

Health and Wellbeing after Deportation: The Role of Socio-Demographic Variables and Implications for Clinical Psychologists in Rehabilitating Deportees.

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Abstract:

Going by the increased observations from literature that huge knowledge gaps exist on the barriers to health and wellbeing after the experience of deportation by deportees in Africa, this research investigated the roles of socio-demographic variables in influencing health and wellbeing after the experience of deportation by deportees. Data were collected with the use of standardized questionnaires from 182 participants (88 males & 94 females) who were selected through a simple random sampling technique in Abuja, Nigeria. Three hypotheses were stated and tested using SPSS v. 22.0. The findings from this study showed that there was no significant gender difference in health and wellbeing after the experience of deportation [$t(180) = 0.81$; $P > .05$]. Second finding showed that there was a significant positive relationship between deportees age and health/wellbeing [$r = .67$; $df = 180$; $P < .01$], and a coefficient of determination showed that age accounted for 45% of health and wellbeing after deportation. Lastly, it was found that deportation history and period of stay in country deported from were found to jointly [$R = .55$; $R^2 = .30$; $F(2, 182) = 241.16$; $P < .01$] and independently ($\beta = .55$; $t = 6.74$; $P < .01$); ($\beta = -.61$; $t = -2.44$; $P < .01$) predict health/wellbeing among deportees respectively, with period of stay in country deported from having the greater independent prediction. Consequently, empirically-informed techniques that promotes health and wellbeing among deportees were highlighted.

Key Words: Socio-Demographic Variables, Health/Wellbeing, Deportees.

INTRODUCTION

Being deported from a country is no doubt impactful to the health status of deportees. With observation from previous studies that Africa experiences one of the highest deportation rates yearly, especially among Africans who have or are migrating to the western worlds, there are still very few empirical researches that have been conducted to investigate the predictors of health and wellbeing of deportees in Africa after their experience of deportation. Further, understanding the predictors of health and wellbeing after the experience of deportation by this vulnerable group (deportees), like any other vulnerable group is imperative for the development of appropriate intervention programs for them (Mhaka-Mutepfa, 2018). Nigeria has been shown to report among the highest rates of deportation in Africa as compared with other African countries. In 2018, more than 11,000 persons

were deported from Europe to Nigeria (World Report, 2019). Shockingly, the same citation showed that this figure increased by the first half of 2019 to over 12,000 persons, and this was higher than the number of deportees recorded by most other African countries such as Ghana, and South Africa. Thus, guided by relevant literature, this study investigated the roles of socio-demographic variables in predicting health and wellbeing after the experience of deportation. The socio-demographic variables in this research included gender, age, deportation history, and period of stay in country deported from. These variables were considered given their sensitivity to health prediction, and the fact that they have not been a point of study for many health researchers (Momtaz, Ibrahim, Hamid, & Yahaya, 2011; Ogueji & Olley, 2019; Affleck, Selvadurai, Sikora & Gantez, 2019).

The dependent variable, health and wellbeing was defined by the World Health Organization (WHO) as a complete state of physical, mental and social wellbeing, and not just the mere absence of illness (WHO, 1948). Thus, it implies that health is accounted for by physical, mental and social variables. Hence, a balance in the physical, mental and social functioning of individuals yields good health and wellbeing. In view of the aforementioned definition of health, it is suggestive that the current study was focused on the social antecedents of health and wellbeing among deportees.

LITERATURE REVIEW

Theoretical Framework

Biopsychosocial Model of Health

George Engel (1977) developed the biopsychosocial model to support existing theories on health and wellbeing. According to this health model, human beings encounter biological, psychological and social factors which accounts for their health and wellbeing. Thus, if a person is healthy or ill, it is a function of the interaction of biological, psychological and social factors simultaneously. Furthermore, the theorist Engel, defined biological factors to include factors that are most controlled by an act of nature or medicine; psychological factors to include factors that are influenced by our thoughts and mental processes, and social factors to include all factors that falls within our environments or demographic information.

In view of the aforementioned discussion on the core assumptions of the biopsychosocial health model, this research utilized this theory to explain the roles of socio-demographic information in predicting health and wellbeing among deportees. Considering the roles, of sex, deportation history and period of stay in country deported from as independent variables, it would be expected that besides biological and psychological factors, these are very potent social variables that may influence health and wellbeing among individuals that have just been deported from another country (deportees).

One major implication of this theory is that, approaching health and wellbeing from a medical perspective alone is largely misinforming about a patient, similarly approaching health and wellbeing from a psychological or social perspective alone is also misinforming about a patient's health, consequently the importance of investigating health and wellbeing through the three main domains i.e. biological, psychological and social, identified by Engel (1977). However, for the objective of the present research, much attention will be given to the social antecedents of health and wellbeing among deportees.

Related Findings

Socio-Demographic Information and Health/Wellbeing

Deportees can be considered as a vulnerable population, considering the fact that deportation takes a toll on their physical and mental health. Therefore, this review of related studies examined studies that explored the socio-demographic determinants of health and wellbeing among similar vulnerable populations. For instance, Affleck, et al. (2019) in a quest to understand the influence of socio-demographic variables on health and wellbeing among deportees, embarked on a study to investigate the gender differences in health reported by deported migrants after their experience of deportation. Data were collected from 206 just deported migrants in Cameroun using questionnaires and qualitative interview. The outcome of the research showed that, women reported more clinical symptoms than their male counterparts after deportation. Further findings showed that there was a significant negative relationship between deportees' age and health. As a result of the aforementioned findings, the researchers concluded that socio-demographic variables act as barriers to health and wellbeing among deportees. Hence, it was suggested that further research may seek to identify further socio-demographic barriers to the health of deportees. It was also recommended that rehabilitation programs that encourage resilience are required for both male, and female deportees.

Uzodinma, Oche and Nwakali (2018) embarked on a study to investigate the social antecedents of health and wellbeing among deportees undergoing rehabilitation in Lagos, Nigeria. Through a simple random sampling technique 172 deportees were selected, data were collected with the use of questionnaires and analyzed. The results from the analysis showed that there was no significant sex differences in health and wellbeing among deportees. Further findings showed that, marital status, educational level, socio-economic status and source of deportation significantly influenced the health and wellbeing among deportees. Consequently, the researchers; Uzodinma, et al. (2018) concluded that health and wellbeing among deportees is an important aspect of rehabilitation processes, with further investigations needed to support the contributions of psychologists during rehabilitation processes. In addition, it was recommended that further studies may use larger sample size for a better generalizability effects, and further studies may engage in a comparative analysis of findings across deportees from different countries for better research intervention outcomes.

Ogueji, and Olley (2019) submitted from a sample of 282 vulnerable persons in Lagos, Nigeria, that socio-demographic variables including age, and number of children raised were significant determinants of wellbeing. Similarly, Mhaka-Mutepefa (2018) reported that socio-economic factors, and health insurance status were significantly associated with wellbeing in vulnerable persons in Zimbabwe. Also, Momtaz, et al. (2011) demonstrated that, social factors including age, sex, marital status, and household income significantly contributed to wellbeing among 1,415 vulnerable persons in Malaysia. However, employment status, level of education, and place of residence failed to predict wellbeing in their study. In this regard, these authors suggested that vulnerable persons need further attention from researchers.

Lastly, Winkman and Grasshorn (2019) embarked on a study in Zimbabwe to investigate the social factors underlying the health and wellbeing of just deported migrants. Through an accidental sampling technique 231 deportees were selected, data were collected using survey and qualitative interview designs, and analyzed. First, the outcome of the data analysis showed that deportees reported strong stigmas and perceived feelings of failure, and male deportees reported higher health and wellbeing than their female counterparts. Second, it was observed that highly religious deportees and deportees

from polygamous families reported better health and wellbeing than their counterparts who are less religious or from non-polygamous families. In this light, the researchers, recommended that African governments as well as the immediate families of deportees are required to provide maximum support to deportees in order to maintain health and wellbeing in them.

The above literature supports the argument in the current study that socio-demographic variables are potential predictors of health and wellbeing in vulnerable populations. However, there are scarcity of data on the potential socio-demographic variables predicting health and wellbeing among deportees, especially deportees in Nigeria. In addition, the above reviewed studies supports the argument that the socio-demographic variables considered in the current study have not been previously studied in most cases. Also, the reviewed studies presented some suggestions for further studies. Hence, the current study looks to address some of these suggestions, bridge knowledge gaps, and contribute meaningfully to the knowledge of health and wellbeing after the experience of deportation. Therefore, the following research objectives, questions, and hypotheses were presented.

Research Objectives

The following were the objectives of this research:

1. To examine the gender differences in health and wellbeing after the experience of deportation
2. To investigate the manner in which deportees' age will influence their health and wellbeing.
3. To examine the extent to which deportation history, and period of stay in country deported from will predict health and wellbeing after deportation.
4. To highlight the implication of findings for clinical psychologists during rehabilitation of deportees.

Research Questions

The following research questions were answered in this research:

1. To what extent will the gender of deportees influence their health and wellbeing after the experience of deportation?
2. In what manner will age influence health and wellbeing among deportees?
3. To what extent will deportation history, and period of stay in country deported from predict health and wellbeing after the experience of deportation?

Research Hypotheses

The following hypotheses were tested in the present study:

1. There will be a significant gender difference in health and wellbeing after the experience of deportation.
2. There will be significant relationship between deportees' age and health/wellbeing
3. Deportation history and period of stay in country deported from will have significant joint and independent prediction on health and wellbeing among deportees.

RESEARCH METHODOLOGY

This research adopted a cross-sectional survey design. The research instruments for the study was a standardized questionnaire divided into two (2) sections, i.e. section A which assessed the demographic information of participants, and section B which was the health and wellbeing 10-item scale developed by Riazi, Bradely, Barendse, and Ishii (2006). A reliability coefficient of 0.85 was obtained in the current study using the Cronbach's alpha. Data were collected from 182 willing

deportees, which comprised 88 males and 94 females, with mean age of 41.80 years (SD = 13.04). A simple random sampling technique was used in the recruitment of participants, who were undergoing rehabilitation and counselling programs at the Hope Resources Center in Gwarinpa, Abuja FCT, Nigeria. Participants filled and returned the questionnaires between the hours designated as free time in the rehabilitation center. The chances of extraneous variables were minimized by ensuring that all sampled participants did not have health problems before they were deported to Nigeria. Ethical considerations i.e. ethical approval, informed consent, justice, confidentiality, equal treatment and respect for participants, were all considered during research procedures.

RESULT PRESENTATION

Hypothesis 1

Hypothesis one which stated that there will be a significant gender difference in health and wellbeing after the experience of deportation, was tested using t-test for independent samples, and is presented below.

Summary of t-test table showing the gender differences in health and wellbeing

DV	Group	N	Mean	SD	t	Df	P
Health and wellbeing	Male	88	35.04	11.43	.81	180	>.05
	Female	94	36.27	11.16			

The above table presents results of the gender differences in health and wellbeing among deportees undergoing rehabilitation and counselling in Abuja metropolis. It is shown that female deportees (36.27) reported higher mean score than their male (35.04) counterparts although the difference was insignificant. Hence, there is no significant gender difference in health and wellbeing among deportees undergoing rehabilitation and counselling in Abuja metropolis, as determined by independent sample t-test at [t (180) = 0.81; P>.05]. Consequently, the result falsifies the stated hypothesis one, hence hypothesis one is rejected in this study.

Hypothesis 2

Hypothesis two which stated that there will be significant relationship between deportees' age and health/wellbeing was tested using Pearson product moment correlation and is presented below.

Pearson product moment correlations summary table showing the relationship between age and health/wellbeing among deportees

Variables	Mean	SD	Df	r	P
Age	41.80	13.04	180	0.67**	P<.01
Health/wellbeing	35.71	11.26			

The correlation result indicate that, there is a significant positive relationship between age and health/wellbeing among deportees undergoing rehabilitation and counselling in Abuja metropolis [$r = .67$; $df = 180$; $P < .01$]. A coefficient of determination, i.e. r^2 , was tested as $.67^2 = 0.45$. Therefore, age of deportees accounted for 45% variance in health and wellbeing after deportation, while the remaining 55% was accounted for by variables other than age. Consequently, the stated hypothesis two is verified.

Hypothesis 3

Hypothesis three which stated that deportation history and period of stay in country deported from will have significant joint and independent prediction on health and wellbeing among deportees was tested using multiple regression analysis and is presented below.

Summary of multiple regression analysis table showing the predictors of health & wellbeing

Variables	R	R ²	F	P	Beta	t	P
Deportation history	.55	.30	241.16	<.01	.55	6.74	P<.01
Stay period					-.61	-2.44	P<.01

This table presents result on the joint and independent prediction of deportation history and period of stay in country deported from on health and wellbeing. It is shown that deportation history and period of stay in country deported from had a significant joint prediction on health and wellbeing [$R = .55$; $R^2 = .30$; $F(2, 182) = 241.16$; $P < .01$], also it was found that deportation history and stay period jointly accounted for 30% ($R = .55$; $R^2 = .30$) of health and wellbeing after deportation among deportees. Further results showed that deportation history ($\beta = .55$; $t = 6.74$; $P < .01$) and period of stay in country deported from ($\beta = -.61$; $t = -2.44$; $P < .01$) had significant independent predictions on health and wellbeing, with period of stay in country deported from having the greater independent prediction. These results confirms the stated hypothesis three, hence hypothesis three is verified.

DISCUSSION AND IMPLICATIONS FOR CLINICAL PSYCHOLOGISTS IN THE REHABILITATION OF DEPORTEES.

This research stated three hypotheses, two were accepted and one was rejected. The aforementioned results of this research has great implications, especially for rehabilitation or counselling deportees. First, the findings from this research showed that there was no significant gender difference in health and wellbeing among deportees. A major implication of this finding is that it is pertinent enough for male and female deportees to undergo rehabilitation programs immediately after deportation in order to sustain health and wellbeing after deportation. This finding was consistent with literature (Uzodinma, Oche & Nwakali, 2018). However, this finding contradicted studies where a significant gender related differences was found (Momtaz, et al. 2011).

Second, the findings from this research showed that there was a significant positive relationship between age and health/wellbeing among deportees. This finding implied that the older participants were, the higher their health and wellbeing after deportation and the younger participants were, the less their health and wellbeing after deportation. A major implication of this finding is the need for a thorough assessment of health and wellbeing in deportees with age differences. The finding from the second hypothesis agreed with previous studies (Ogueji & Olley, 2019; Momtaz, et al. 2011), and however disagreed with findings from Affleck, et al.(2019).

Lastly, it was observed that findings from this research showed a significant joint and independent prediction of deportation history and period of stay in country deported from on the health and wellbeing of deportees. This implies that the time frame in which deportees have been deported and how long they have stayed in the country they were deported from are potent socio-demographic variables influencing health and wellbeing after the experience of deportation by deportees. Further observation of the beta value of each predictor variable (deportation history & stay period) showed that period of stay in country deported from is a limitation to health and wellbeing after deportation when deportees have stayed a long time in the country they were deported from. An implication of this for clinical psychologists during rehabilitation of deportees is the importance of a thorough history assessment during rehabilitation programs. In view of the aforementioned discussion and implications, these findings have recommendations for improving and maintaining health and wellbeing after the experience of deportation by deportees.

Limitation of Research

The data for this research were collected using self-report inventories (questionnaires), hence possibilities are that participants had their responses influenced by social desirability effects. Nonetheless, this was controlled by ensuring that participants responded to the questionnaire in an anonymity status, so that they could be more sincere with their responses. Also, sufficient literature around this topic was largely lacking, and as such the authors were limited with the number of related studies to review.

Recommendation and Conclusion

The following were the recommendations from this study:

1. First, it is recommended that deportees should be encouraged to undergo screening for clinical symptoms, as well as rehabilitation or counselling programs immediately after deportation.
2. Second, it is recommended that maximum social support programs should be put in place for individuals who have just been deported.
3. Third, it is recommended that psychologists and other healthcare professionals involved in the rehabilitation of deportees should sufficiently consider the deportation history and period of stay in country deported from during their clinical assessments.
4. Fourth, it is recommended that health/wellbeing programs designed for deportees should target younger deportees than older deportees, this is justified by the observed significant positive relationship between deportees' age and health/wellbeing in this study.
5. Finally, further studies are recommended to contribute to knowledge by further investigating the non-identified barriers to health and wellbeing, after the experience of deportation by deportees.

Hence, the current study concluded that deportees' age, deportation history and period of stay in country deported from, are potent socio-demographic variables influencing their health and wellbeing after the experience of deportation as tested in this empirical research. Our conclusion is also partly suggestive of a theoretical consensus between our findings, and the assumptions of the biopsychosocial model of health.

Contribution of Authors

Eyisi, I, Meek played the lead role in writing the introduction, literature review and methodology.

Ogueji, A. Ifeanyichukwu played the lead role in data collection, data analysis, and the discussion of findings.

Conflict of Interests

Nil.

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REFERENCES

Affleck, Selvadurai, Sikora&Gantez (2019). The gender differences in health reported by deported migrants after their experience of deportation. *Journal of Public Health&Social Behavior*, 72, 818-826.

Engel, G. (1977). Biopsychosocial health model. *Wikipedia*.

Mhaka-Mutepfa, M. (2018). Socio-demographic factors, and health-related characteristics that influence the quality of life of grandparent caregivers in Zimbabwe. *Gerontology & Geriatric Medicine*, <https://doi.org/10.1177/2333721418756995>.

Momtaz, Ibrahim, Hamid, & Yahaya (2011). Socio-demographic predictors of elderly's psychological wellbeing in Malaysia. *Aging & Mental Health*, 15(4): 437-445.

Ogueji, I. A., & Olley, B. O. (2019). Psychological Capital, Burden of Care and Socio-Demographic Factors as Predictors of Psychological Wellbeing among Needy Single Parents in Lagos Metropolis: Implications for Clinical Practice. DOI:[10.13140/RG.2.2.20352.99844](https://doi.org/10.13140/RG.2.2.20352.99844)

Riazi, Bradely, Barendse, & Ishii (2006). Development of the wellbeing questionnaire short-form in Japanese: The W-BQ12. *Health Qual Life Outcomes*. 2006; 4:40.

Uzodinma, Oche&Nwakali (2018). The social antecedents of health and wellbeing among deportees undergoing rehabilitation in Lagos, Nigeria. *Nigerian Archives of Applied Science*, 45, 61-76.

Winkman&Grasshorn (2019). The social factors underlying the health and wellbeing of just deported migrants in Zimbabwe. *Unpublished PhD Thesis*.

World Health Organization (1948). *Geneva*.

World Report, (2019). Nigeria's Events. Retrieved from <https://www.hrw.org/world-report/2019/country-chapters/nigeria>.