motivation involves the biological, emotional, social, and cognitive forces that activate behaviour, lack of motivation makes it difficult to carry out activities or task and this can affect all aspect of life or just certain parts. (Cherry, 2017). This can be as a result of the post-migration stressors which might make the Eritrean refugees feel 'unmotivated' to carry out certain task or activities which could help with their socioeconomic integration. 'Amotivation' could be as a result of difficulties adjusting to their new environment which could impair their mental health negatively and this will affect their socioeconomic integration in the Netherlands.

***Low self-esteem***

Self-esteem is used to define a person's overall sense of self-worth or personal value, this means how much an individual appreciates and like himself/herself. (Cherry, 2017). Due to the traumatic experiences of the Eritrean refugees such as loss of cultural identity, loss of personal resources etc. , this can affect the self-worth of this group of people or personal value they place on themselves. This can affect their interaction with the local Dutch residents in the Netherlands and might lead to social withdrawal and isolation. If low self-esteem is left unattended to for a while, it can impair the mental health of the Eritrean refugees which could affect their socioeconomic integration in the Netherlands.

Closer examination of the underlying mechanisms that influence the relationship between post-migration stressors and refugee mental health would be useful to inform policy and interventions that promote better psychological functioning among the Eritrean refugees resident in the Netherlands. To manage the rate of mental ill-health in the Eritrean refugees, professional intervention should focus more on early diagnose and early intervention in order to reduce the negative cost of late diagnosis.

***2.9.Socioeconomic integration***

According to Engbersen (2003), socioeconomic integration is understood as the degree to which migrants participate in key societal institutions, such as the labour and housing market, the educational system and the political sphere (Bakker, Dagevos& Engbersen. 2014). The refugees' access to the labour market is viewed as a crucial indicator of integration. Unemployment rates are higher in refugees compared to host country populations (Krahn, Derwing, Mulder & Wilkinson, 2000),and they are often underemployed(i.e. employed in positions below their educational qualification and training or skills set).The refugees may face several barriers to labour market

participation as a result of visa restrictions, poor language skills, unaccepted educational qualifications from their home country due to the resettlement country not recognising such qualifications, discriminations, lack of vocational skills and psychological and physical limitations (Fozdar & Torezani, 2008). Research indicates that refugees with limitation or restriction to access economic opportunities, as a result of limitations to workers rights and employment prospects have worse mental health consequences compared to those with higher access to economic prospects. (Porter & Haslam, 2005).

### ***2.10. The Eritrean refugees and their socioeconomic integration in the Netherlands.***

Socioeconomic factors such as access to the labour market, financial security, visa restrictions, access to housing, language proficiency are related to the mental well-being of the refugees (Porter & Haslam, 2005). Most especially refugees' access to the labour market is viewed as a crucial indicator of integration.

The third Wave of Eritrean refugees who are presently living in the Netherlands are young people who are finding it difficult to fully integrate into the Dutch society. This has become a source of concern to municipalities they live in and the aid workers/welfare officers working with them. This is due to challenges they face such as; the language barrier since most of these refugees do not speak Dutch and/ fluent English, personnel working with them use an interpreter to communicate with them. This group of young people mostly in their most productive years are finding it difficult to integrate socioeconomically into their new environment as a result of their limited educational achievement, language barrier, unemployment, separation from family and friends etc. (Marjan & Inge, 2017). Also, the residential facilities provided for them are mostly in remote areas such as villages or small towns where they have little connections, and this always limits their chances of meeting other people from different countries. The study conducted by Marjan de Gruijter & Inge Razenberg (2017) observed that Eritrean refugees living outside the city feel trapped and less satisfied with their location (Marjan & Inge, 2017). Most of this refugees feel segregated living in

such small towns and villages because the environment is boring and they mostly travel a long distance to access amenities such as the language lesson, the church or shops, and also people from their country, thereby reducing their chances of properly integrating in the Netherlands. (Marjan & Inge, 2017).

Similarly, the Dutch bureaucracy is a bit complicated for these refugees, because they have little access to the information they need pertaining to how to arrange for all the necessary matters relating to their socioeconomic integration in the Netherlands, such as how to register for the health insurance, how to register to be able to access healthcare, housing allowance etc. also they receive little help from people due to the language barrier (Connell, 2014).

Most Eritrean refugees, however, need (a lot) more help and support than they currently receive. This is partly because the systems in the Netherlands are far different from what they are used to from home (Marjan & Inge, 2017). The major cultural differences between the Netherlands and Eritrea have an effect on the integration probabilities of the Eritrean status holder. Due to the limited knowledge the experts and the volunteers working with the Eritrean refugees have of them, they are unable to work thoroughly with these refugees and this makes them feel that other refugees with different race are given preferential treatment unlike like them (Marjan & Inge, 2017). The Eritrean refugees feel misunderstood and belittled by the authorities due to the slow and delayed responses they get from their request. Apart from the language barrier hindering their integration into the society, the separation from loved ones is one factor that is affecting the Eritrean refugees.

The daily lives of the Eritrean refugees are subjected to concerns about their loved ones who are left behind. Most of these refugees have loved ones back home or in the Ethiopian refugee camp, and they need to send money back to their family and also fight for family reunification with their family members. The duration of the family reunification is quite lengthy and stressful which can be mentally draining for these refugees. Sometimes, some applications are not successful thereby

leading to the reapplication and can be a form of distraction to the refugees which can affect their integration (Fozdar & Torezani, 2008). A material resource such as money can be a source of worry to them due to the fact that they have to send money back home to their family members in Eritrea and settle the huge debt they incurred while travelling to the Netherlands. And since some of them do not have a job yet, they are dependent on the benefits they receive from the government which might be enough to sustain the refugees alone. In addition, there are major risks of rising debts in the Netherlands, due to unfamiliarity with the working methods of Dutch institutions and the lack of budget skills (Marjan & Inge, 2017). The Eritreans desire to work and earn money quickly in order not to be too dependent on agencies for social benefits, because to them 'wealth' means physical and mental health, and working in the Netherlands will help them achieve this 'wealth', and encourage them explore the integration opportunities available to them in the Netherlands. (Marjan & Inge, 2017). Also working in the Netherlands helps with their self-esteem that they might have lost due to the pre-migration stressors and in transit experiences back home. To make the Eritrean refugees integrate properly into their new environment, more support and help should be made available to them. They should be immediately registered with a doctor and the mental health professors who will be able to diagnose early any form of psychopathology (mental illness) that can hinder the full participation or integration of the Eritrean refugees in the Netherlands. This will help ease the challenges of fully integrating them in the long run.

### ***2.11. Hobfoll conservation of Resources theory***

Hobfoll explained stress from resource's perspective. From his point of view, stress is created for the lack of resources and for the failure of expected outcome from the investment, and these resources have the great impact on the socio-economic integration of refugees (Hobfoll, 2001).

Hobfoll identifies four kinds of resources whose loss or gain can lead to stress or positive well-being in individual, they are,

***Objective resources***

These resources are physical in nature, examples are shelter/place of residence. Objects resources such as shelter are very important in the socioeconomic integration of the Eritrean refugees because most of these refugees live in small towns and villages which are far away from cities thereby limiting or slowing down their socioeconomic integration in the Dutch society which can become a stressful situation for them.

***Conditions resources***

Example of this is marriage, seniority, tenure and all social institution, this resource is sought after because the social role in the society is able to increase people's stress resistance capacity. (Hobfoll, 1989). Due to separation from family members and the long process of family reunification procedure in the Netherlands, the Eritrean refugees are unable to have this resource and this can increase their stress-level thereby leading to mental illness.

***Personal characteristics***

This resources aid stress resistance in the individual, the personal orientation to the world and situation can create a resistance to stress. In the case of the Eritrean refugees, they are strong-willed and positive people despite the challenges and difficulties they faced while in Eritrea and in transit. (Marjan & Inge, 2017). But in a situation where they do not understand the policies that govern the Dutch government as a result of not being adequately informed, this can affect their personal characteristics in a negative way, leading to stress.

***Energies***

This includes such resources as time, money, and knowledge. The unavailability of these resources can lead to stress and thereby affect their mental health negatively. Financial capacity is important and insufficient or lack of it can lead to frustration and stress. (Hobfoll, 1989).

In order to integrate into the host society refugees have to (re)gain these resources but if refugees fail to regain then it creates a negative impact on their post-migration experience. After that, it hampers their mental health which impedes their socio-economic integration.

The Hobfoll's theory of conservation of resource will be used as a theoretical framework for this study, in order to provide a blueprint for the research. The theory reflects the belief that stress is a major factor affecting people's lives, which is closely linked with mental health (mental wellbeing) and is probably linked to many problems with physical wellbeing. (Hobfoll, 1989). Before explaining the various concepts I first provide a definition of the three main concepts of this study which are: post migration stressors, mental health and socioeconomic integration. Finally, this chapter concludes with a conceptual model combining all the concepts into one picture.

## ***2.12. Operationalisation of concepts***

### ***Post-migration stressors.***

Post-migration stressors are the unexpected experiences people (migrants, refugees etc.) encounter in their host country (Bakker, 2015). Post-migration stressors such as language barrier, visa restrictions, physical obstacles, housing insecurities, unemployment, unrecognised educational qualification can stand as a form of barrier that affects the effective integration of refugees into their host countries (Li, Liddell & Nickerson, 2016). The Post-migration stressors have a significant impact on mental health of the refugees, and stressful situations can affect their mental health which could lead to the poor socioeconomic integration of the refugees in their host country. (McColl, McKenzie, & Bhui, 2008). According to Ryan et al. (2008), there is a research gap on the post-migration effects on the mental health of refugees, due to this reason, I have decided to focus on post-migration effect in my thesis and give a brief description of its consequences.



## ***Mental health***

Mental health is not merely the absence of psychopathology, but the presence of sufficient levels of emotional, psychological, and social well-being (WHO, 1948; Keyes, 2009).

It is interesting to see that a majority of researchers in the field of mental health prefers to study the negative aspects of it, rather than the positive aspects of psychological well-being, like feelings of health and happiness. This might be partly caused by the dominance of a medical approach in psychology and psychiatry (Sederel, 2016). A sound and stable mental health mean “each time an individual meets a challenge, the system of challenges and resources comes into a state of imbalance, as the individual is forced to adapt his or her resources to meet this particular challenge”. (Sederel, 2016). This means an individual has the required resources such as psychological, social and physical resources to meet any kind of challenge(s) faced with. While a poor mental health means when the challenges are faced by an individual is more than the resources. A stressful situation such as post-migration stress being experienced by the refugees can lead to the poor mental health. According to Hobfoll (1989), he defines stress as a reaction to the environment in which there is

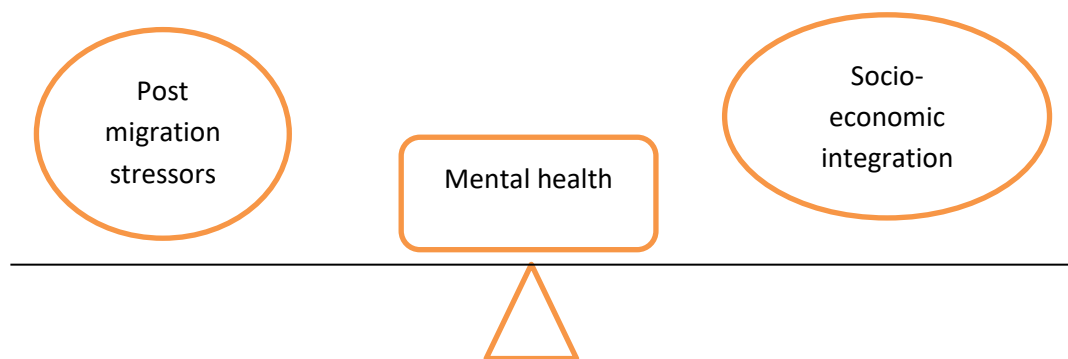
i) The threat of a net loss of resources.

ii) The net loss of resources

iii) Lack of resource gain following the investment of resources.

These factors identified above can lead to stressful experiences, especially when the ability to recover lost resources is limited or not visible. According to Hobfoll, the actual loss of resources, perceived loss and also the inability to regain these resources, can produce stress in individuals. (Hobfoll, 1989). To understand resources, Hobfoll describes resources as those objects that are dear to us, our personal characteristics or personality traits, and condition, also personal drives or self-motivation that serves as a means of achieving these resources mentioned. (Hobfoll, 1989). Some

examples of these resources are mastery, self-esteem, learned resourcefulness, socioeconomic status, and employment. (Hobfoll, 1989).



**Figure 2: Mental health the balance between post migration stressors and socioeconomic integration.**

The model of conservation of resources states what individuals do when confronted with stress and when not confronted with a stressful situation. When individuals are confronted with stressors, they attempt to develop resources in excess in order to offset the possibility of a future loss. (Hobfoll, 1989). According to Hobfoll (1989), people experience positive wellbeing both mentally and physically when they develop excess resources in their society. However, when individuals are ill-equipped to gain resources, they are likely to be at risk of failing and this could result in negative wellbeing i.e. mental illness. (Hobfoll, 1989). The post-migration stressors the Eritrean refugees face in the Netherlands is a good example of this, as a result of their limited knowledge or not well prepared for their socioeconomic integration in the Netherlands, they are at risk of failing and this can lead to negative wellbeing such as mental illness that Hobfoll (1989) identified in the theory of conservation of resources.

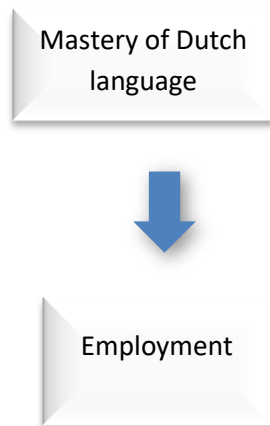
***Socioeconomic integration.***

Socioeconomic integration is defined as the degree to which refugees participate in a new society, whereby their participation on the labour market is viewed as a crucial indicator of integration (Snel, Engbersen & Leerkes, 2006; Vermeulen & Penninx, 2000). After receiving their status in the host country, refugees sometimes face difficulties to find a job according to their educational or mental capability. Lack of training, networking and labour market integration support are the barriers for them to contribute to the labour market in their host countries (Desiderio, 2016).

Employment has been steadily recognised as an important factor concerning a refugee's mental health and socioeconomic integration, thus it promotes economic independence in the refugees, meeting other people both local and international residents in their host country, providing them with the opportunity to develop their language skills, restore or improve self-esteem, and overall well-being of the refugees. (Bloch 1999; Tomlinson & Egan 2002). Employment constitutes perhaps the most researched area of integration (Castles et al. 2002). The significance of employment for refugees' mental health is confirmed by Warfa et. Al (2012), while comparing the migration experiences of Somali refugees integrating into London (UK) and in Minneapolis (USA). They found that being employed is a key determinant of refugees' stable mental health.

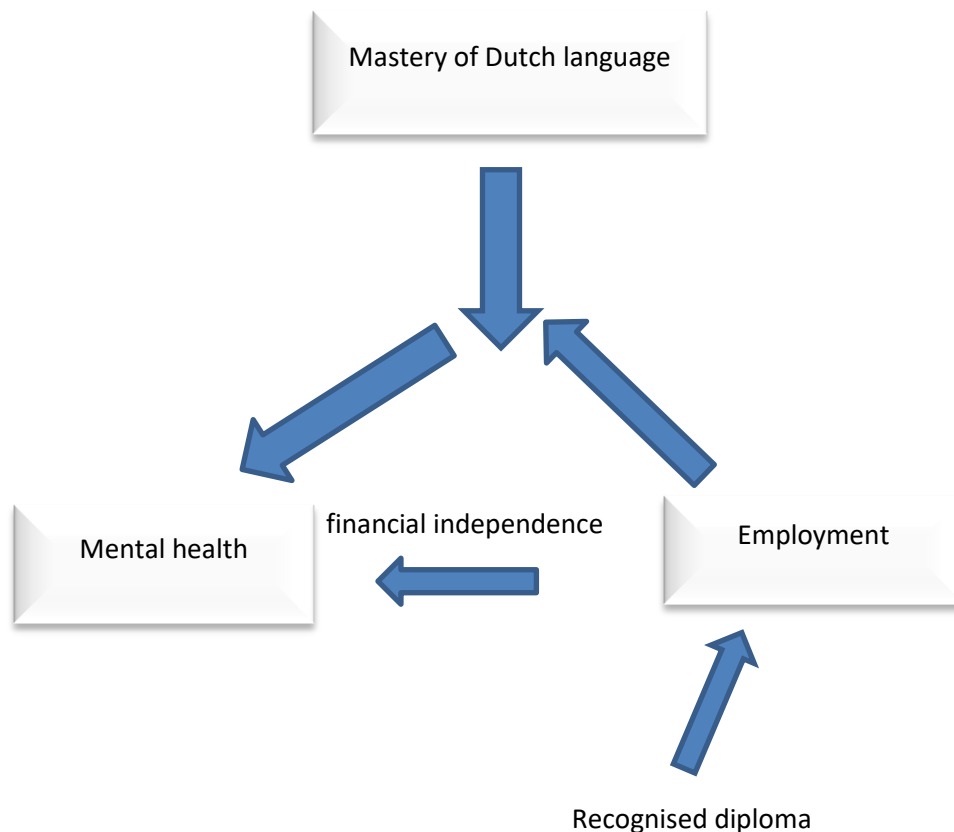
Socioeconomic integration such as financial independence and independent daily activities improves the overall mental health of the refugees. (Bakker, 2015).

For the Eritrean refugees to fully integrate into the Dutch society and labour market, they have to master the Dutch language, ethics and beliefs, country rules and regulations, culture and history and to agree with the country's laws and values (WODC, 2006).



**Figure 3: The influence of language proficiency on employment.**

These two variables are highly related and can affect each other simultaneously. For instance, employment can function as an important enabler of other domains of integration such as acquiring language skills (Bakker et. al., 2013).



**Figure 4: conceptual model; socioeconomic integration.**

A major barrier to employment is the non-recognition of qualifications and previous work experience. Many refugees are unable to produce proof of previous qualifications and even when they can, employers may not recognize them (ECRE 1999).

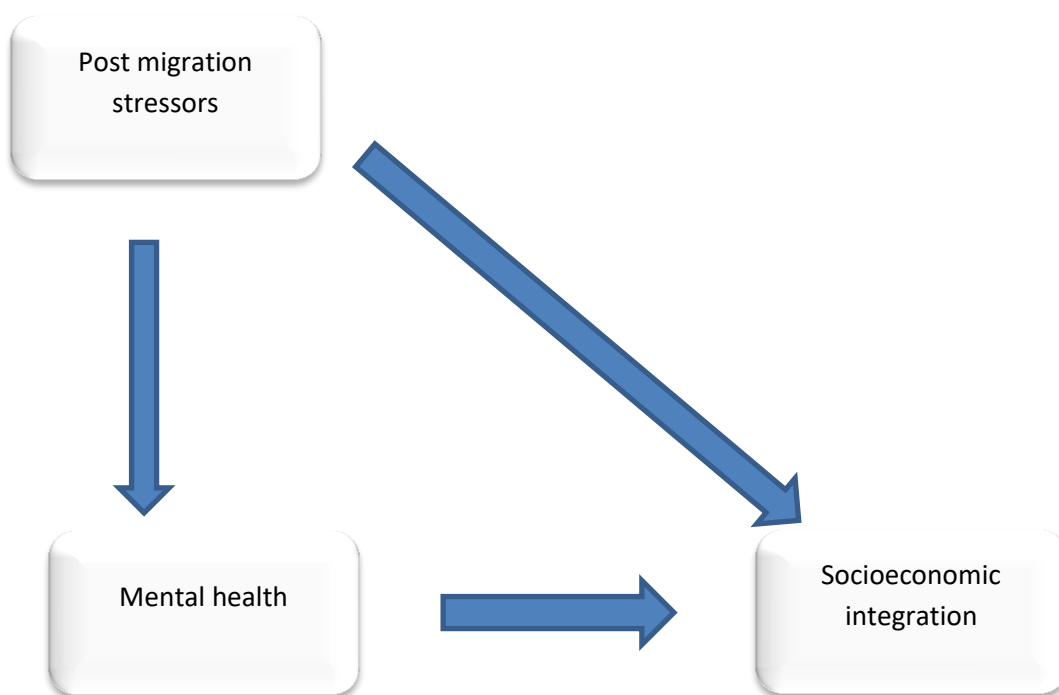
### **2.13. Conceptual framework**

The basis for conceptualising post-migration stressors and its effects on the mental health is to provide an insight into how these concepts can influence the socioeconomic integration of the Eritrean refugees in the Netherlands. Available literature provides limited knowledge on the Eritrean refugees since this group have not been fully investigated to discover how post migration stressors is affecting their mental health and their socioeconomic integration, but professionals working with

them observe some of the Eritrean refugees struggling with their integration and some of them exhibiting some kind of psychopathy or mental illness (such as depression) as a result of stressors faced post-migration. (Marjan & Inge, 2017)

### ***Paradigm***

The paradigm illustrates the conceptual framework of the study, it shows the interconnectivity of the concepts and how these factors affect the unit of analysis which is the Eritrean refugees in the Netherlands.



**Figure 5: Conceptual model.**

## Chapter 3

### Research Methodology

#### 3.1. Research philosophy

The worldview will provide the foundation for this research, to carry out and interpret this study.

The purpose of this study is to interpret and make sense out of the experiences of the Eritrean refugees and the people working with them and to be able to achieve this I will take the pragmatism view. The reason for choosing the pragmatism view is because, this view does not view the world as an absolute unity, and it allows the researcher to make use of many approaches in collecting and analysing data rather than supporting only one method (e.g. quantitative or qualitative) (Creswell, 2007). And since my approach will be abductive for this study i.e. using both deductive and inductive approach, then the pragmatism view will be the best approach for this research.

Also, the social and human problems is a driving factor for this research rather than the methods, this I will use to collect the data because the focus is on actions, situations and the consequences of inquiry rather than antecedent conditions. The pragmatism view takes this stance which makes it an appropriate view for this research.

I will focus on the practical implications of the research and will emphasize the importance of conducting research that best addresses the research problem.

#### 3.2. Research approach

*“Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self”.* (Creswell, 2007.p.36).

Qualitative research starts with beliefs or notions, a view, the possible use of a theoretical lens, and the study of research problems to investigate the meaning individuals or groups (ethnic, age, sex) assign to a social or human problem. (Creswell, 2007). To study this social or human problem, qualitative research uses an emerging qualitative approach to review the collection of data in a natural setting sensitive to the people and places under the study of the researcher. Qualitative approach collects data in the field that is at the site where the participants experience the issue or the problem (Creswell, 2007). For this study, the natural setting is in the Netherlands where the Eritrean refugees are presently residing and experiencing the post-migration stressors.

In the field of refugee studies, most research studies use the qualitative approach to be able to reach more refugees (Bakker, L. 2016). This is due to the benefits of using qualitative research methods in research studies such as this research. Some benefits of using a qualitative approach in this research are:

- Qualitative method produces the detailed description of participants' feelings, opinions, and experiences; and interprets the meanings of their actions, which this research is designed to achieve.
- Qualitative methods try to holistically understand human experience in specific setting, just as this research tries to do. (Rahman, 2016).

The main research questions and the sub-questions posed above, express a need for learning more about the Eritrean refugees and how post migration stressors affect their mental health, and also their social-economic integration in the Netherlands. And to answer the main question the relevant literature is necessary; therefore, the approach will be abductive in searching for specific theories i.e. (this method combines both deductive and inductive approach.)



- ***Deductive approach***

“A deductive approach is concerned with developing a hypothesis (or hypotheses) based on existing theory, and then designing a research strategy to test the hypothesis.” (Dudovskiy , 2017).

A deductive approach is concerned with deducting conclusions from premises or propositions, to test the relationship. Deductive research approach begins with an expected pattern that is tested against observation

- ***Inductive approach***

“Inductive approach allows research findings to emerge from the frequent, dominant or significant themes inherent in raw data, without the restraints imposed by structured methodologies” ( Thomas , August 2003).

The Inductive approach begins with specific observations and measures, to detect patterns and regularities, formulate some tentative hypotheses that can be explored, and finally end up developing some general conclusions or theories.

- ***Abductive approach***

Abductive approach sets to approach a study from the pragmatist perspective.i.e it is applied to make logical inferences and construct theories. (Saunders, Lewis, & Thornhill,2004.).It combines the characteristics of both inductive and deductive approach in order to make logical inferences.

**Incomplete observation**  **best prediction (may be true)**

### ***3.3. Need for the study***

The reason for this qualitative research is to fill the void in existing literature, establish a new line of thinking, and assess the challenges faced by the Eritrean refugees in the Netherlands. There are limited literature and studies done on this group and using a qualitative case study approach to

discuss how the study of the Eritrean refugees can help inform the research problem. This will be achieved by collecting relevant data through interview and documents and analysing this data which will help have a better understanding of how post migration stressors influence mental health which can impact their socioeconomic integration in the Netherlands. This case study will aim to extend the knowledge of the Eritrean refugees living in the Netherlands. The interplay of these aspects is important when designing effective policy measures for refugee socioeconomic integration in the Netherlands.

### 3.4. Data collection method

This study is based on the qualitative research design. It is a descriptive inquiry based on 5 qualitative interviews regarding the Eritrean refugees' mental health and their socioeconomic integration in the Netherlands with Hobfoll's theory of conservation of resources. For this research, it includes analysis of public documents( i.e. both online and offline materials) to get information on the current situation regarding the socioeconomic integration of Eritrean refugees in the Netherlands, as well as a face to face interview the Eritrean refugees to get the situations of their post-migration experiences from their perspective. The interview will focus on topics such as the utilisation and accessibility of mental health care system, the effect of stress on their mental health, pre- and post-migratory traumatic experiences, lifestyle choices, acculturation, social support, socio-demographic background and access to the labour market.

The purpose of these instruments is to be able to answer the research question and get a better understanding of the refugees, understand their feelings and emotions.

Four methods have been used to collect the data necessary to answer the research question

- ***Semi-structured Interviews:***

The reasons for using the semi-structured interview for this research are:

- It provides the opportunity to generate rich data; since the purpose of the study is to understand how post-migration stressors can affect the mental health of the Eritrean refugees and also delve deep into the role mental health plays in the socio-economic integration of refugees in the Netherlands, this interview method will make me understand this topic thoroughly with the answers that will be provided by the respondents.
- The contextual and relational aspects are significant to understanding others' perceptions.
- This interview style gathers detailed information in a conversational style which makes the respondent feel at ease while being interviewed and makes them trust the interviewer. This style of interview will be appropriate for my research because it will provide data on the individual's perception, opinion and experiences with work study practices (Hennink, Hutter & Bailey, 2011). The interview questions focused on topics on the post-migration situations the Eritrean refugees are presently experiencing in the Netherlands, questions to find out the mental health of the refugees which covered topics on sleep pattern and day to day activities to find out if there is any abnormality. Finally questions on the socioeconomic integration which focused on topics on the labour participation of the Eritrean refugees, education and participation in social activities and groups in the Netherlands.
- **Document analysis:** This method is particularly important to understand the (historical) context of the issue of mental health and the socioeconomic integration of the Eritrean refugees in the Netherlands, and to get acquainted with the current situation. The documents analysed are online news, write-ups and journals on the current socioeconomic integration of the Eritrean refugees.
- Relevant literature review: the various literature on the Eritrean refugees and their mental health gave a background on this study, and helped me understand the study better.

A combination of the mentioned methods will give an answer to the research questions.

***Characteristics of Qualitative research:***

- Natural setting: Qualitative research involves collecting data in the field at the site where participants' experience the issue or problem under study (Creswell, 2007), an example is the research am understudying with the Eritrean refugees resident in the Netherlands.
- Multiple sources of data: Qualitative researchers usually gather multiple forms of data, such as interviews, observations, and documents, rather than rely on a single data source. (Creswell, 2007).Researcher as a key instrument: this means that qualitative researchers collect data themselves through examining and analysing documents, observing behaviour, and interviewing participants (Taylor& Bogdan, (1998).Participants' meanings: in the complete process of the qualitative research , the researcher needs to keep a focus on studying the significance that the participants hold about the problem or issue, not the knowledge that the researcher bring to the research from previous studies or literatures (Tesch,1990).
- Theoretical lens: Qualitative researchers often use a lens to view their studies, from time to time the study may be organized around identifying the social, political, or historical context of the problem under study (Creswell, 2007).
- Holistic account: Qualitative Researcher while carrying out their study report multiple perspectives, identifying the many factors involved in a situation, and generally sketching the larger picture that emerges (Tesch,1990).
- Emergent design: The initial plan for research cannot be tightly prescribed, because all the phases of the process may change or swing after the researchers enter the field and begin to collect data(Woleott,2001).

To carry out this qualitative research it will demand a lot of time, commitment and resources due to the level of insight the research will need to gain access to.To undertake qualitative research requires a strong commitment to study a problem and demands time and resource.

### **3.5. Data collection strategy**

For this research, I will describe and explain the post-migration stressors that the Eritrean refugees face in the Netherlands and how it can affect their mental health and socio-economic integration in the Netherlands. In the field of refugee studies, most research studies use the qualitative approach to be able to reach more refugees (Bakker, L. 2016). This is due to the benefits of using qualitative research methods in research studies such as this research. *“Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self”*. (Creswell, J., 2007.p.36). Qualitative research starts with beliefs or notions, a view, the possible use of a theoretical lens, and the study of research problems to investigate the meaning individuals or groups (ethnic, age, sex) assign to a social or human problem. (Creswell, 2007). To study the effect of post-migration stressors on the mental health of the Eritrean refugees and their socioeconomic integration in the Netherlands, qualitative research will use an emerging qualitative approach to review the collection of data in a natural setting sensitive to the people and places under the study of the researcher. For this study, the natural setting is in the Netherlands where the Eritrean refugees are presently residing (for at least 5 years) and experiencing the post-migration situations that are affecting their mental health and socioeconomic integration. Information will be gathered by interviewing the respondents i.e. the Eritrean refugees directly and observe the way they act within their environment, and this is a major characteristic of qualitative research.

For this research, I will be using semi-structured interview using open-ended questions (face to face interview), observation of the refugees within their environment and body language during the interview, and describing policy documents and secondary statistical data will be used as a method of data collection. For the purpose to give answers to the research questions, qualitative data will be

collected using the methods mentioned earlier, the aim is to get a better understanding of the refugees, understand their feelings and emotions. To answer the main question the relevant literature is necessary; therefore, the approach will be abductive in searching for specific theories i.e. using both deductive and inductive approach. The interview will focus on topics to get the current mental health of the Eritrean refugees selected for the interview by asking questions on their sleep pattern and daily schedule to find out if there is any abnormality in the pattern that might suggest poor mental health in them. Also, the interview questions will focus on the effect of stress on their mental health, post-migratory traumatic experiences, lifestyle, acculturation, social support, socio-demographic background and access to the labour market, health care and education.

Respondents will be interviewed by the researcher, and if necessary by bilingual interviewers in the case of respondents who do not speak English. Based on the just described aspect, the best strategy for this research is to do a case study of 5 Eritrean refugees. The choice of 5 respondents is because this number will provide ample opportunity to identify themes of the cases as well as conduct cross-case theme analysis.

<b><i>Strategy</i></b>	<b><i>Aim</i></b>	<b><i>Sample</i></b>	<b><i>Method of collection</i></b>	<b><i>Method of analysis</i></b>
Qualitative methods	To produce the detailed description of participants' feelings, opinions, and experiences; and interprets the meanings of their actions	5 Eritrean refugees, who have the refugee status in the Netherlands	Semi-structured face-to-face interviews  Secondary statistical data	Transcribe the interview.  The method of data analysis used is content analysis, which involves coding and analysing the transcript with Atlas.ti

**Table 1: Research strategy**

### 3.6. Data collection process

The data collection process will follow this process

- Identifying the individual for the interview
- Gaining access and establishing rapport with the respondent in order to make the respondent comfortable to discuss the stressors being experienced in the Netherlands.
- Purposeful sampling the respondent for this study.
- Collecting the data through the various methods discussed earlier.
- Recording the interview and writing memo
- Resolving field issues.
- Storing the data for future references.



**Figure 6: Data collection process.****3.7. Research population**

To find respondents for this study, I used snowball sampling. Snowball sampling is now widely recognized as virtual prerequisites for meaningful surveys in the field of irregular migration (Black, 2003). This method helps to develop a measure of rapport since contact is made through an established and trusted personal relation. To be part of this interview, respondents need to meet with a couple of criteria (Ritchie, Lewis & Elam, 2003). My criteria for selection were:

- The person is an Eritrean refugee.
- Age group(not more than 50 years old): reason for this age group is as a result of the study by (Marjan & Inge, 2017, where they observed that most of the Eritrean refugees residing in the Netherlands are young and ambitious people with a desire to achieve more in their lives. And due to this observation, I decided to focus my research on this age group of Eritrean refugees and research more on them.Has a refugee's status: the focus on refugees' status as being discussed in the literature review
- The respondent lives in the Netherlands, in the Nijmegen region: this as being discussed in point 2.3.
- Presently experiencing or has experienced in the past some post-migration situation that is/was stressful for them, this is to be able to study how these stressors affect their mental health, and their socioeconomic integration in the Netherlands.



**3.8. Data analyses:** After conducting the interview with the respondents, all the acquired data will be evaluated and organized. Because of the choice of qualitative research, all of my data will be non-numerical.

- **Transcription**

The transcription of the interview was personally done by me in order to be able to capture the true meaning of the interview. According to Etherington (2004, p. 78), he argues that “only by transcribing tapes personally could we remain close enough to the speaker’s meanings”, so transcription can really be part of the analysis and can aid in perhaps gaining deeper meaning (Etherington, 2004). Therefore, all of the interviews were transcribed using Express scribe transcription, and after transcribing the interview, the interview will be coded and analysed by using Atlas.ti. To analyse the interview, it will be analysed close line-by-line; identification of themes develops a dialogue between researcher and data; development of a structure which illustrates relationships between themes.

A report will be written on each interview, and also the non-verbal communication observed during the interview. Atlas.ti is a powerful workbench for the qualitative analysis of large bodies of textual, graphical, audio and video data, which helps you to arrange, reassemble, and manage material in the creative, yet systematic way (Muhr & Friese, 2004). After coding the transcribed interview, the themes that emerge from the data will be grouped together into ideas and gather the evidence about the views on each theme. In order to achieve this, the contents of the interview will be analysed, in order to make replicable and valid inferences by interpreting and coding the transcribed interview. According to Babbie, (2001), content analysis can be defined as "the study of recorded human communications" (p.304). It is a coding technique that transforms raw data into a standardised form (Babbie, 2001).

### ***3.9. Methodology reflections***

To start with, it was very difficult to recruit participants for this study as the criteria for selection clearly states the research interest as for how post migration stressors affect the mental health and socioeconomic integration of the Eritrean refugees. At first, I thought that my criteria were too specific for this research in that I wanted my respondents to have experienced or presenting experiencing one form of mental health challenges. But as time went by, I came to the realisation that I had underestimated the level of stigma attached to mental health and how issues relating to mental health is always being discussed in 'a hushed tone', especially in the African context. I understand this because being an African myself, I know how these issues pertaining to mental health is always shrouded in spirituality and religion like I mentioned in the literature review.

The cultural stigma was largely responsible for my eventual decision to interview Eritrean refugees without using mental health challenges as a criterion. I eventually recruited 5 respondents for the interview. While discussing sleep pattern, one male and one female Eritrean refugee acknowledged of having some sleep disturbances in the past, the male Eritrean was open about it, but the female Eritrean refugee decided not to speak about it. I could have liked to have between 6-10 interviews, but the language barrier and also the reluctance of the Eritrean refugees not to be part of the study made me reduce the number of respondents to 5.

### **3.10. Ethical considerations**

According to Willig (2001, p. 18) where ethical consideration was described as the: informed consent; no deception; the right to withdraw; debriefing; and confidentiality. All these phases of ethical approval were sought and obtained prior to recruitment of participants in this study, and the stages strictly adhered to (Willig, 2001). Participants were informed before the interview that they had the right to withdraw from the study at any point before data analysis, and also to confirm their understanding of their right to withdraw during the interview and when they are being audiotaped. In order to maintain each participant's anonymity and to convey the proper respect for confidentiality, each interview tape and transcript was given initials and fake names.

### **3.11. Validity and reliability.**

#### **Validity:**

"Validity can be defined as the extent to which our research describes, measures or explains what it aims to describe, measure or explain", (Willig, 2001, p. 16).

Validity was addressed along the same guidelines described by Willig (2001), by using these three ways:

- 1) Qualitative data collection takes place in real-life setting, therefore excluding the need to conclude from an artificial setting, and the real life setting in this study is in the Netherlands.
- 2) Including researcher's reflexivity ensures that the researcher continuously reviews his or her role in the research,
- 3) Qualitative data collection techniques tend to ensure that participants are free to challenge, and if necessary, correct the researcher's assumptions about the subject being investigated.

**Reliability:**

“A measurement is reliable if it yields the same answer on different occasions. That is, the same data, when collected and analysed by different researchers using the same method, ought to generate the same findings, irrespective of who carried out the research”. (Willig, 2001).

In sharing the Eritrean refugees’ cultural background and refugee experience, I was able to establish rapport and gain access to participants’ lived experiences in ways that might not be accessible to, or observable by, researchers with different cultural backgrounds; consequently reliability is considerably limited in this study. However, Sacrificing reliability for the sake of giving voice to Eritrean refugees living in the Netherlands is very much in line with postmodernist approaches to research which aim to empower “oppressed minority groups, espousing greater equality and transparency” (Etherington, 2004, p. 26).

Participant s	Educatio n	Employmen t	Famil y	Length of stay in the Netherland s	Post-migration stressors	Mental health challeng es
P1	High school graduate	waitress	Back in Eritre a	4years	<ul style="list-style-type: none"> <li>Family separation</li> </ul>	Poor sleep pattern
P2	Diploma holder	Production worker	Back in Eritre a	4years	<ul style="list-style-type: none"> <li>Language barrier</li> <li>Family separation</li> </ul>	Nil

P3	Diploma holder	Production worker	Back in Eritrea	5years	<ul style="list-style-type: none"> <li>Family separation</li> </ul>	Nil
P4	High school leaver	Production worker	Back in Eritrea	5years	<ul style="list-style-type: none"> <li>Family separation</li> <li>Language barrier</li> </ul>	Nil
P5	High school graduate	Production worker	Back in Eritrea	5years	<ul style="list-style-type: none"> <li>Unrecognised diploma</li> <li>Family separation</li> </ul>	Substance misuse

**Table 2: Socio-demographic information for the Eritrean refugees who participated In the study.**

## **Chapter 4**

### **Findings**

This chapter discusses the analysis of the data with Atlas.ti based on the conducted interviews with the Eritrean refugees, in order to examine the second research question:

‘What are post-migration stressors and how can they affect the mental health of refugees?’

The chapter concludes with the complete adjusted conceptual model, combining all the structural adjustments to the three different concepts that are portrayed in the conceptual model in the literature review in chapter two and also introducing the new concept identified in the course of analysing the data collected from during the interview. These different concepts are:

1. Post-migration stressors
2. Mental health
3. Socioeconomic integration

Per concept, the network is shown, followed by an explanation of the adjustments that are made with underpinned quotes from the interviews, and also a picture of the network. During the course of analysing the data, another concept was identified, i.e. Aspirations. Aspirations was not included in the conceptual model in the literature review, but in the course of analysing the data this concept developed, and I realised it should be included in the conceptual model because of its influence in the socioeconomic integration of the Eritrean refugees, this concept will be discussed below with the relevant quotes to support it.

The outcomes are outlined through a detailed presentation and interpretation of the data. The quotes are literally gathered from the interviews, in some cases, the refugee respondents did not

speak English that fluidly, and because the quotes are derived literally from the interviews some quotes contain grammatical mistakes.

#### **4.1. Post-migration stressors.**

In order to explore the concept of post migration stressors in the Eritrean refugees, questions relating to the influence of family and friends in the Netherlands, differences in weather, cultural differences, the attitude of the local residents and language .

**The influence of family and friends;** all the five Eritrean refugees acknowledged that they wished their family members and friends were with them in the Netherlands, and some felt lonely most times because of the absence of their family and friends with them in the Netherlands. One refugee acknowledge that it is not easy for her to live in the Netherlands due to the absence of her family members.

*"...also here in the Netherlands to live is also difficult without family"(refugee 1).*

While two out of the five refugees are fortunate to have their spouses with them here in the Netherlands, but some of the still miss their extended family members and have lost contact with. While analysing this, I realised the importance of immediate family member support and presence in the lives of the refugees and how this affects their mental health and also their integration into the new society. When one refugee was asked what factor helped her to integrate into the society she acknowledges the support of her spouse in settling down.

*"So far so good, it has ,at least a bit, it has helped me a bit and thank God I have an understanding husband that has being there for me"(refugee 3)..*

so the presence of family and friends in the Netherland is a factor that causes post-migration stress in the refugees .

**Differences in weather:** the tropical weather in Eritrea is far different from the cold weather here in the Netherlands, and some refugees identified it as a factor that stressed them while they were trying to integrate into the Dutch society.

*“Yeah sure the weather when we first came, you know Eritrea is a tropic area so the first time we got to the Netherlands it was terribly cold and when you don’t have shelter, definitely it affects me and my wife a lot”.(refugee 5).*

**Cultural differences;** the difference in both cultures is a factor that some refugees identified as one difficulty they faced and are still facing presently in the Netherlands. When refugee 5 was asked if he faced any difficulties in himself that he did not face in your country, he replied that the culture is one factor that is difficult for him to adapt too.

*“ the culture here definitely we are not used to the culture here the way people do things is quite different from the Way We Do It back at home. so those are challenges we have when we first came here ”.(refugee 5).*

**The attitude of local residents;** most of the refugees interviewed acknowledged the positive attitude of the local residents towards them; some also said that it’s a 50-50 situation, that there are some good and not too nice people. But there were good responses from the refugees in relation to the attitude of the local residents towards them.

*“Sometimes it’s warm, sometimes cold everything depends on the person, I mean the other party because Netherlands you can meet some warm people and then even those warm people are another time they can be so cold, so am trying to adjust, trying to know the exact time and moment to interact with them because i don’t want to offend anybody, so am trying, what i learnt so much is to know the time when to interact much when they are warm you can see it and when they are cold you can see it and you try to withdraw yourself”.(refugee 5).*

**Language;** all the refugees interviewed identified the language as a big issue while trying to get around in the Netherlands, as one refugee puts it;



*“Yeah, the language is the big problem here.because, now it’s a bit easier, but before one year or two years. I do nothing because of the language, yeah, that’s it”(refugee 2).*

Since most of the Eritrean refugees don’t speak fluent English,and also don’t speak the Dutch language,getting around to carry out their day to day activities was a difficult one for them,and this factor affected them.



**Figure 7: Post migration stressors network.**

#### 4.2. Mental health

A first remarkable result comes from the notion of mental health. Some Eritrean Refugees approached the concept of mental health boldly by speaking about the challenges they faced with their mental health, while the other interviewee decided not to speak about despite the fact that they had some challenges. In order to explore the concept of mental health in the Eritrean refugees, questions relating; sleep pattern, aggression and anger, leisure activities, Misuse of psychoactive substances and personality traits.

**Sleep pattern;** When asked about the sleep patterns and also about strategies used to quiet down when hyper or angry, some refugees confirmed their challenges with their sleep pattern and also disclosed the treatment they received and also revealed some form of aggression due to post migration stressors such as unpleasant migration experiences one refugee confirmed irregularities in his sleep pattern as a result of the unpleasant migration experiences and had to seek professional help to manage his trauma.

*“First when we first came into Italy journey into the Netherlands, actually it has been a difficult moment in the past so which makes me especially not sleep in the night. But I thank God today things are getting better”.(refugee 1).*

Thus due to the sensitivity of the concept of mental health, I had to use sleep pattern as one of the criteria to check if there was any time the Eritrean refugee had to seek professional help from a health practitioner such as a psychiatrist or a psychologist.

**Anger and aggression:** according to Social psychologists they define **aggression** as behaviour that is intended to harm another individual who does not wish to be harmed (Baron & Richardson, 1994).One of the refugees revealed bouts of anger and aggression as a result of the unpleasant

migration experiences, and in order to calm down whenever aggressive or hyper, he takes prescribed sleeping medications to sleep, which he refused to reveal the name of the medication.

*“Yeah because of the activities of the past, of the occurrences of the past sometimes when I remember it, it makes me to be more aggressive. Especially when I know that it could have gone in another way, in a better way. so yeah, in that case, I grow angry I don't see myself to be destructive but I can grow angry and hyper I would like to sleep and that's when I take the drugs the sleeping tablets, just for me to sleep”.(refugee 5).*

**Leisure activities:** According to Ehrenreich-May, J & Bilek, E. L. (2011), he states that recreational activities contribute to better moods and reduced depressive symptoms (Ehrenreich-May, J & Bilek, E. L. 2011). When the refugees were asked how they spend their leisure time, so spend time with family members, some spend time with friends and one revealed she goes to the fitness centre and also reads books.

*“if I have free times I read book and I go fitness”.(refugee 1).*

**Misuse of psychoactive substances;** Substance misuse indicates consumption of psychoactive and intoxicant substances, legal and illegal, at a level which is harmful and/or problematic to the consumer (Department of Health (2002)).Some refugees disclosed that they take alcohol once in a while, while one refugee divulged that he used to take local illegal drugs to reduce his stress level.

*“because of what has happened during our journey to reduce the stress I tend to involve myself in some local illegal drugs that come from Eritrea. it helps me too, it serves as a stimulant reduce my stress and sometimes makes me sleep in the night. and that is what occasionally I still use sometimes”.(refugee 5).*

According to the refugee, the consumption of the substance became a habit for him and had to seek professional help to help him, but he disclosed that he still takes this but in a reduced dose and frequency.

**Personality traits;** this is an important factor that determines the mental health of an individual.

According to Dodge et al., he defined mental wellbeing as ‘the balance point between an individuals’

resource pool and challenges faced' (Dodge et. al., 2012: p230), A stable mental health is thus when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. Which means that the personality traits of the refugees play a role in determining mental wellbeing. Most of the refugees expressed their personality traits as an assets or a factor that helped them in integrating into the Dutch society.

*“the factors, yeah because am so warm naturally my character is , I seek people to be friends with so it really helps me a lot, especially when I meet people who really want to know me and get used to me, so my openness it helps me a lot”. (refugee5).*



**Figure 8: Mental health network.**

#### 4.3. Socioeconomic integration

in order to explore this concept, the positive effect of employment on the mental health through the variable ;access to work, educational achievement, support from the Dutch government, financial independence, acceptance to integrate and better amenities.

**Access to employment;** there is a positive effect employment as on the mental health of refugees as it's a major reinforcing factor to the integration of the refugees in the society (C.Sederel, June 2016).

During the interviews refugees indicated employment as the key issue in their resettlement in the Netherlands, Employment is integration. Although most of them wanted more in terms of their employment, but they were still grateful to have a job to be able to settle their expenses.

*“my present job is better I'm happy when I look back and see that we don't have much there so am happy with the ones I have, at least I can pay my rents, take care of my family ,do other little maybe when we want to go on vacation i can pay for it, so am satisfied”.(refugee 5).*

**Educational achievement;** surprisingly, three out of the five Eritrean refugees had a diploma in the different field of study and wanted to pursue more in terms of education. Education is an important aspect in terms of employment opportunities.

*“Yeah, like i said earlier am a diploma holder in Eritrea, but now i am working in the production which i am not complaining anyway, but i will love to go back to school, educate myself better, and speak the language also better so that i can secure better job here in the Netherlands.”.(Refugee 5).*

**Support from the Dutch government;** the integration program for refugees by Dutch government helped some Eritrean refugees in their integration process. As one refugee revealed;

*“yeah like I said my contact person really helped me, and I really appreciate he has really being a nice person to me ,and you know being an asylum seeker ,we were being helped here in the Netherlands really through how contact person but I was fortunate to have a good one. That is one of the factors that really helped and integrate me.yeah”(refugee 3).*

Also, another refugee revealed that the government as being supportive in terms of supporting him with his future plans to further his studies;

*“like I said to you earlier I have been taking to the authorities so that they can see where they could help me too,to where they could fund me so that i can go back to school so that i can get a better life in the future.So i am taking a step talking to the authorities so,, if there is any money anywhere that can help an immigrant like*

*myself,a refugee like myself.to go back to school.so i am talking to them and the response is being positive.”(refugee 5).*

**Financial independence;** The importance of this financial security indicates that financial resources are a key factor for refugees’ mental health and also in their integration into the society, this appeared in the interviews. When I asked one refugee if financial stability is one of the factors that helped her to integrate in the Netherlands, she replied.

*“It’s one of the things”.(refugee 3)*

**Acceptance to integrate;** is one of the variables that came up during the interview, when a refugee is willing to accept to integrate into the new society, then it becomes easier for such individual to integrate due to the fact that he/she is willing to accept the integration process.As one of the refugee puts it

*“Trying to speak the language, trying to be friendly to them ,have friends among the Dutch so that I can be part and parcel of the culture here”.(refugee 5)*

**Better amenities;** the refugees showed appreciation for the better amenities available to them compared to the one they have back in their country.

*“Yeah,they are better than in Eritrea, if am sick i go the doctor, back in Eritrea we used to trek a long distance to the doctor, so it’s better here even the house outpost is just two meters away from my house,yeah so it’s better”.(refugee 5).*



**Figure 9: Socioeconomic integration network.**

#### 4.4. Aspirations

An adjustment to the conceptual model based on the interviews is the addition of Aspirations.

Aspiration pertains to the degree to which a person achieves realistic goals and makes efforts to attain them (Kien H.N., 2010). During the interview session, refugees indicated multiple times their desire to achieve more, their intention to further their education and also their aspirations for better jobs for better living conditions. Migrants are believed to have higher aspirations than non-migrants.

Furthermore, studies revealed that migration itself leads to even higher aspirations (Lim, S. S., 2017). From the interview with the refugees, it reveals that refugees with high aspirations are more



motivated to achieve more, and this will help them integrate easily into the Dutch society. Although a refugee can experience stress if the aspiration of the refugee to pursue opportunities of employment is restricted by fewer choices and more stringent job requirements in the labour market (Kien H.N.,2010). In this light, aspirations can be a resource for a refugee in terms of balancing their mental health and also can be stressful if there are limited opportunities.

To explore this concept, the following variables will be discussed; desire for more and future plans.

**Desire for more;** from the interview with the five refugees, they expressed their hope and ambition of achieving greater heights and achievements in terms of their career. And this factor has helped some of them because they are positive about the future.

*“like I said to you earlier I have been taking to the authorities so that they can see where they could help me too, to where they could fund me so that I can go back to school so that I can get a better life in the future. So I am taking a step talking to the authorities so if there is any money anywhere that can help an immigrant like myself, a refugee like myself, to go back to school. so I am talking to them and the response is being positive.”(refugee 5).*

**Future plans;** Interviewing this Eritrean refugee revealed that most of them had future plans and have already initiated plans to turn their dreams to realities.

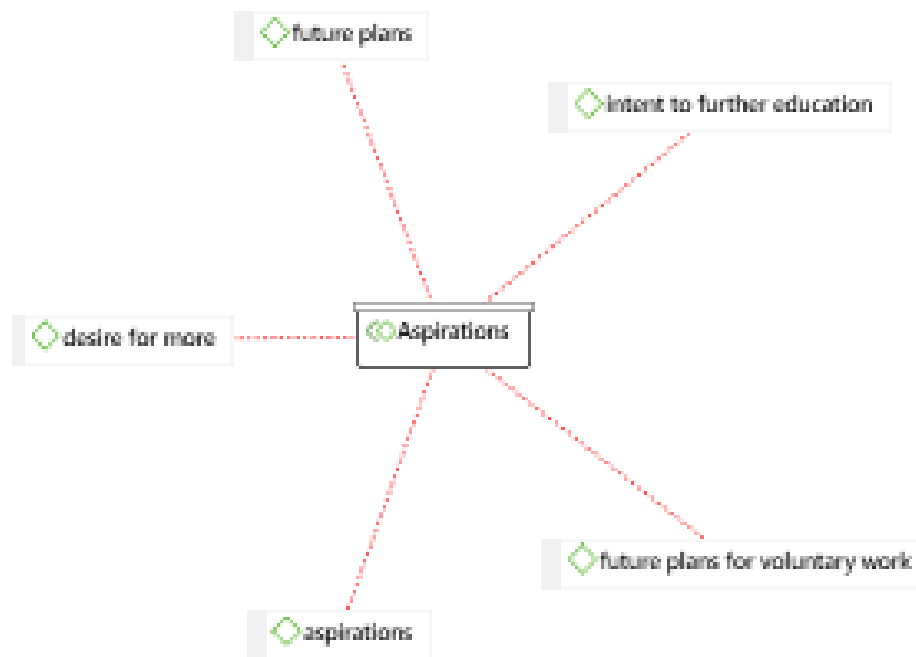
*“Maybe in the future, maybe I would like to study something if the law permits, I really want to be a social worker”.(refugee 3)*

*“So I have already now school and work and also I finished with my school. Also and then I applied for a nurse for four years course. If they accept me I will start with nurse school, ok yeah”.(refugee 1).*

*“I will like to go to school and have a university degree in business and start my own Company too”.(refugee 4).*

*“like I said to you earlier I have been taking to the authorities so that they can see where they could help me too, to where they could fund me so that I can go back to school so that I can get a better life in the future. So I am taking a step talking to the authorities so if there is any money anywhere that can help an immigrant like*

*myself, a refugee like myself.to go back to school.so I am talking to them and the response is being positive".(refugee 5).*



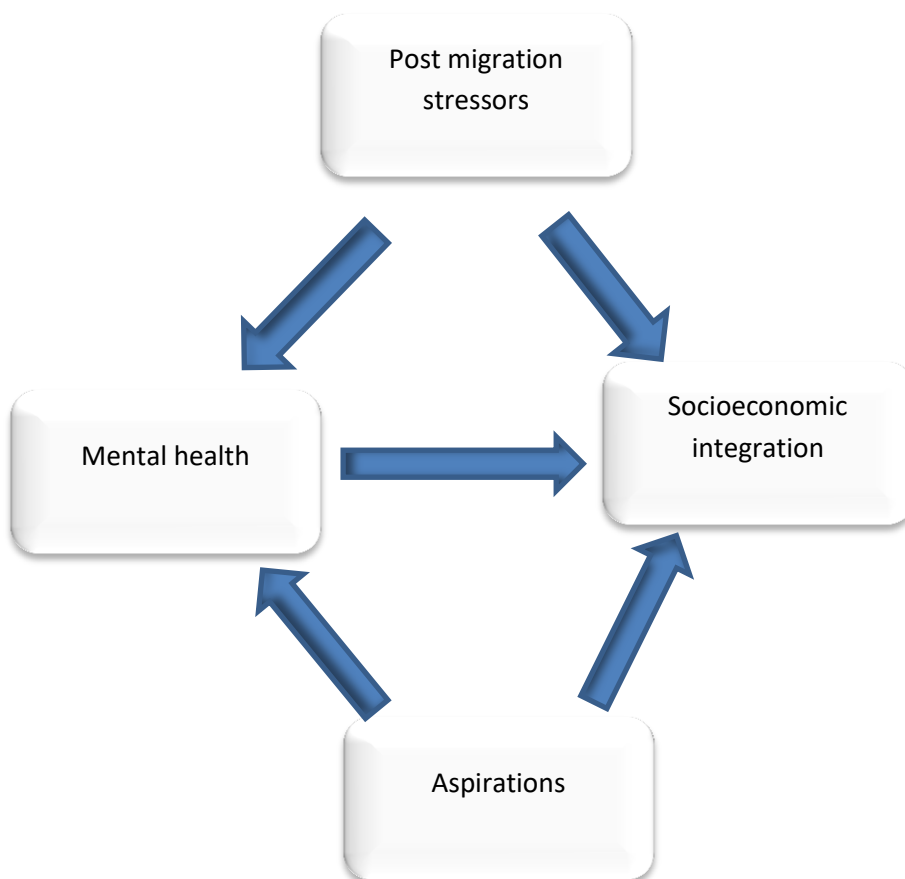
**Figure 10: Aspiration network.**

#### ***4.5.The complete adjusted conceptual model***

All adjustments to the conceptual model together are depicted in one complete adjusted model which is shown below. Confirmation through the study of the refugees residing in the Netherlands proved that the same concept underlies the relationship between refugees' mental health and their socioeconomic integration, as that was found in the theory. However, results from the interviews also show some differences compared to the theory, which is depicted in the adjusted model. The

main differences concern the addition of the concept Aspirations; possible explanations for these differences are outlined in the following chapter.

Additionally, the interviews with the Eritrean refugees specified that especially the concept of post migration stressors is an important explanation for the relationship between refugees' mental health and socioeconomic integration in the Netherlands.



**Figure 11: Adjusted conceptual model.**

#### ***4.6. Reflexive observations***

Throughout this study, I was set on exploring the experiences of post-migration stress on Eritrean refugees' mental health and socioeconomic integration in the Netherlands, by being empathetic and putting myself in the same position as the Eritrean refugees. Being a migrant myself from the an African country studying in the Netherlands ,there were some challenges in the first few months

that I faced while trying to integrate into the Dutch society , so it was easy for me to relate with the Eritrean refugees and the challenges they face while integrating into the Dutch society. Difficulties in integration were acknowledged in different ways and by different participants throughout the study, where all the respondents confirmed the mastery of the Dutch language as one of the important factor in the Netherlands, confirming the reality that the mastery of the Dutch language is a crucial factor for the Eritrean refugees .Similarly ,the Eritrean refugees recognised the absence of family and friends, the cultural difference ,attitude of the local residents and difference in weather ,as some of the challenges they faced in the first few years in the Netherlands ,which stressed them, thereby highlighting the impact of post-migration stress among the Eritrean refugees. As a result of some of these post migration stressors, some of them admitted to misuse substances to manage the stress experienced and while some had issues with their mental health and had to seek the help of psychiatrist. I also encountered a respondent that was haunted by the pre migration stressors and experiences while in transit, which affected his sleep pattern. From this experience, I realised that to manage post migration stressors, we need to critically assess the pre migration stress the refugees faced, this will make intervention more focused and individualised. Also, the mental health of the Eritrean refugees can influence their socioeconomic integration in the Netherlands, because a stable mental health will bolster a positive perception and encourage the Eritrean refugees to want to achieve more for themselves ,this was confirmed from my interaction with them. Although, socioeconomic integration can influence the mental health of the Eritrean refugees, but for this study I chose to focus on the influence of mental health on the socioeconomic integration of the Eritrean refugees. What this study aims to offer is insight into the influence of post migration stressors on the mental health and socioeconomic integration of the Eritrean refugees.

## Chapter 5

### 5.1. Conclusion

In this bachelor thesis, I explored the key dynamic mechanisms that underlie the relationship between post migration stressors, the Eritrean refugees' mental health and their socioeconomic integration in the Netherlands. The first research question explored these mechanisms by reference to a literature review on the topic by discussing the current situation regarding the socioeconomic integration of the Eritrean refugees in the Netherlands. Furthermore, the second and third research question examined the current mental health conditions of these refugees by reference to the literature review and articles discussing the current health condition of these refugees. And also explored and discussed what; post migration stressors are and how they affect the mental health of the refugees. I designed interview questions and carried out the interview with five Eritrean refugees presently residing in the region of Nijmegen, Netherlands. The interview entailed asking the Eritrean refugees questions concerning;

- The background history of your journey from Eritrea to the Netherlands (Nijmegen).
- Questions about your health which includes your sleep pattern.
- The post-migration stressors being faced as an Eritrean refugee in the Netherlands.
- The factors that enabled or hindered your socioeconomic integration in the Netherlands.

In this chapter, the interrelatedness of the concepts of post migration stressors, mental health and socioeconomic integration will be discussed, and this will provide an answer to the following main research question:

*How do post migration stressors affect the mental health of Eritrean refugees and their socioeconomic integration in the Netherlands?*

## **5.2. The interrelatedness of the concepts**

According to Hobfoll(1989), stress is a major factor affecting people's lives, which is closely linked with mental health (mental wellbeing) and is probably linked to many problems with physical wellbeing. ( Hobfoll, 1989). During the interviews with the Eritrean refugees,they admitted to facing several post migration stressors such as language barrier, cultural difference, absence of family and friends and attitude of the local residents, which affected two(2) of the Eritrean refugees negatively. One of the respondent admitted that premigration stress coupled with post migration stress in the Netherlands,affected his mental health negatively which at one point affected his participation in the labour market. According to Bloch (1999) and Tomlinson & Egan (2002), they recognised employment as an important factor concerning a refugee's mental health and socioeconomic integration , which promotes economic independence in the refugees,meeting other people both local and international residents in their host country,providing them with the opportunity to develop their language skills, restore or improve self-esteem , and overall well-being of the refugees (Bloch 1999; Tomlinson & Egan 2002). A stable mental health plays a crucial role in the lives of the Eritrean refugees because anytime they face challenges, the system of challenges and resources comes into a state of imbalance, as they are forced to adapt their resources to meet the particular challenge(s) or stress (Sederel, 2016). This means they need the required resources such as psychological, social and physical resources to meet any kind of challenge(s) or stress they are faced with. One of the respondents admitted to feeling powerless and seeking the help of the psychiatrist as a result the stress of trying to adapt to the new environment, and due to her unstable mental health she was unable to participate in the labour market until she got better.

According to Jamil et al. (2010, p. 440) he deduced that , "Perhaps both refugees and nonrefugees are at equal risk to develop depression and anxiety due to the various psychosocial stressors that accompany assimilation into a new culture" ( Jamil et al. ,2010).This highlights the interconnected of post migration stressors , mental health and socioeconomic integration, and also acknowledges that

both non refugees and refugees are at equal risk to develop mental illness, and this I confirmed in my reflexive observation using my own experience to justify this .

Although the conceptual model and the adjusted conceptual model slightly differ with the addition of aspiration, it shows that the different concepts form together to explain the Eritrean refugee's mental health and socioeconomic integration. It is not one concept that can cause major changes in the mental health or socioeconomic integration ,but it is the system consisting of all the concepts that affect the different variables in the concepts. These concepts are highly interrelated and thus depending on each other. The conceptual model portrays this complexity by showing the multiple interrelated dynamic concepts that simultaneously affect Eritrean refugees' mental health and socioeconomic integration.

### ***5.3. The main adjustment***

Although the conceptual model portrays the same concepts, but only with the addition of Aspiration, these changes were made based on the interviews with refugees. A remarkable adjustment to the conceptual model is the addition of the concept of Aspiration. The concept of aspiration was not mentioned in the literature, but aspiration is an influential factor that influences both premigration and post-migration stage in the lives of the refugees (Tlhabano & Schweitzer, 2007). Refugees use all kinds of coping strategies across all phases, including: reliance on religious beliefs, cognitive strategies such as reframing the situation, relying on their inner resources, and focusing on future wishes and aspirations (Khawaja, White, Schweitzer, & Greenslade, 2008).

The study by Marjan & Inge, 2017, revealed that Eritrean refugees are resilient and stubborn people, which could be a factor for their high aspirations and ambitions to achieve better and more for themselves. (Marjan & Inge, 2017). Data collected during interview revealed that migrating to a completely new and different geographical and cultural locations disturbs many previous balances which could impact on the refugee's mental health. During the interviews with the Eritrean refugees ,

aspiration surfaced as an important factor for the refugee's mental health and socioeconomic integration in the Netherlands. For this reason, I have chosen to include this concept in the initial conceptual model.

#### ***5.4. The importance of work***

Another conclusion that can be drawn from the theory, as well as the interviews, is the value of being employed for refugees' psychological mental health and their socioeconomic integration. Employment has being a catalyst of the concepts of socioeconomic integration and also affecting the concept of mental health. Currently, only a quarter of the refugees finds a job within two years of stay in the Netherlands, and after 15 years the share of refugees that has a job increased to 56%. (Bakker, 2015). And those in one form of employment or either overqualified for that job or are not well suited to it.

Policies should aim at increasing chances for employment soon after refugees have entered the The Netherlands, this will help with acquiring the language skills on time and also help with the mental health of the Eritrean refugees. Also, a holistic approach should be used in approaching their mental health, one of such approach includes the occupational assessment by an occupational therapist, this will be discussed in suggestion. Working in the Netherlands from the interviews with the Eritrean refugees revealed the huge positive impact it has upon the refugee's mental health and socioeconomic integration, by improving Dutch language proficiency, social relations with the local residents, sense of belonging and financial independence.

This conclusion shows, for instance, the importance of work in the socioeconomic integration and also mental health of the Eritrean refugees. Post-migration stressors such as lack of access to work and language barrier can affect the refugee's mental health, and a negative mental health triggers other concepts such as poor socioeconomic integration. From the moment that a refugee enters the



Netherlands ,policies should aim at involving refugees in employment,even if it is a voluntary job, in order to facilitate good mental health, and thus a more rapid integration.

### ***5.5.Contribution to knowledge***

Post-migration stress among Eritrean refugees influences the mental health and their socioeconomic integration in the Netherlands.Some Eritrean refugees after living in the Netherlands for many years,realise they are still faced with several stressors that affects their mental health and socioeconomic integration in the Dutch society. Most of them have invested many yeas of their lives in the Nethrlands and can no longer go back home because Netherlands is now home to them.Besides, the fantasies and aspiration for better opportunities,democracy and freedom-that are embedded in the minds of the Eritrean refugees that come to Europe , can become an intense cause of agony when the reality of poverty , racial discrimination and marginalisation destroys their hopes and aspirations.

In my findings ,I discovered how the Eritrean refugees face post migration stressors and how these post migration stressors affect some of the refugees mental health.I addressed some of the components of mental health and briefly explored how a holistic approach which includes the intervention of mental health professionals especially Occupational therapist can help address these stressors by managing them .

### ***5.6. Limitations***

A first limitation concerns limited access to the literature review on the Eritrean refugees. The accessed literature points out that there are already some articles about the post-migration stressors and how it affects the mental health of refugees. Nevertheless, the already existing articles also show that there is still some unknown information about the Eritrean refugees and the role mental health plays in their socioeconomic integration; this is partly because of the language barrier and also due to the sensitivity of the issue of mental health problems. And the literature I was able

to access was written in the Dutch language, and being a non-Dutch speaker it was a bit difficult for me to read, so I had to use Google translate to translate to the English language, which was a bit time consuming for me.

Another limitation is the willingness of the Eritrean refugees to be part of the project. I got all my respondents through snowballing sampling and it was quite a difficult task to get someone to participate, firstly due to the language barrier and secondly they were not willing to disclose any personal details, so this was a setback for me. Another limitation is the unwillingness of the Eritrean refugees to open up about their health and also about their challenges, they tried avoiding questions by acknowledging all was fine with them and they didn't have any challenges.

The third limitation which is part of the second limitation is the size of the sample that is used to test the conceptual model for the specific case in Nijmegen Netherlands, especially with regard to Eritrean refugees. My findings are restricted to a limited number of Eritrean refugees (i.e 5) in the region of Nijmegen, and therefore only reflect a limited diversity of experiences of resettlement in the Netherlands. For instance, my initial target of respondents for this study was between 6-10 Eritrean refugees in the region of Nijmegen, but due to the willingness of the refugees to participate, I had to reduce to 5 respondents. Further research should study the mental health and socioeconomic integration of the Eritrean refugees in other regions.

A fourth limitation concerns the interview questions which can be found in the appendices. The interview questions were deducted from the conceptual model that is constructed based on a literature review. This might have been too explicit, in terms of limiting the refugees to fully express their views and personal experiences on their mental health and socioeconomic integration. An inductive approach would have directed the interviews less, leaving more opportunity for the refugees to talk about topics that they consider being important for the Eritrean refugees' integration, instead of the topics that the theory proposed to be important. The questions might

have limited the refugees to express other concepts affecting refugees' mental health and their socioeconomic integration.

### **5.7. Suggestions**

The post-migration stressors, mental health and socioeconomic integration should not only focus on just the Dutch government policies and regulations but should involve a holistic approach. Mental health specialist should be involved in the management of the Eritrean refugees right from the asylum centre till integration. Migration poses specific stresses, so systematic enquiry into the migration trajectory and subsequent follow-up on culturally appropriate indicators of social, vocational and family functioning will allow clinicians to recognize problems in adaptation and undertake mental health promotion, prevention or treatment interventions in a timely fashion. The role of an occupational therapist, psychologist, psychiatrist, social workers cannot be underestimated in this intervention. Like I mentioned in the conclusion about the role of an occupational therapist in the intervention, occupational therapy is;

“Occupational therapy is a type of health care that helps to solve the problems that interfere with a person's ability to do the things that are important to them – everyday things like:

- Self-care - getting dressed, eating, moving around the house,
- Being productive - going to work or school, participating in the community, and
- Leisure activities - sports, gardening, social activities.

Occupational therapy can also prevent a problem or minimize its effects” ([www.caot.ca](http://www.caot.ca)).

Eritrean refugees will benefit from this type of therapy combined with the input of the other Mental health practitioners, this will encourage good mental health, help them de-stress and also help with the restoration of function lost as a result of both premigration stressors and post migration stressors.

### ***Occupational therapy management of post migration stress***

The role of the occupational therapists in the management of people experiencing post migration stress is to calm down the patient and focuses on his/her daily life skills and occupational performance. Occupational performance area includes; activities of daily living, work and productive activities and play and leisure activities.(Deepam.P,2017). The goal of occupational therapy for people suffering from post-migration stress is to;

- To relieve the stress.
- To improve the occupational performance.
- To improve the social interaction.
- To improve the ADL skill.

These goals will be achieved through the use of purposive activities such as relaxation techniques, projective activities (use of art and craft), therapeutic activities, activities that encourages the release of hostility(e.g. bag punching and woodwork) (Deepam.P,2017).

Occupational therapy has an important role in the management of post migration stress.

Occupational therapist helps the patient to relieve the stress and rejoin in an occupational or daily routine task through purposeful activities and other approaches, to help the patient return to normal life.

In conclusion, I want to relate the findings of this bachelor thesis to the current situation of Eritrean refugee migration to the Netherlands. These refugees have often experienced harsh circumstances causing trauma's, followed by a traumatic flight, and are now confronted with the post migrations stressors in the Netherlands. Therefore, matters relating to mental health, recognition of diploma, access to the labour market and building social relations with Dutch people are central issues for

these group of people. Therefore, I want to emphasize the relevance of my findings for the Eritrean refugees' mental health and socioeconomic integration now, and in the future.

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## **APPENDICES**

### **Appendix. A**

#### **FORMAL LETTER TO THE EXPERT INTERVIEWEES.**

#### **“How do post migration stressors affect the mental health of Eritrean refugees and their socioeconomic integration in the Netherlands?”**

Dear Participant,

The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that you are free to decide not to participate or to withdraw at any time.

The purpose of this study is to understand the how post migration stressors affect the mental health of Eritrean refugees and their socioeconomic integration in the Netherlands. The procedure will be a single, holistic case study design. Data will be collected at three points at the beginning of the course, at the midpoint, and at the end of the course. Data collection will involve documents journal, audio-visual material (if available), interviews, and observation.

Do not hesitate to ask any questions about the study either before participating or during the time that you are participating, I would be happy to share my findings with you after the research is completed. However, if you do not want your name to be associated with the research findings in any way, I am willing to keep you anonymous. There are no known risks and/or discomforts associated with this study, the expected benefits associated with your participation are the information about the experiences of the Eritrean refugees and the opportunity to participate in a qualitative research study.

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Please sign your consent with full knowledge of the nature and purpose of the procedures. A copy of this consent form will be given to you to keep.

## **Appendix B.**

Time of interview:

Date:

Place:

Interviewer:

Interviewee:

My name is Funmilayo Asolo, am a student at Radboud University Nijmegen, presently studying for my pre-masters in Human Geography.

Thanks for agreeing to take this interview today; I will take between 45-50 minutes of your time, is that OK with you?

We are going to discuss the current post-migration situation you experience as a refugee in the Netherlands, also discuss the factors that enable or hinder your socioeconomic integration in the Dutch society. This interview will be divided into four sections which are;

- The background history of your journey from Eritrea to the Netherlands (Nijmegen).
- Questions about your health which includes your sleep pattern.
- The post-migration stressors being faced as an Eritrean refugee in the Netherlands.
- The factors that enabled or hindered your socioeconomic integration in the Netherlands.

This discussion is confidential, if you do not feel comfortable to respond to some questions, you can tell me you do not want to respond to it.

There are no wrong or right answers, it is important to say what you think and feel about this topic. I will be running through some questions now and our discussion will be recorded to help me accurately capture your insights in your own words. The recording of the interview will only be heard

by me. I appreciate your participation in this research and it is very important to me. If you feel uncomfortable with the recorder, you may ask that it be turned off at any time.

If you have any questions or doubts, I will be happy to clarify them.

If you are ready, can we start the interview now?

### ***INTRODUCTION QUESTIONS***

- Can you please briefly tell me about yourself?
  - Name:
  - Age:
  - Current occupation/level of education:
  - Where are you from?
- Can you tell me about your experience while sojourning from Eritrea to the Netherlands?
- How long have you been living in the Netherlands?

### ***MENTAL HEALTH***

- Do you face any difficulties in yourself that you didn't have in your country?
- What kind of activities are you involved in your daytime?
- What kind of activities are you involved in your night time?
- Are you satisfied with your activities?
- When can you sleep better?
- Do you always have proper sleep/sleep well?
- What do you do for your relaxation, or how do you reduce your stress level?
- If you are upset or hyper for some reasons, what can make you quiet?

- Do you take any kind of medicines to sleep, relax or any other reason?
- Do you use any psychoactive substances such as alcohol, cigarettes?
- Do you feel lonely and bored most times?

### ***POST MIGRATION STRESSORS.***

- Are you happy/satisfied with your present living space?
- Do you have support from family and friends here in the Netherlands?
- Is language a barrier to you, when getting around in the Netherlands?
- Do you feel you have lost your cultural and spiritual life/skill?
- What strategy (ies) are you using to adjust to the Dutch culture?
- How can you describe your relationship with the local residents?
- What is your level of educational achievement?
- Do you presently have a job, or are you in school?
- Are you happy/satisfied with your present job or school?

### ***SOCIOECONOMIC INTEGRATION***

- Are you presently involved in any voluntary work in the Netherlands?
- Do you belong to any social group in the Netherlands?
- How do you feel about the local residents' attitude towards you?
- How do you feel with your present living conditions in the Netherlands?
- Do you feel any factor(s) helped you to integrate into the Dutch society?
- How did these factors hinder or enable your integration into the Dutch society?
- Which situations or factors would you like to change in your present living situation in the Netherlands if given the opportunity to change?



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(Thank you for participating in this interview. I assure you that your responses will be treated confidentially).

