

SOCIAL EXCLUSION AND AFRICAN IMMIGRANTS IN THE UNITED STATES

by

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(Under the Direction of Larry G. Nackerud)

ABSTRACT

In recent years, African nationals have been among the fastest growing immigrant groups in the United States. However, studies have shown that factors that facilitate integration of other immigrants into U.S. society, such as English language fluency, hard work and education, have not produced similar results for African immigrants. Evidence suggests various structural and relational exclusionary mechanisms that impede the incorporation of African immigrants in the U.S. The aim of this dissertation is to explore factors that influence the social exclusion of African immigrants in the United States and how this affects the wellbeing of this population. This study aims to answer the following research questions: (1) what factors best predict social exclusion among the African immigrant population? (2) what is the effect of social exclusion on the psychological and social wellbeing of African immigrants? And, (3) what is the impact of individual coping strategies on experiences of social exclusion among this immigrant population? The study utilized a cross-sectional survey design using a self-administered questionnaire. Study participants included African immigrants age 18 and above who are temporarily or permanently living in the United States (N=409). In study one, findings showed that discrimination, education, income, health, religion and length of U.S. residence were significant predictors of social exclusion among African immigrants. In study two, social

exclusion was found to have significant negative effects on mental health, subjective isolation, societal trust and worries about safety. And finally in three, findings showed that the coping strategies of active coping and use of instrumental support were significant moderators on the relationship between perceived discrimination and social exclusion. Findings from this study contribute to the body of knowledge on African immigrants in the United States and offer several implications for social work practice including risk factors associated with higher levels of social exclusion, negative implications of social exclusion on psychological and social wellbeing, and the identification of coping strategies that can help mitigate negative effects of discrimination on social exclusion. Taken together, these findings can help promote efforts to enhance the quality of life and wellbeing of African immigrants in the United States.

INDEX WORDS: African immigrants, Social exclusion, Psychological wellbeing, Social wellbeing, Discrimination, Coping strategies.

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DEDICATION

To my One & Only

To my children – William, Jayden & Katelyn

&

My forever family – Mom, Dad, Oscar, Brenda, Criss, Danny, Milly

& your better halves and beautiful children

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CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

Introduction and Summary of the Literature

African nationals have, in the past few years, become one of the fastest growing immigrant groups in the United States (Anderson, 2017; Zong & Batalova, 2014; Thomas, 2014). Between 1980 and 2013, the sub-Saharan African immigrant population in the United States increased from 130,000 to 1.5 million (Zong & Batalova, 2014). In 2015, there were approximately 2.1 million African immigrants living in the United States (Anderson, 2017). About 1.7 million of these African immigrants originated from sub-Saharan African countries (Zong & Batalova, 2017). Even though Africa tends to be conflated with black, present-day immigrants from the African continent are more diverse in relation to their racial, social and cultural characteristics (Thomas, 2014). In addition, the diverse pathways that grant African immigrants entrance into the United States results in a heterogeneous immigrant group of varied pre and post migration socioeconomic status (Arthur, 2000; Thomas, 2014).

The welfare of African immigrants in the United States is of particular interest given that the first African migrants in the United States came through means of bondage under the transatlantic slave trade. African immigrants in poor inner-city neighborhoods have been found to face some of the most severe constraints on social mobility (Hughes, 2006). Additionally, poverty rates among some African immigrant groups have been found to exceed that of the U.S. national average (Wilson 2008). Research examining the welfare of African immigrants suggests that socioeconomic constraints are more likely concentrated among black than non-

black Africans (Hughes, 2006; Wilson, 2008). This may be due to black African immigrants' experiences of racism, discrimination and other indicators of disadvantage similar to those of US-born blacks (Arthur, 2000; Bashi & McDaniel, 1997; Showers, 2015; Thomas, 2014). Studies show that strategic elements that have facilitated the integration of other immigrants into US societies, such as hard work, English fluency and education have not necessarily produced similar results for African immigrants (Arthur, 2000; Arthur, 2009; Creese, 2011; Obiakor & Grant, 2002; Showers, 2015; Thomas, 2014). Thus evidence suggests a racially stratified process of immigrant incorporation in the United States.

Negative implications for health and psychological adjustment have been observed among black Africans in western societies due to contextual factors affecting their social mobility (Akinsulure-Smith, 2017; Arthur, 2000; Obiakor & Grant, 2002; Sellers, Ward & Pate, 2006; Thomas, 2014). Furthermore, stereotypical media portrayals of Africa as characterized by hunger, disease and poverty have been suggested to be contributory to skill undervaluation and lack of confidence in the abilities of African immigrants by most Americans (Dodoo, 1997; Showers, 2015). As Shibutani & Kwan (1965, p. 14) indicated, "a person is treated not by who he is but by how he is defined." Thus, within the U.S context, black African immigrants not only have to adjust to their immigrant status, they also have to negotiate racism, discrimination with an added layer of supposed backwardness. Therefore, this group could be particularly vulnerable to negative incorporation outcomes in U.S. Societies. In addition, there is limited research examining variations in incorporation processes of African immigrants in the United States, especially those defined by race.

Evident Stressors Among African Immigrants

Scholars indicate that the biological similarities with U.S. born blacks entail that black African immigrants upon arrival are involuntarily placed in a racial category with the most disadvantage (Arthur, 2000; Bashi & McDaniel, 1997; Thomas, 2014). This facilitates experiences of disadvantage, prejudice, discrimination and systemic exclusion similar to those of US-born Blacks (Thomas, 2014). However, for most black African immigrants, their historical context and pre-migration racial majority status in their countries of origin does not necessarily prepare them for this racialization which can cause distress and have significant negative impact on their psychological wellbeing (Asante, Sekimoto & Brown, 2016; Obiakor & Grant, 2002; Sellers et al., 2006; Showers, 2015).

For example, several studies conducted among African immigrants document experiences of discrimination, difficulties related to negotiating racial identity, prejudice, social isolation, alienation and sadness. In addition, these studies portray experiences of devaluation of skills, knowledge and/or intelligence, due to the negative stereotypes of Africa perpetuated in U.S. media, which presents as a barrier to positive outcomes in educational settings, job opportunities, social interactions and wellbeing (Akinsulure-Smith, 2017; Arthur, 2000; Asante et al., 2016; Obiakor & Grant, 2002; Sellers et al., 2006; Showers, 2015). For example, despite high educational levels and English fluency, occupational discrimination, accent discrimination and lower earnings have been observed among black African immigrants (Batalova, Fix & Bachmeier, 2016; Borch & Corra, 2010; Creese, 2011; Showers 2015; Thomas, 2014). These findings imply that discrimination is a major factor to consider in African immigrant outcomes in the United States.

Furthermore, research indicates the existence of tensions in relations between African immigrants and U.S-born African Americans who perceive African immigrants to be docile on race issues and not active participants in the African American cause (Arthur, 2000; Asante et al., 2016; Obiakor & Grant, 2002). This places African immigrants in an isolated position of being neither white nor 'truly' black. Arthur (2000) attributed this ambivalence in race issues among African immigrants to their uncertainty on how to deal with the longstanding black-white polarization in the U.S. given their historical context. He further added that the cultural norm regarding stranger-host relations prevalent in most African cultures discourages strangers from meddling or interfering in matters of the host society; and thus they find comfort in the idea that they will one day return home as they endure racial discrimination. However, there is limited research exploring this assumption, and how black African immigrants negotiate and cope with their racialized experiences.

In addition, several studies demonstrate clear evidence that racism and ethnic discrimination is associated with high prevalence of psychosocial disorders among immigrant groups (Pascoe & Smart Richman, 2009; Schmitt, Branscombe, Postmes & Garcia, 2014; Toselli et al., 2014). In addition, immigrant groups, especially those with refugee background, have been found to have higher incidence of mental health concerns and overall poor psychological wellbeing in comparison to non-immigrants (Blomstedt, Johansson & Sundquist, 2007; Keyes, 2000; Pumariega, Rothe & Pumariega, 2005). A qualitative study among Black African immigrant women in the United States found that depressive symptoms were a major concern among this group (Sellers et al., 2006). Thus like other immigrants, African immigrants are also vulnerable to negative psychological wellbeing, especially with the added issues of racial disadvantage for black Africans. However, published research on the psychosocial health of the

varied African immigrant groups in the United States is scant.

Immigrant populations have also been found to have significantly lower levels of participation in a variety of social and civic activities in areas where they live in comparison to the host population (Lindstrom, 2005). This limited participation in society due to a variety of factors aligns with the ideas of the concept of social exclusion that suggests that limited participation in social, economic, cultural and political activities facilitates disadvantage for marginalized groups (Silver & Miller 2003). Decreased societal participation can result in social isolation, an issue that has been found among African immigrants (Arthur, 2000; Asante et al., 2016; Obiakor & Grant, 2002; Sellers et al., 2006). Consequently, a combination of discrimination and social isolation can have a negative impact on the wellbeing of African immigrants. For example, a study among Somali, Russian and Kurdish immigrants in Finland found that discrimination had negative effects on their social wellbeing including a decreased sense of safety, loneliness and poor quality of life (Castaneda et al., 2015).

Other significant stressors experienced by African Immigrants in the United States include poverty, underemployment, loss of status, mental health, extended family demands, loneliness, negotiating education systems, parenting in the U.S. and immigration status among others (Akinsulure-Smith, 2017; Arthur, 2000; Boise et al., 2013; Betancourt et al., 2014; Sellers et al., 2006; Showers, 2015). For example, high poverty rates exceeding the U.S. national average and social mobility constraints have been found among Black African immigrants and refugees in inner cities (Hughes, 2006; Wilson (2008). Therefore, evidence in the literature indicates an array of stressors that could have significant impact on incorporation outcomes of African immigrants in the United States.

Rationale for the Study

In the context of the United States, minority groups such as Native Americans and African Americans have had a long history of systemic exclusion from full societal incorporation (Heisler, 1992). Thomas (2014, p.2) describes incorporation as, “the process by which immigrants are absorbed or merged into the larger US society and become better able to engage in its activities.” Thus among the consequences of this new wave of African immigrants is the question of whether there is a variation of incorporation processes of Africans based on their diverse characteristics. Additionally, there is limited research examining the experiences of African immigrants in the U.S. including challenges or stressors they face, and how these stressors impact their overall wellbeing. Evidence in the literature points to various structural and relational exclusionary mechanisms that impede the incorporation of African immigrants in the United States. With increasing numbers of African immigrants in the United States, understanding the experiences of this population is vital in efforts to promote the wellbeing of African immigrants.

Scholars propose that immigrant groups have increased risk for social exclusion in their host societies (Castaneda et al., 2015; Jehoel-Gijsbers & Vrooman, 2007). The concept of social exclusion seeks to identify structures and dynamic processes of inequality that deter integration or full participation into society (Silver & Miller, 2003). Therefore, the purpose of this dissertation study is threefold: (1) to explore factors related to the social exclusion of African immigrants in the United States, (2) examine the effects of social exclusion on the psychological and social wellbeing of African Immigrants, and (3) explore the relationship between coping strategies utilized by African immigrants and experiences of social exclusion. It is important to note that in this dissertation, African immigrants are defined as African foreign born and not as

the concept is defined by U.S. immigration law which distinguishes between immigrants, nonimmigrants, refugees, or illegal aliens.

Theoretical Framework

The social exclusion framework guides the three studies in this dissertation. The concept of social exclusion originates within the context of European social policy and is credited to the works of Lenoir, the French Secretary of State for social welfare in the 1970's (Levitas, 2006; Silver & Miller, 2003). Where theories of assimilation focus on immigrant upward mobility (Gordon, 1964; Portes & Zhou, 1993), the concept of social exclusion seeks to identify structures and dynamic processes of inequality that deter integration or full participation into society (Silver & Miller, 2003). Despite numerous definitions and contestations, social exclusion has been widely used in the past 20 years (predominantly Europe and internationally) in social policy discourse and strategies to promote the social inclusion of marginalized groups (Peace, 2001; Kahn & Kamerman, 2002; Vrooman & Hoff, 2013). Social exclusion can be defined as “dynamic multidimensional processes driven by unequal power relationships interacting across four dimensions – economic, political, social and cultural – and at different levels including individual, household, group, community, country and global levels,” (World Health Organization [WHO], 2010, p.36).

The definition of social exclusion is rooted in the French scientific tradition that emphasizes social connectedness and people's levels of integration in society, and Anglo-American tradition that emphasizes relative deprivation, the idea of disadvantaged in comparison to another group of similar characteristics (Jehoel-Gijsbers & Vrooman, 2007; Silver & Miller, 2003; Vrooman, 2011; Vrooman & Hoff, 2013). Earlier discourses in sociology, such as Parker (1928)'s article, '*Human migration and the marginal man,*' associated social exclusion with

immigrants, and Elias & Scotson (1965) associated social exclusion with cultural conflicts between insiders and outsiders. This backdrop upon which social exclusion is defined aligns with issues of concern highlighted in immigrant literature such as the extent to which immigrants are integrated in society, immigrants increased vulnerability to isolation, socioeconomic deprivation and discrimination. Thus, the concept of social exclusion is an appropriate framework from which this dissertation seeks to explore the experiences of African immigrants in the United States.

At the core of social exclusion is the notion that lack of participation in mainstream social, cultural, economic and political activities facilitates social disadvantage and deprivation at individual or group levels (Burchardt, Le Grand & Piachaud, 2002; Jehoel-Gijsbers & Vrooman, 2007; Kahn & Kamerman, 2002; Silver & Miller 2003). Though some scholars have used the concept of social exclusion interchangeably with poverty (Howarth et al., 1998; Sommerville, 1998), Silver & Miller (2003, p.8) argue that social exclusion offers a broader and holistic view of understanding disadvantage and deprivation contrary to poverty that is “exclusively economic, material or resource based.” Thus the concept of social exclusion seeks to identify several aspects of disadvantage in efforts to promote the overall wellbeing of vulnerable groups. Consequently, social exclusion has been found to be a major determinant of negative socioeconomic and health outcomes (Bask, 2005; Bayram et al., 2012; Bergen et al., 2014; Kahn & Kamerman, 2002).

Social exclusion is proposed to be multidimensional, framed in societal relations and is seen as an issue of social and community exclusion (Burchardt et al., 2002; Jehoel-Gijsbers & Vrooman, 2007; Kahn & Kamerman, 2002; Silver & Miller, 2003). For example, a study in Sweden found higher incidence of social exclusion among immigrants compared to non-

immigrants. They also found a higher likelihood of unemployment, poor housing, lower earnings, poor health, and isolation among immigrants (Bask, 2005). Another study by Arbaci & Malheiros (2010) also found an overrepresentation of immigrants in low-skilled jobs and sub-standard housing in several European countries. This points to several dimensions of disadvantage experienced by immigrants, material and non-material. These findings concur with the suggestion that exclusion in one dimension increases vulnerability of exclusion on the other dimensions of social exclusion (Jehoel-Gijsbers, 2004).

Additionally, social exclusion is proposed to be context specific and, that experiences of exclusion vary over time (Burchardt et al., 2002; Silver & Miller, 2003). This implies that the meaning of social exclusion and how it is defined will depend on the context through which it is experienced. For example, within the United States, exclusion is often associated with race, discrimination and poverty (Silver & Miller, 2003; Wright & Stickley, 2013). Thus, by examining social-cultural and structural-economic dimensions, the social exclusion lens attempts to provide a holistic view of the difficulties experienced by immigrants in their adjustments in a new country.

Data Collection

Design

Data for this dissertation was collected using a cross-sectional survey using a self-administered online questionnaire to explore social, economic, political and cultural participation, coping strategies and various outcomes including mental health, quality of life, and social wellbeing among African immigrants. A cross-sectional design collects data at a single point in time in which exposure and outcome are determined simultaneously for each subject. However, the reference period of the characteristics participants report can be for that point in

time or a recollection from a reasonable period of time in the past (Cornelius & Aday, 2006; Engel & Schutt, 2013). While a cross sectional study cannot show causality between variables due to time order not being accounted for, it is appropriate for describing characteristics of a particular population and enables data to be collected from larger samples quickly. Additionally, a cross sectional survey allows for simultaneous analysis of multiple variables and can allow for more accurate responses to sensitive questions such as those related to immigrant experiences (Engel & Schutt, 2013; Rubin & Babbie, 2016). Participants provided their information directly through completion of an online survey, thus interviewer bias was not problematic in this study. The online survey was administered using Qualtrics.

Survey Instrument & Pilot Study

Aday & Cornelius (2006) highlighted the importance of conducting pilot testing in survey design as it provides researchers with opportunities to discover any issues with the survey instrument and alleviate unanticipated problems. In preparation for this proposed study, a pilot test was conducted to gauge the clarity and face validity of the survey instrument.

To reserve African immigrants for the actual dissertation study, the pilot study was distributed to immigrants from the Caribbean Islands. This group was chosen particularly due to some of its similarities with African immigrants such as racial diversity, African heritage and diversity in countries of origin socioeconomic conditions. Pilot study participants were recruited through snowballing method that entailed finding participants through referral from other participants (Engel & Schutt, 2013). A survey link was distributed via email to about 20 first and second generation immigrants from the Caribbean Islands living in the United States age 18 and above. A total of 19 participants completed the online survey. The sample included 67% first generation and 33% second generation immigrants. Participants were predominantly female (94%) but were

varied in age (Mean = 35, SD = 5.1) and country of origin. About 94% of the sample identified as Black/African American.

Respondents were asked to complete four additional questions at the end of the online survey to elicit their feedback on the following aspects of the survey instrument: format, length, wording, clarity and general feedback to improve the survey. Overall, respondents reported that they were satisfied with the length of the survey (time ranged from 5-15 minutes to complete, and that questions were easy to understand. A few respondents indicated that a few questions were somewhat repetitive, confusing or too long. For example, one participant indicated that the following item, “I have been using alcohol or other drugs to make myself feel better”, was too direct. Another participant stated that they did not understand the meaning of ‘clubs’ in the question, “I have enough money for club memberships.” These items were related to some of the questions on original scales (i.e. social exclusion scale and Brief Cope) to which modifications could not be made.

However, a few minor changes, mostly related to typographical errors, were made on the questionnaire according to the recommendations from the pilot and examination of survey responses. For example, one question, “What is your religious affiliation?” had five response options; Christian, Hindu, Muslim, None, and Other (please specify text option). However, instead of selecting Christian, some participants selected ‘Other’ and specified as Anglican, Mormon, Catholic and so forth. To be more inclusive and reduce confusion, this question was modified by adding more response options (i.e. Jewish, Sikh, Buddhist) and removing the text option for the category ‘other’. Overall, the pilot study was helpful in assessing the clarity and effectiveness of the survey instrument utilized in this study.

Sampling Procedures

That target sample for this study was 1st and 2nd generation immigrants from African countries (age 18+) living in the United States temporarily or permanently. To be eligible, participants must have come from a country in Africa to live temporarily or permanently in the United States, or must have at least one parent that immigrated to the U.S. from Africa. There was no sampling frame for the diverse African immigrant population this study sought. Pedersen & Nielsen (2016) indicated a 15-20% expected response rate for Internet surveys and thus two methods of data collection were utilized to maximize the sample size. This included the use of snowball sampling and Qualtrics research panels. Data were collected between October and November 2017.

Snowball sampling entailed the selection of participants based on referral from prior participants. Through word of mouth, email, or phone call, I invited Africans I know and others I came into contact with during the data collection period to participate in the study. These were then asked to pass the on-line survey link along to friends, family or acquaintances throughout the U.S. that were eligible for the study. This type of sampling procedure is useful in situations where the target population may be hard to reach (Trochim & Donnelly, 2008). Immigrant populations are typically considered hard-to-reach populations, as they cannot easily be identified in commonly used lists such as phone directories (Rubin & Babbie, 2016).

Though not initiated by the researcher, social media recruitment was reportedly utilized by some participants to distribute the survey to peers on their Facebook pages. A total of 109 participants completed the survey using snowball sampling. About 104 participants completed the online survey and 5 completed a paper version of the online survey. There were no participants that opted to complete the survey via phone even though that option was offered. All

participants in the snowball sample were eligible to participate in a weekly drawing for a \$25 gift card.

Participants were also recruited using Qualtrics research panels. Qualtrics online panels are generally designed to create nationally representative samples from which to randomly select survey participants. Participants opt in to be on Qualtrics research panels. Qualtrics utilizes by-invitation-only panel online recruitment to avoid self-selection and professional survey takers. This also allows for a cross-sectional sample that can be better generalized to the population. Email invitations initiated by Qualtrics were sent to Qualtrics panel participants that were eligible for the study in October 2017, of which 300 participants completed the online survey. For their participation in the study, panel participants were eligible for points that could be pooled and later redeemed in form of gift cards, sky miles, credit of online games and so forth, according to prior arrangements they made with Qualtrics when they registered for the panel.

Sample

The final sample for this dissertation study was 409 participants that represented 31 African countries, and 42 of the 50 states. This included a distribution across all four U.S. Census Bureau Regions: 15.9% northeast, 14.7% midwest, 47.5% south, and 21.9% west. Approximately half of the sample consisted of first generation African immigrants. The sample was primarily black (84%) and most identified as female (68%). Before data was collected, IRB approval was obtained from the University of Georgia office of Human Subjects.

Proposed Dissertation Structure

Chapter 2: Predictors of social exclusion among African immigrants in the United States

Chapter 2 explores determinants of social exclusion among African immigrants in the United States. This study will address the following three questions: (1) What factors are

associated with social exclusion among African immigrants in the United States? (2) How are these factors related to the social, cultural, economic, and political dimensions of social exclusion? (3) How well does the social exclusion measure apply to the African immigrant population in the United States. It is hypothesized that race, education, religion, length of stay, income, and discrimination will be significantly associated with social exclusion.

Chapter 3: The impact of social exclusion on the psychological and social wellbeing of African immigrants in the United States

Chapter 3 examines the effects of social exclusion on the psychological and social wellbeing of African immigrants in the United States. This study is informed by research that has found social exclusion to play a substantial predictive role in negative socioeconomic and health outcomes (Bask, 2005; Bayram et al., 2012; Bergen et al., 2014; Kahn & Kamerman, 2002). The study explores whether social exclusion has significant effects on two aspects of psychological wellbeing: mental health symptoms and perceived quality of life. And, whether social exclusion has significant effects on three aspects of social wellbeing; feelings of safety, subjective isolation, and how much trust immigrants place in their communities (societal trust). It is hypothesized that social exclusion will have negative effects on mental health and quality of life. Additionally, it is hypothesized that social exclusion will be inversely associated with feelings of safety and societal trust, and that an increase in social exclusion will be positively associated with subjective isolation.

Chapter 4: The moderating effects of coping strategies on discrimination and social exclusion among African immigrants in the United States

Chapter 4 explores coping strategies utilized by African immigrants and the relationship between ways of coping, discrimination and social exclusion. This study is informed by research

that suggests that coping strategies utilized in response to various life stressors have an effect on varied socioeconomic and psychological outcomes (Jackson, Ray & Bybell, 2013; Sanchez, Dillon, Concha & De La Rosa, 2015), and studies that have found coping strategies to have a buffering effect on the negative effects of discrimination on psychosocial outcomes (Meyers, 2003; Wei, Heppner, Ku, & Liao, 2010). In this study, it is hypothesized that the use of religious coping, active coping and use of instrumental social support coping strategies will have a moderating effect on the relationship between discrimination and social exclusion among African immigrants in the United States. Variations in how different ways of coping impact the four dimensions of social exclusion are also examined.

Data Analysis

The primary analytic technique for all three studies is Structural Equation Modeling (SEM) using Mplus Version 5.0 (Muthe'n & Muthe'n, 2006). SEM is a multivariate statistical analysis that is used to measure the structural relationship between measured variables and latent constructs. The use of SEM is advantageous as it can be used to conduct multivariate analyses with multiple dependent variables simultaneously instead of conducting separate analyses (Kaplan, 2000; Kline, 2011). This technique is appropriate for these studies given that the key variable of interest, social exclusion, is a multidimensional latent construct, and that the studies consist of multiple dependent variables.

The two-step procedure described by Kline (2011) was utilized to test the SEM models. First, Factor analyses (FA) were conducted to assess or specify the measurement portion of the models for adequate fit. Second, models that combined the measurement portion with path analysis were examined. Bivariate analyses were utilized to determine the contribution of each independent variable to the outcome of interest. Descriptive statistics, data management and data

screening was conducted using SPSS Version 21. Kline (2011) recommends a minimum of 200 cases or 20:1 ratio in conducting SEM; where 20 is the number of cases and 1 is the number of parameters in the model. All three studies in this dissertation met the sample size criteria to utilize SEM as the primary statistical technique to examine study hypotheses (N= 409).

Conclusion

The main objective of this dissertation is to add to the sparse knowledge on experiences of African immigrants in the United States and generate discussions aiming at promoting the inclusion of this immigrant group. Specifically, the study aims to further knowledge of factors influencing multi-dimensional social exclusion of African immigrants, shed some light on how social exclusion impacts their mental health, quality of life and social wellbeing and, explore the effects of coping strategies utilized by this population on social exclusion. Results from these studies can be utilized to inform efforts targeting the inclusion of African immigrant groups, help refine social work interventions focused on promoting societal participation, decreasing social isolation and promoting the psychological and social wellbeing of this population.

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CHAPTER 2
PREDICTORS OF SOCIAL EXCLUSION AMONG AFRICAN IMMIGRANTS IN THE
UNITED STATES¹

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Abstract

Background: Research suggests exclusionary mechanisms fostering negative socioeconomic outcomes for African immigrants with increased vulnerability for Black African immigrants. The study explores factors that influence the social exclusion of African immigrants in the United States. I examined the following four dimensions of social exclusion that entail social-cultural and structural-economic exclusion: limited social participation, limited normative integration, material deprivation and limited access to basic social rights.

Method: A cross-sectional study was conducted on 409 African immigrants across the United States. Structural Equation Modeling (SEM) was used to analyze the data.

Results: Results revealed that discrimination, health status, education, religion, length of stay and income had significant direct effects on social exclusion. Participants with higher levels of education reported increased social-cultural exclusion. High levels of perceived discrimination were associated with higher levels of social exclusion on all dimensions. Participants who identified as Muslim, and participants with poor health reported higher levels of social exclusion. Higher income, and increased years of U.S. residence was associated with lower levels of social exclusion.

Conclusion: Findings highlight the need for a nuanced understanding of possibly complex interactions of factors that facilitate risk of exclusion for African immigrants in the United States. Programs and policies that aim at fostering the inclusion of this immigrant group should go beyond socioeconomic interventions and focus also on tackling structural barriers and discrimination in all its forms.

Key Words: African immigrants, Social exclusion, Discrimination, United States

Introduction

Existing scholarly literature indicates that migrant populations of non-European descent are particularly vulnerable to discrimination and exclusion in their host societies (Castaneda et al., 2015; Creese, 2011; Jehoel-Gijsbers & Vrooman, 2007; Thomas, 2014). Research suggests a higher likelihood of unemployment, low skilled jobs, poor housing, lower earnings and isolation among immigrants of color (Arbaci & Malheiros, 2010; Arthur, 2000, 2009; Batalova, Fix & Bachmeier, 2016; Borch & Corra, 2010; Obiakor & Grant, 2002; Thomas, 2014). The experiences of immigrant populations in the United States have attracted considerable attention in scholarly discourse in recent years. However, the African immigrant population in the United States has been grossly understudied.

In 2015, there were approximately 2.1 million immigrants from the African continent living in the United States (Anderson, 2017). About 1.7 million of these African immigrants originated from sub-Saharan African countries (Zong & Batalova, 2017). Even though Africa tends to be conflated with black, present-day immigrants from African countries are more diverse in relation to their racial, social and cultural backgrounds (Thomas, 2014). Biological similarities with U.S. born blacks entail that black African immigrants experience issues related to racism, discrimination and other indicators of disadvantage similar to those of U.S. born African Americans (Arthur, 2000; Bashi & McDaniel, 1997; Showers, 2015; Thomas, 2014). For example, severe social mobility constraints have been found among African immigrants in inner cities (Hughes, 2006), and poverty rates exceeding that of the national average (Wilson & Habecker, 2008) with greater disadvantage among black than non-black Africans.

The limited research among this population suggests that strategic elements that have facilitated the integration of other immigrants into U.S. societies, such as hard work, English

fluency and education have not necessarily produced similar results for African immigrants (Arthur, 2000, 2009; Creese, 2011; Konadu-Agyemay, Takyi & Arthur, 2006; Obiakor & Grant, 2002; Showers, 2015; Thomas, 2014). For example, Showers (2015, p.1817) found that African female nurses in the United States were concentrated in what the author coined as ‘occupational ghettos’ of the profession despite high levels of education. Other studies have also found black African immigrants at greater risk for underemployment, skill devaluation, accent discrimination and lower earnings despite high human capital and labor participation (Batalova et al., 2016; Batalova, Fix & Creticos, 2008; Borch & Corra, 2010; Creese, 2011; Kolluhlon & Eule, 2003; Showers, 2015; Thomas, 2014). This aligns with the notion that one can be socially excluded without being unemployed or low education (Levitas, 2006). Additionally, these findings point to the existence of exclusionary processes fostering negative socioeconomic outcomes for African immigrants.

Negative psychosocial outcomes have also been reported among this group, including discrimination, isolation and depression (Akinsulure-Smith, 2017; Arthur, 2000, 2009; Asante, Sekimoto & Brown, 2016; Sellers, Ward & Pate 2006; Showers, 2015). In the context of the United States, minority groups such as Native Americans and African Americans have had a long history of systemic exclusion from full societal incorporation (Heisler, 2000). Similarly, unlike immigrants of European descent, research shows that increased exposure to the United States over generations produces downward socioeconomic and health trajectories for immigrants of color (Hirschman 2001; Iceland 2009; Sudrez_Orozco, 2014; Thomas, 2014). Thus evidence suggests various structural and relational exclusionary mechanisms that impede the inclusion of African immigrants in the United States.

Theoretical Framework

Social exclusion is conceptualized in the dominant discourse as a multi-dimensional and dynamic process driven by unequal power relations that interact across socio-economic, political and cultural aspects of people's lives leading to negative outcomes in these domains (Popay et al., 2008; WHO, 2010). Social exclusion, as an issue of social and community exclusion, seeks to identify structures and dynamic processes of inequality that deter the integration or full participation of marginalized groups (Burchardt Le Grand & Piachaud, 2002; Jehoel-Gijsbers & Vrooman, 2007; Silver & Miller, 2003). At the core of social exclusion is the notion that lack of participation in mainstream social, cultural, economic and political activities facilitates social disadvantage and deprivation at individual or group levels (Burchardt et al., 2002; Jehoel-Gijsbers & Vrooman, 2007; Kahn & Kamerman, 2002; Silver & Miller 2003). Though some scholars have used the concept of social exclusion interchangeably with poverty (Howarth, 1998; Sommerville, 1998), Silver & Miller (2003, p.8) argue that social exclusion offers a broader and holistic view of understanding disadvantage and deprivation contrary to poverty that is "exclusively economic, material or resource based." Thus, the concept of social exclusion seeks to identify several aspects of disadvantage in efforts to promote the overall wellbeing of vulnerable groups.

The four dimensions of social exclusion include limited social participation, insufficient normative integration, material deprivation and inadequate access to basic social rights (Jehoel-Gijsbers & Vrooman, 2007; Vrooman & Hoff, 2013). The first two indicate forms of socio-cultural exclusion and the latter two denote structural-economic exclusion. Limited social participation entails low social engagement due to having few social networks, insufficient normative integration relates to the mismatch between the community's central values and norms

and that of the subject. Material deprivation implies a lack of basic goods and services due to limited financial resources, and inadequate access to basic social rights relates to obstacles in exercising rights in areas such as health, employment, debt assistance and housing needs among others (Jehoel-Gijsbers & Vrooman, 2007; Vrooman & Hoff, 2013).

Correlates of Social Exclusion

Though studies examining determinants of social exclusion in the U.S. are scarce, there have been several studies conducted in European and Asian countries. A study among the Dutch found low income, poor health, non-western origin, low education, unemployment and marital status to be significant predictors of social exclusion (Bergen et al., 2014). Similar studies also found increased social exclusion for individuals that were single, unemployed, low income, with poor health, of non-western origin, low education and adults 65 years or older (Barnes, Blom, Cox & Lessof, 2006; Jehoel-Gijsbers & Vrooman, 2007; Jose & Cherayi, 2017; Vrooman & Hoff, 2013). Social exclusion was also found to have gendered variations indicating that women had increased risk for material deprivation and, lower social participation for older women (Jehoel-Gijsbers & Vrooman, 2007; Jose & Cherayi, 2017). Single persons were also found to be at greater risk for low social participation and increased material deprivation (Jehoel-Gijsbers & Vrooman, 2007).

Immigrant research in the U.S. indicates that education, language proficiency, age of arrival, discrimination, length of U.S. residence, religion and race have significant effects on immigrant incorporation (Portes & Zhou, 1993; Thomas, 2014; Zhou, 1997). Additionally, theories of immigrant incorporation emphasize multiple aspects of integration such as socio-economic and cultural integration (Alba & Nee, 1997; Gordon, 1964; Portes & Zhou, 1993). Therefore, the investigation of societal mechanisms of immigrant exclusion should also be

determined by means of a measure that captures multiple dimensions of exclusion constituting material and non-material aspects.

Current Study

Little is known about the nature of social exclusion of African immigrants in the context of the United States. The present study seeks to explore some of the identified concerns of African immigrants in the U.S. through the social exclusion lens. First, the study seeks to explore factors associated with the four dimensions of social exclusion among African immigrants. Second, the study seeks to examine the applicability of the social exclusion scale (Hoff & Vrooman, 2011) with African immigrants in the United States. Drawing from the literature on social exclusion, I hypothesized that race, education level, religion, length of stay, income, poor health and discrimination will be significantly associated with social exclusion.

Methods

Design

This study utilized a cross-sectional research design (Engel & Schutt, 2013). Data were collected using a self-administered online questionnaire through Qualtrics. Study and consent procedures were approved in accordance with the University of Georgia Institutional Review Board. Participants that were 18 or older, were living in the U.S. temporarily or permanently from a country in Africa, or had at least one parent from Africa, were eligible for the study.

Participants and Procedures

This study utilized two methods of data collection including snowball sampling and Qualtrics research panels. Snowball sampling entailed the selection of participants based on referral from prior participants. This type of sampling procedure is useful in situations where the target population may be hard to reach, such as immigrant populations (Rubin & Babbie, 2016;

Trochim & Donnelly, 2008). A total of 109 participants completed the survey using snowball sampling. All participants in the snowball sample were eligible to participate in a weekly drawing for a \$25 gift card.

Participants were also recruited using Qualtrics Panels. Individuals who met eligibility criteria for the study were invited to participate by Qualtrics Panels with an email link to the online consent form and questionnaire of which 300 participants completed the online survey. Panel participants were eligible for points that could be pooled and later redeemed in form of gift cards, sky miles, credit of online games and such. All data were collected between October and November 2017. The final sample for this study consisted of 409 participants that represented 31 African countries, and 42 of the 50 US states. This included a distribution across all four U.S. Census Bureau Regions: 15.9% northeast, 14.7% midwest, 47.5% south, and 21.9% west. Approximately half of the sample identified as first generation African immigrants.

Variables and Measurement

Social Exclusion

The key dependent variable for this study is social exclusion. A 15-item instrument developed by the Netherlands Institute for Social Research (SCP) was utilized to measure social exclusion (Hoff & Vrooman, 2011; Vrooman & Hoff, 2013). This instrument consists of the four dimensions of social exclusion. Responses are rated on a five-point Likert scale ranging from always (0) to never (4). High scores on the score indicate high levels of social exclusion. Jose & Cherayi (2016) found evidence of reasonable reliability coefficients for the social exclusion subscales among Indian samples and the global social exclusion scale ($\alpha = 0.85$). Measures of validity for the instrument including construct, content and external validity have also been documented by other studies (Bergen et al., 2014; Vrooman & Hoff, 2013).

In this study sample, the global SCP social exclusion scale demonstrated internal reliability ($\alpha = 0.79$), and the dimension of material deprivation ($\alpha = 0.85$). However, reliability coefficients for the other dimensions were not within acceptable range (See Table 2.1). Exploratory factor analysis showed that the following four items did not load on any factor, “I didn't receive a medical or dental treatment” (SR3), “I give to good causes (NI1), I put glass items in the bottle bank (NI3), Work is just a way of earning money” (NI4). Additionally, the item, “We all get on well in our neighborhood (SR1) cross loaded on the latent variables social participation and material deprivation, and the item “I feel cut off from other people (SP2) cross loaded on social rights and social participation. These items were subsequently removed from further analysis.

Several questions in the current study's survey instrument were developed and utilized to supplement the dimensions of the SCP social exclusion measure. Questions were developed from themes that arose after consulting with several African immigrants of their experiences of exclusion in the U.S. Example question in the inadequate access to social rights domain: “I have difficulty getting the job I want”. Responses were rated on a five-point Likert scale ranging from never (0) to always (4) with high scores indicating increased exclusion levels. Thus the final social exclusion measure was a 13-item scale ($\alpha = 0.84$) including 9 items from the SCP instrument and 4 items that were developed for this study. Reliability coefficients for the subscales of the modified measure were acceptable and can be seen in Table 2.1.

Independent Variables

Sociodemographic covariates. The study assessed several sociodemographic factors: age (in years), length of stay in the U.S. (in years), race/ethnicity including White/Caucasian, Black/African American, Middle Eastern/North African and Other, gender (male = 0, female

=1), marital status (single =0, married=1), education (no degree = 0, bachelors degree or more =1). Religious affiliation was derived from a categorical item with four mutually exclusive categories (Christian, Muslim, Other, No affiliation). For education attainment location, participants were asked a yes/no question of whether their education level was obtained in the U.S. Income was derived from a categorical measure asking participants for their current individual yearly income (<\$15,000, \$15,000–\$35,000, \$35,001–\$55,000, and \$55,001 +). Health status was derived from a question asking participants to self report their general health status with responses on a 4-point Likert scale ranging from 1 (excellent) to 4 (poor).

Discrimination. The 5-item Everyday Discrimination Scale (EDS) was used to measure discrimination (Williams, Yu, Jackson & Anderson, 1997). Participants were asked if they have experienced any of the following in their everyday life in the U.S: being treated with less courtesy or respect than other people, receiving poorer service than other people at restaurants or stores, people act as if they think you are not smart, people act as if they are afraid of you, and being threatened or harassed. Participants responded on a 4-point scale ranging from 0 (not at all) to 3 (a lot). Higher scores indicated more experiences of discrimination. This variable is represented as a latent construct in the model and provided good fit to the data such as CFI = 0.97, TLI = 0.95, SRMR = .03, with the exception of RMSEA = .10. Exploratory Factor analysis revealed a unidimensional scale but one item (being threatened or harassed) did not load very well. Separate models with the item removed and the item not removed were compared and results showed no significant differences. Thus the item was maintained in this measure. The EDS has demonstrated internal consistency ($\alpha = 0.77$; Sternthal, Slopen & Williams, 2011) and in the current sample ($\alpha = 0.87$).

Data Analysis

The current study employed Structural Equation Modeling (SEM) with maximum likelihood estimation using Mplus V.8. (Muthe'n & Muthe'n, 1998-2017). First, confirmatory factor analysis (CFA) was used to estimate the factor structure of social exclusion. Based on the literature, I hypothesized a 4-factor model of material deprivation, limited social participation, limited access to basic social rights and insufficient normative integration. To test this hypothesis, model fit was evaluated using the Root Mean Square Error of Approximation (RMSEA), Standardized Root Mean Square Residual (SRMR), Comparative Fit Index (CFI), and Tucker-Lewis Index (TLI). Given that chi square statistics are heavily influenced by sample size, CFI, TLI, RMSEA, and SRMR are better estimates of violations to model fit in large samples (Little, 2013). CFI and TLI values greater than 0.90, RMSEA and SRMR values up to 0.08 indicate acceptable fit (Hu & Bentler, 1999; Kline, 2011; Little, 2013).

Second, a multiple indicators, multiple causes (MIMIC) SEM model was used to answer the main research questions. In SEM, a MIMIC model specification involves latent variables that are predicted by observed variables. In this study, social exclusion, measured by material deprivation, limited social participation, limited access to basic social rights and insufficient normative integration, is predicted by health status, discrimination and other sociodemographic indicators. MIMIC models allow for the evaluation of each indicator variable and correlations between factors, while controlling for all the covariates in the model (Muthe'n & Muthe'n, 1998-2017). SPSS V.21 was utilized for descriptive statistics.

Results

Sample characteristics

Descriptive statistics for the sample are shown in Table 2.2. Of the 409 study participants, 132 (32.3%) were male and 277(67.7%) were female, average age 31.8 (SD = 9.2). The majority of participants in the sample, 84% were black, and 95% were fluent in the English language.

Bivariate analysis

At the bivariate level, discrimination ($p < .001$), health status ($p < .001$), and income ($p < .05$) were significantly associated with all four dimensions of social exclusion. Age ($p < .05$) and length of stay ($p < .01$) were negatively associated with material deprivation and limited social participation. Age was also negatively associated with limited access to basic social rights ($p < .05$). Education level was significantly associated with material deprivation ($p < .05$). Additionally, U.S. based education was significantly associated with normative integration ($p < .05$). Gender and marital status showed an association with material deprivation that was near significance ($p = .05$). Race and religion did not show any significant associations with any of the four dimensions of social exclusion at the bivariate level. ANOVA was used to make comparisons between categorical exogenous variables and the latent outcomes, and Pearson correlations were utilized for continuous measures.

Measurement model

A four-factor model was specified for the modified SCP social exclusion measure (see Table 1 for items in each factor). For model identification, the latent factor variances were fixed to 1.0 (Kline, 2011). Overall goodness-of-fit indices suggested that the CFA model fit the data well [$\chi^2 (59, N = 409) = 154.5, p = .000$]; CFI = .946; TLI = .929; RMSEA = .063 (90% CI:

0.051 - 0.075); SRMR = .046. All factor loadings were statistically significant ($p < .001$).

Results indicated significant positive correlations at $p < .001$ between material deprivation and limited social participation ($r = .65$), limited access to social rights with material deprivation ($r = .39$), and limited social participation ($r = .25$), insufficient normative integration with limited social participation ($r = .62$) and material deprivation ($r = .47$). However, insufficient normative integration and limited access to basic social rights were not related ($r = .11$, $p > .05$). Figure 2.1 presents a path diagram of the CFA model with standardized parameter estimates. Comparative fit indices for the original SCP social exclusion scale (Hoff & Vrooman, 2011; Vrooman & Hoff, 2013) and the modified social exclusion scale are provided in Table 2.3. Correlations, means and standard deviations for social exclusion indicators can be seen in table 2.4.

MIMIC Model

The MIMIC model included the addition of the covariates sex, age, race, income, length of stay, education, US education, marital status, health status, religion, and discrimination to the CFA model. No notable strain to the CFA model was found with the inclusion of 11 covariates. Model fit indices for the MIMIC model showed acceptable fit to the data: [χ^2 (349, $N = 396$) = 616.7, $p = .000$]; CFI = .911; TLI = .887; RMSEA = .044 (90% CI: 0.038 - 0.050); SRMR = .050.

Results showed that compared to participants in the lowest income range (under \$15,000), participants with income over \$55,000 reported social exclusion scores that were lower on material deprivation ($-.931$, $p = .000$), limited social participation ($-.545$, $p = .009$) and limited access to basic social rights ($-.548$, $p = .007$). Participants in the income range \$35,001 - \$55,000 also reported significantly less material deprivation compared to those in the lowest income range ($-.366$, $p = .043$). Findings showed that length of stay had significant effects on material

deprivation ($-.012, p = .032$) and on limited social participation ($-.022, p = .001$). Thus, an increase in years of residence in the U.S was associated with lower levels of social-economic exclusion.

Additionally, findings showed that higher levels of education were significantly associated with higher levels of social-cultural exclusion. Particularly, immigrants with bachelor's degree or higher reported significantly higher scores on limited social participation ($.388, p = .010$) and insufficient normative integration ($.360, p = .015$). Also, there was a significant direct effect of health on material deprivation ($.405, p = .000$), limited social participation ($.472, p = .000$) and insufficient normative integration ($.467, p = .000$). This suggests that immigrants who reported poorer health reported higher levels of social exclusion on these dimensions.

Religion was found to have significant effects on insufficient normative integration. Particularly, immigrants who were Muslim reported higher levels of insufficient normative integration ($.630, p = .016$) compared to Christians. Immigrants that did not have any religious affiliation reported higher material deprivation scores in comparison to Christians at levels that were near significance ($.327, p = .053$). No other religion effects were significant. Discrimination was found to have significant direct effects on material deprivation ($.28, p = .002$), limited social participation ($.24, p = .024$), limited access to basic social rights ($.82, p = .000$) and insufficient normative integration ($.31, p = .006$). This indicates that immigrants who reported higher levels of discrimination reported higher levels of social exclusion. Contrary to my hypotheses, there was no significant direct effect of age, sex, race, US based education, and marital status on all four dimensions of social exclusion. White Africans consistently showed lower social exclusion

scores across all dimensions in comparison to black Africans but this was not significant. Model coefficients are shown in Table 2.5.

Discussion

This study examined predictors of social exclusion among African immigrants living in the United States. Consistent with the hypotheses, I found that discrimination, education, income, health, religion and length of US residence had significant direct effects on social exclusion. To my knowledge, this is the first quantitative study to explore determinants of social-cultural and structural-economic exclusion among African immigrants in the United States.

Results demonstrate a consistent significant effect of discrimination on structural-economic and social-cultural exclusion among African immigrants in the United States. Other studies on African immigrants have documented accounts of experienced discrimination and its negative implications on socioeconomic and psychosocial outcomes (Arthur, 2000; Sellers et al., 2006; Showers, 2015; Thomas, 2014). The foreign and black duo status of black African immigrants, who were the majority in this sample, plus the negative portrayal of Black Africa in U.S media makes this group particularly vulnerable to racism and discrimination (Arthur, 2000; Thomas, 2014). From the literature, it is possible that a bidirectional relationship between discrimination and social exclusion exists. Thus suggesting that voluntary exclusion could result from experiences of discrimination or restricted opportunities (Barry, 2002; Morgan et al., 2007).

The association between education and social exclusion in this study raises some important questions. While other studies have found increased risk for social exclusion for individuals with lower education (Bergen et al., 2014; Jehoel-Gijsbers & Vrooman, 2007; Jose & Cherayi, 2017; Vrooman & Hoff, 2013), the effects of education on social exclusion appears to be in the 'wrong' direction in this sample. Higher levels of education were associated with

increased social-cultural exclusion. Additionally, there was a missing association between education and material deprivation. These findings may be due to discrimination in social and work settings, lower pay and underemployment that persists among black Africans regardless of education levels (Borch & Corra, 2010; Showers, 2015; Thomas, 2014; Zong & Batalova, 2014). Research suggests limitations of education attainment as a predictor of successful integration among African immigrants. And thus higher education may not necessarily be a protective factor for social exclusion among black African immigrants.

Consistent with existing research, higher levels of income and an increase in years of US residence were found to be associated with lower levels of social exclusion (Barnes et al., 2006; Bergen et al., 2014; Jehoel-Gijsbers & Vrooman, 2007; Lebrun, 2012; Thomas, 2014). This finding suggests increased social networks with time, as well as increase in material goods and human capital. Additionally, individuals with poor health reported increased social exclusion (Barnes et al., 2006; Bergen et al., 2014; Jehoel-Gijsbers & Vrooman, 2007; Vrooman & Hoff, 2013). Religion had significant effects on social exclusion with Muslim participants reporting decreased normative integration. Several studies have documented increased vulnerability for negative outcomes for Muslims in western countries post 9/11 in several settings including the job market (Jiwani & Rail, 2010; Rabby & Rodgers, 2011; Rangoonwala et al., 2011).

The Social Exclusion Measure

This SCP social exclusion measure fit the observed data differently on some domains for the African immigrant group than it has in previous studies among European and Indian populations (Bergen et al, 2014; Jose & Cherayi, 2016, 2017; Vrooman & Hoff, 2013). Items on normative integration and access to basic social rights subscales did not fit with this population due to their contextual nature and variations in institutional structures across nations. With some

modifications to these subscales, the social exclusion measure proved successful in assessing mechanisms that predict exclusion among African Immigrants in the U.S.

Limitations, Implications and Conclusion

Limitations

It is important to note several limitations to the present study. First, the use of cross-sectional data entails that causal inference cannot be made. Second, it is likely that the measures for the social exclusion dimensions of inadequate access to basic social rights and insufficient normative integration were not robust enough, as these measures were not standardized or validated. However, these measures yielded good internal consistency in this sample. Third, our data did not have sufficient racial heterogeneity, and hence our smaller sample sizes for non-black racial categories may have weakened our power to detect any significant racial effects on social exclusion. Lastly, bias in sample characteristics may have resulted from the sampling procedures utilized in the study. However, results generally appear consistent with the literature on social exclusion.

Implications and Future Directions

The social work grand challenge to eradicate social isolation undergirds the aims of this study given the increased risk of social isolation for the excluded (Lubben et al., 2015). There is much needed insight on African immigrant experiences among social workers. Discrimination particularly showed strong effects on decreased access to basic social rights. There is need for policy that advocates for the elimination of inequitable exclusionary practices. For instance, policy can assess exclusionary practices that impede immigrants' engagement in social rights – measured in this study as access to employment and financial institutions. This can include challenging practices that devalue the credentials of African immigrants given its impact on

employment opportunities. There is need to connect individuals at high risk of exclusion to resources such as social networks, employment services, and financial services to promote full social-cultural and structural-economic participation. A better knowledge of this population's areas of vulnerability to exclusion, such as the role of education, can inform the utilization of appropriate interventions.

Future research should explore the presence of moderating and mediating effects in the link between discrimination and social exclusion. Additionally, longitudinal research is vital to assess factors influencing exclusion across the lifespan and the need for research with larger samples. Heterogeneity is typically overlooked in Black America and African immigrant research. However, the intersection of ethnic/cultural variation and country of origin should be explored as this may lead to significant variability in social exclusion experiences. Furthermore, future research should examine the impact of exclusion on psychosocial wellbeing. There is also need for the development and validation of a social exclusion measure in the U.S. context that can be evaluated for use with other immigrant or marginalized groups in the region.

Conclusion

The study highlights the need for a nuanced understanding of possibly complex interactions of factors that facilitate risk of social exclusion for African immigrants in the United States. Findings indicate that perceived discrimination and some socio-demographic factors play an essential role in the exclusion African immigrants. Results from this study expand our knowledge of the understudied area of African immigrants and provides an important contribution to previous research by extending the social exclusion discussion to African immigrants in the United States.

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Table 2.1

Structure & Reliability Coefficients for the Social Exclusion Measure

Social Exclusion Dimension	Scale Items		Cronbach's Alpha	
	SCP Scale	Modified Scale	SCP Scale	Modified Scale
Material Deprivation	I have enough money to heat my home (MD1)	I have enough money to heat my home (MD1)	.85	.84
	I have enough money for club memberships (MD2)	I have enough money for club memberships (MD2)		
	I have enough money to visit others (MD3)	I have enough money to visit others (MD3)		
	I have enough money to meet unexpected expenses (MD4)	I have enough money to meet unexpected expenses (MD4)		
Access to Social Rights	I am satisfied with the quality of my home (SR2)	I am satisfied with the quality of my home (SR2)	.27	.78
	We all get on well in our neighborhood (SR1)	*It is difficult for me to get a loan from a financial institution		
	I didn't receive a medical or dental treatment (SR3)	*I have difficulty getting the job I want		
Social Participation	There are people who genuinely understand me (SP1)	There are people who genuinely understand me (SP1)	.60	.68
	I feel cut off from other people (SP2)	There are people whom I can have a good conversation with (SP3)		
	There are people whom I can have a good conversation with (SP3)	I have contact with neighbors (SP4)		
	I have contact with neighbors (SP4)	I sometimes do something for my neighbors (N12)		

Social Exclusion Dimension	Scale Items		Cronbach's Alpha	
	SCP Scale	Modified Scale	SCP Scale	Modified Scale
Normative Integration	I give to good causes (NI1)	*I participate in my local neighborhood and community activities	.31	.71
	I sometimes do something for my neighbors(NI2)	*I feel that people around me value my African culture		
	I put glass items in the bottle bank (NI3)			
	Work is just a way of earning money (NI4)			
Global Scale			.79	.84

Note. * Denotes new questions added to the original SCP scale (Vrooman & Hoff, 2013).

Table 2.2

Sample Characteristics and Distribution of Study Variables (N = 409)

Variables	%	Mean (SD)	Range
Sex			
Male	32.3		
Female	67.7		
Age		31.8 (9.2)	18 - 62
Race			
Black	84.1		
White	4.9		
Middle Eastern/North African	5.6		
Other	5.1		
Income			
Under \$15,000	23.5		
\$15,000 - \$35,000	24.2		
\$35,001 - \$55,000	19.1		
Over \$55,000	32		
Length of Stay		19.2 (11.6)	0 - 62
Education			
No Degree	42.5		
Bachelor's Degree or More	57.5		
US Education			
No	16.4		
Yes	83.6		
Discrimination		1.01 (.80)	0 - 3
Marital Status			
Not Married	58.9		
Married	41.1		
Health			
Excellent	38.1		
Good	43.5		
Fair	16.6		
Poor	1.2		
Religion			
Christian	69.4		
Muslim	6.8		
Other	9.0		
No Affiliation	14.7		
Material Deprivation		1.43 (.92)	0 - 4
Limited Access to Social Rights		1.81 (1.21)	0 - 4

Variables	%	Mean (SD)	Range
Limited Social Participation		1.47 (.76)	0 - 4
Insufficient Normative Integration		1.86 (1.06)	0 - 4

Note: Percentages do not necessarily add up to 100 due to rounding off error.

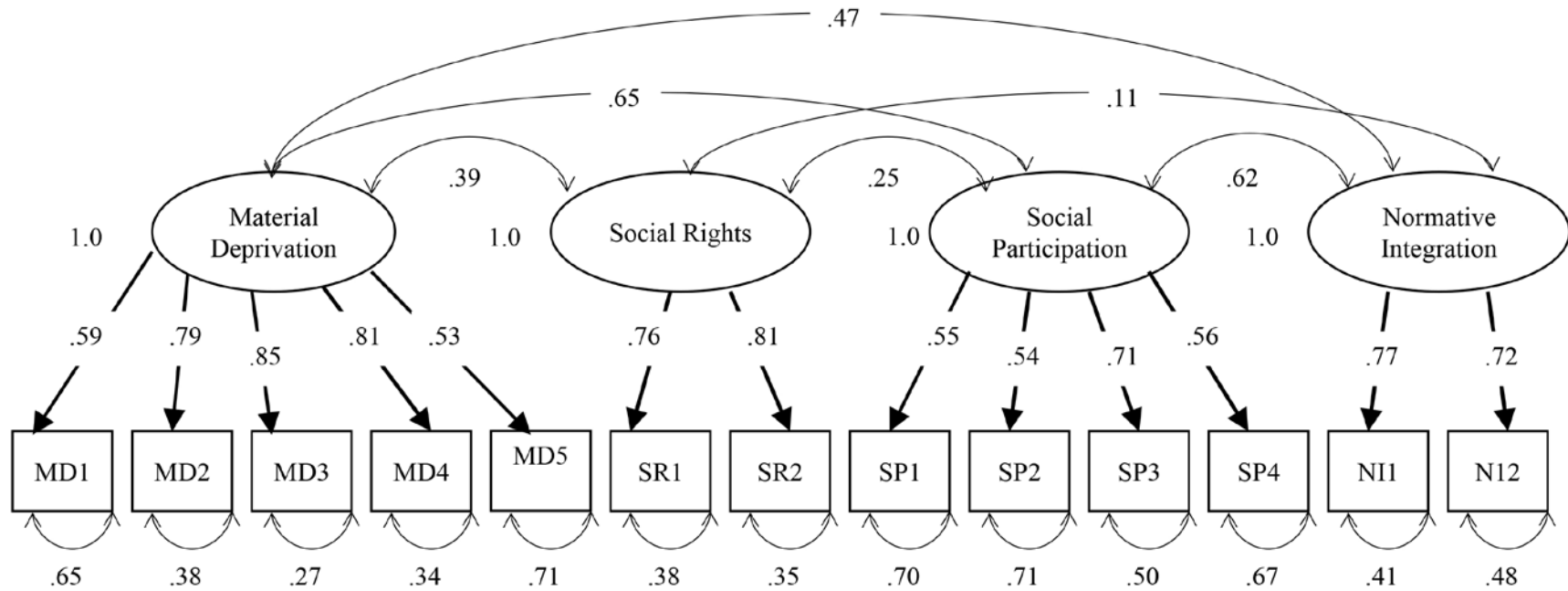


Figure 2.1. Path diagram of standardized parameter estimates for 4-factor CFA model of social exclusion.

Table 2.3

Fit Indices for Alternative Factor Models of the Social Exclusion Measure

Measure	χ^2	<i>df</i>	CFI	TLI	RMSEA	SRMR	AIC
<i>Social Exclusion</i>							
SCP Scale	264.202*	84	.89	.87	.07	.05	17498.770
Modified Scale	154.525*	59	.95	.93	.06	.05	15062.285

Note. χ^2 = chi square goodness of fit statistic; *df* = degrees of freedom; RMSEA = Root-Mean-Square Error of Approximation; AIC = Akaike Information Criterion; CFI = Comparative Fit Index; TLI = Tucker Lewis Index; SRMR = Standardized Square Root Mean Residual. * Indicates χ^2 are statistically significant ($p < .001$).

Table 2.4

Indicator Correlations, Means, and Standard Deviations

Indicator	MD1	MD2	MD3	MD4	MD5	SR1	SR2	SP1	SP2	SP3	SP4	NI1	NI2
MD1	1												
MD2	0.498	1											
MD3	0.495	0.680	1										
MD4	0.444	0.624	0.718	1									
MD5	0.381	0.403	0.431	0.427	1								
SR1	0.313	0.234	0.224	0.241	0.188	1							
SR2	0.287	0.216	0.267	0.280	0.157	0.633	1						
SP1	0.200	0.345	0.291	0.306	0.271	0.109	0.133	1					
SP2	0.323	0.270	0.339	0.287	0.262	0.157	0.163	0.438	1				
SP3	0.278	0.380	0.372	0.344	0.293	0.153	0.165	0.321	0.353	1			
SP4	0.139	0.297	0.210	0.263	0.228	-0.003	0.024	0.267	0.203	0.482	1		
NI1	0.097	0.302	0.265	0.292	0.271	-0.011	0.073	0.227	0.201	0.355	0.346	1	
NI2	0.160	0.278	0.285	0.354	0.234	0.076	0.114	0.242	0.233	0.304	0.254	0.556	1
Mean	0.91	1.87	1.54	1.68	1.17	1.73	1.89	1.30	1.10	1.69	1.81	1.95	1.77
SD	1.03	1.34	1.17	1.18	1.17	1.37	1.32	0.97	0.94	1.20	1.16	1.24	1.16

Table 2.5

Unstandardized/Standardized Path Coefficients for the MIMIC Model

Covariates	Dependent Variables			
	Material Deprivation	Limited Access to Social Rights	Limited Social Participation	Limited Normative Integration
Female	.187/ .074 (.129)	.021/ .008 (.143)	.056/ .023 (.147)	.179/ .074 (.145)
Age	-.007/ -.051 (.009)	.003/ .022 (.008)	-.008/ -.063 (.009)	.000/ .003 (.008)
Race (Ref: Black)				
White	-.005/-.001 (.273)	-.369/-.064 (.304)	-.556 /-.103 (.312)	-.352/-.065 (.306)
Middle Eastern/ North African	.385/ .076 (.248)	.139/ .027 (.274)	-.061/ -.012 (.281)	.430/ .089 (.278)
Other	-.159/-.029 (.267)	-.244/-.044 (.296)	.075/ -.014 (.304)	.093/ .018 (.299)
Income (Ref: < \$15,000)				
\$15,000 - \$35,000	-.206/-.075 (.166)	-.125/-.045 (.185)	-.070/-.026 (.188)	-.192/-.073 (.188)
\$30,001 - \$55,000	-.366/-.121* (.185)	-.242/-.079 (.203)	-.359/ -.123 (.211)	-.201/-.070 (.213)
Over \$55,000	-.931/ .368*** (.185)	-.548/-.214** (.203)	-.545/ -.223** (.207)	-.342/-.142 (.209)
Length of Stay	-.012/-.121* (.006)	-.003/-.029 (.006)	-.022/-.223** (.007)	-.010/-.101 (.006)
Bachelors or more	.123/ .051 (.131)	.272/ .112 (.145)	.388 / .167* (.150)	.360/ .156* (.147)
US Education	.098/.300 (.171)	-.256/-.077 (.194)	.217/ .068 (.195)	-.008/-.003 (.192)

Covariates	Dependent Variables			
	Material Deprivation	Limited Access to Social Rights	Limited Social Participation	Limited Normative Integration
Married	-.053/-.022 (.128)	-.239/-.098 (.142)	-.020/-.009 (.146)	-.036/-.015 (.143)
Health	.405/.255*** (.084)	.176/.110 (.092)	.472/.309*** (.097)	.467/.039*** (.095)
Religion (Ref: Christian)				
Muslim	.267/.058 (.230)	.199/.043 (.256)	.151/.034 (.263)	.630/.143* (.260)
Other	-.100/-.024 (.202)	.344/.082 (.244)	-.093/-.023 (.229)	-.060/-.015 (.225)
No Affiliation	.327/.098 (.169)	.021/.006 (.185)	.048/.015 (.192)	.265/.083 (.265)
Discrimination	.283/.165** (.093)	.815/.470*** (.121)	.242/.146* (.107)	.307/.188** (.111)

Note: Standard errors for Unstandardized coefficients are reported in parenthesis.

*p < .05; **p < .01; ***p < .001.

CHAPTER 3

**THE IMPACT OF SOCIAL EXCLUSION ON THE PSYCHOLOGICAL AND SOCIAL
WELLBEING OF AFRICAN IMMIGRANTS IN THE UNITED STATES¹**

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Abstract

Objective: The study examined how the psychological and social wellbeing of African immigrants in the United States is impacted by social exclusion and socio-demographic covariates. We examined four dimensions of social exclusion that entail social-cultural and structural-economic exclusion.

Method: Using structural equation modeling on cross-sectional data collected from African immigrants across the United States (N= 409), I assessed the direct effects of four dimensions of social exclusion (limited social participation, limited normative integration, material deprivation and limited access to basic social rights), on mental health, quality of life, societal trust, worries about safety and subjective isolation.

Results: The results indicate that social exclusion, particularly structural-economic exclusion has significant direct effects on psychological and social wellbeing of African immigrants, and additional results show increased risk for depressive symptoms for first generation immigrants in comparison to second generation immigrants when controlled for socio-demographic factors. Results further indicate strong negative effects of discrimination on wellbeing.

Conclusion: Results from this study contribute to the emerging literature on the psychological health and social wellbeing of African immigrants in the United States.

Key Words: African immigrants, Social exclusion, Discrimination, Mental health, Wellbeing, Isolation.

Introduction and Literature Review

Across nations, ethnic minorities and immigrant groups are often subject to exclusion and discrimination (Castaneda et al., 2015; Creese, 2011; Jehoel-Gijsbers & Vrooman, 2007; Thomas, 2014). In the United States, increased vulnerability has been found for black African immigrants who are more likely to experience skill devaluation, underemployment, discrimination and lower earnings despite high human capital and labor participation (Batalova Fix & Bachmeier, 2016; Batalova, Fix & Creticos, 2008; Borch & Corra, 2010; Creese, 2011; Kollehlon & Eule, 2003; Showers, 2015; Thomas, 2014; Zong & Batalova, 2015). Approximately 2.1 million immigrants from the African continent were living in the United States in 2015 (Anderson, 2017). Negative societal responses and attitudes toward immigrant groups of color often underpin social rejection and isolation often reported by African immigrants (Arthur, 2000; Obiakor & Grant, 2002; Sellers, Ward & Pate, 2006; Showers, 2015).

Several studies demonstrate clear evidence that racism and ethnic discrimination is associated with high prevalence of psychosocial disorders among immigrant groups (Gee, Ryan, Laflamme, & Holt, 2006; Leong, Park & Kalibatseva, 2013; Pascoe & Smart Richman, 2009; Schmitt, Branscombe, Postmes & Garcia, 2014). Black African immigrants have been found to experience social mobility constraints and other indicators of disadvantage similar to those of US born blacks (Arthur, 2000, 2009; Bashi & McDaniel, 1997; Hughes, 2006; Showers, 2015; Thomas, 2014; Wilson & Habecker, 2008). Discrimination has been found to be a significant risk factor for social exclusion among African immigrants (Saasa, 2018). Though the psychosocial wellbeing of immigrant populations in the United States has been given considerable attention in scholarly discourse, little is known about the psychosocial health of African immigrants. In addition, studies examining the effects of social exclusion on the

psychological and social wellbeing of African immigrants are all but invisible. This study seeks to fulfill this knowledge gap.

Social Exclusion and Psychological Wellbeing

Social exclusion is proposed to be a major social determinant of health (Mathieson et al., 2008; Popay et al., 2008). Social exclusion as a broad term refers to processes that deter individuals or groups from fully participating in society. In this study, social exclusion is conceptualized as a multi-dimensional and dynamic process driven by unequal power relations that interact across social, economic, political and cultural dimensions leading to negative outcomes in these domains (Popay et al., 2008; WHO, 2010). A study in Europe found that social exclusion was associated with depressive symptoms and psychosis among Moroccan and Turkish immigrants (Van de Beek, Van de Krieke, Schoevers & Veling, 2017). Similarly, other studies have found an association between social exclusion and psychological health (Bayram, Bilgel & Bilgel, 2012; Jose & Cherayi, 2016).

Research suggests conflicting findings that present immigrant status to be both a risk and protective factor for poor mental health (Alegría et al., 2008; Cantor-Graae & Pedersen, 2013; Dey & Lucas, 2006; Leong, Park & Kalibatseva, 2013; Takeuchi, Alegría, Jackson, & Williams, 2007; Takeuchi, Zane, et al., 2007; Bourque, Van der Ven, Malla, 2011). Studies have also shown that second generation immigrants are more likely to experience mental health disorders compared to first generation immigrants (Cantor-Graae & Pedersen, 2013; Franzini, Ribble & Keddie, 2001). Possible explanations suggest that the increase in immigrant mental health disorders with longer stay in the U.S. is more likely due to increased experiences with discrimination overtime and increased awareness of contextual barriers to upward mobility (Akinsulure-Smith, 2017; Betancourt et al., 2015; Gee et al., 2006; Leong et al., 2013).

Research examining the psychological health of African immigrants is emerging. Several studies reported incidence of depression and psychological distress among African immigrants (Akinsulure-Smith, 2017; Boise et al., 2013; Sellers et al., 2006; Venters, et al., 2011). One study found that African-born immigrants reported lower depression rates in comparison to US-born African Americans (Miranda, Siddique, Belin & Kohn-Wood, 2005). This finding aligns with other studies that have found lower rates of mental health disorders among immigrant groups in comparison to US-born populations (Alegría et al., 2008; Leong et al., 2013; Takeuchi, Alegría, et al., 2007; Takeuchi, Zane et al., 2007). Some of the sources of psychological distress reported among African immigrants allude to experiences with exclusion on relational and structural levels (Akinsulure-Smith, 2017; Betancourt et al., 2015; Boise et al., 2013; Sellers et al., 2006).

Additionally, Barnes et al., (2006) suggested that social exclusion has negative implications for quality of life. The World Health Organizations Quality of life group (WHO) has defined quality of life as the perception of one's position in life within the context of their cultural environment and value systems and in relation to their expectations, goals, standards and concerns (Whoqol-Group, 1995). Several studies have found that experiences of social exclusion result in poor quality of life for disadvantaged groups (Bayram et al., 2011; Bayram et al., 2012; Jose & Cherayi, 2016). Evidence in African immigrant literature points to negative implications on the quality of life of African immigrants due to the effects of exclusionary mechanisms (Akinsulure-Smith, 2017; Batalova et al., 2016; Showers, 2015; Thomas, 2014).

Social Exclusion and Social Wellbeing

Social wellbeing can be defined as an individual's appraisal of their circumstances and functioning in society and entails a sense of belonging, acceptance and worth (Keyes, 1998). This implies a positive relationship between social wellbeing and societal engagement. However,

compared to host populations, immigrants reveal significantly lower levels of participation in a variety of social and civic activities, which alludes to barriers to participation (Lindstrom, 2005). The concept of social exclusion proposes that lack of participation in mainstream social, cultural, economic and political activities facilitates social disadvantage and deprivation (Jehoel-Gijsbers & Vrooman, 2007; Silver & Miller 2003). Thus, social exclusion can have negative implications on social wellbeing.

Research indicates increased vulnerability to become a victim of violence for immigrants (Levin & McDevitt, 2002), black people (Federal Bureau of Investigations [FBI], 2016; Morgan & Kena, 2017) and Muslims (FBI, 2016). Silove et al. (2007) suggests that negative attitudes towards immigrants and refugees affect their sense of safety. Safety and trust toward society are important aspects of social wellbeing (Bask, 2005; Castaneda et al., 2013; Keyes, 1998). Yamagishi & Yamagish (1994) proposed that trust is a positive psychological bias towards others, and that trust entails confidence in other's good intentions (Tropp, 2008). Keyes (1998) suggests that individuals that feel socially accepted are more likely to trust others. Narratives of African immigrants in the U.S point to experiences of discrimination, alienation and isolation (Akinsulure-Smith, 2017; Arthur, 2000; Obiakor & Grant, 2002). Kenworthy et al. (2016) found that negative interactions with out-group members led to a lack of trust. Thus in this study, we expect social exclusion to be associated with reduced trust, reduced feelings of safety and increased isolation among African immigrants.

This study explored the effects of social exclusion on the psychological and social wellbeing of African immigrants in the United States. I examined whether social exclusion has significant effects on two aspects of psychological wellbeing: mental health symptoms and perceived quality of life. And, whether social exclusion has significant effects on three aspects of

social wellbeing: safety, subjective isolation, and societal trust. Based on previous research, the following hypotheses were made: 1) social exclusion will have negative effects on mental health and quality of life, 2) social exclusion will be inversely associated with feelings of safety and societal trust, and that an increase in social exclusion will be positively associated with subjective isolation, 3) discrimination will have negative effects on psychological and social wellbeing outcomes.

Methods

Design

A cross sectional research design was used for this study (Engel & Schutt, 2013). Data were collected using a self-administered online questionnaire through Qualtrics. Study and consent procedures were approved in accordance with the University of Georgia Institutional Review Board. Participants included adult immigrants (aged 18+) from African countries living in the U.S. temporarily or permanently, or at least one parent was from Africa.

Participants and Procedures

Data were collected using snowball sampling and Qualtrics research panels. Snowball sampling entailed the selection of participants based on referral from prior participants. This type of sampling procedure is useful in situations where the target population may be hard to reach, such as immigrant populations (Rubin & Babbie, 2016; Trochim & Donnelly, 2008). A total of 109 participants completed the survey using snowball sampling. Participants in the snowball sample were eligible to participate in a weekly drawing for a \$25 gift card.

Qualtrics Panels recruitment involved an email invitation with a link to the online consent form and questionnaire for eligible participants of which 300 participants completed the online survey. Panel participants were eligible for points that could be pooled and later redeemed in

form of gift cards, sky miles, credit of online games and so forth. All data were collected between October and November 2017. The final sample consisted of 409 participants representing at least 31 African countries, and 42 of the 50 U.S. states. This included a distribution across all four U.S. Census Bureau Regions: 15.9% northeast, 14.7% midwest, 47.5% south, and 21.9% west.

Variables and Measurement

This study consisted of two dependent variables namely, psychological wellbeing (mental health and perceived quality of life) and social wellbeing (societal trust, subjective isolation and safety) of African immigrants.

Psychological Wellbeing

Mental health. Mental health symptoms were examined using the Patient Health Questionnaire for Depression and Anxiety (PHQ-4). The PHQ-4 is a brief screening instrument that assesses for core depressive and anxiety symptoms in the past two weeks (Kroenke, Spitzer, Williams, & Lowe, 2009). It consists of four items that are answered on a four point Likert scale ranging from 0 (not at all) to 3 (nearly everyday). For example, one item asks: “Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?” Total scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9 -12). The PHQ-4 has been found to be valid for use in the general population (Lowe, et al., 2010). Additionally, the PHQ-4 has demonstrated internal consistency ($\alpha > .80$; Kroenke et al., 2009) and in the current sample ($\alpha = 0.88$). This variable is represented as a latent construct in the model.

Quality of life. Perceived quality of life was derived from participants’ self-rating of their quality of life on a 4-point scale ranging from 1 (excellent) to 4 (poor).

Social Wellbeing

Societal trust. Societal trust was derived from respondents' self-rating of how much they trusted the following institutions and their actions: health care system, social welfare system, judicial system, government, police, local government policymakers, social insurance institution, employment office (Castaneda et al., 2014). Responses were on a 4-point Likert scale ranging from 0 (not at all) to 3 (a lot). A mean score of these items was obtained. Higher scores indicated increased societal trust. The measure showed good internal consistency in this sample ($\alpha = .92$).

Subjective isolation. One item asking participants if they frequently feel lonely was utilized to measure subjective isolation. The item was responded to on a 5-point Likert scale ranging from 0 (never) to 5 (always). Higher scores indicated increased isolation.

Safety. Participants were asked if they worry about their safety in five places: at home, the surrounding environment of their home, their work place or school, on their way to work or school, and elsewhere (Castaneda et al., 2014). Answers were on a 4-point Likert scale from 0 (not at all) to 3 (a lot). This variable was treated as an observed variable, thus the mean scores of the five items were obtained. Higher scores indicated increased feelings of threat to one's safety. The measure demonstrated good internal consistency in this sample ($\alpha = .91$).

Independent Variables

Social exclusion. The main independent variable for this study is social exclusion. The Netherlands Institute for Social Research (SCP) developed a 15-item social exclusion scale that identified two forms of structural-economic exclusion: material deprivation and inadequate access to basic social rights. And two forms of social-cultural exclusion: limited social participation and insufficient normative (cultural) integration (Jehoel-Gijsbers & Vrooman, 2007; Vrooman & Hoff, 2013). Jose & Cherayi (2016) found evidence of reasonable reliability

coefficients for the original SCP social exclusion scale among Indian samples ($\alpha = 0.85$). Measures of validity for the original instrument including construct, content and external validity have also been documented by other studies (Bergen et al., 2014; Vrooman & Hoff, 2013).

This study utilized a 13-item modified social exclusion scale consisting of the four dimensions of social exclusion (Saasa, 2018). Nine of the 13-items were derived from the original 15-item SCP social exclusion scale (Hoff & Vrooman, 2011; Vrooman & Hoff, 2013). Saasa (2018) found that among African immigrants in the US, the limited access to basic social rights and normative integration dimensions from the original scale did not fit well for this population. Thus, new questions were developed for the two dimensions. Responses were rated on a five-point Likert scale ranging from always (0) to never (4). Example question in the inadequate access to social rights domain: “I have difficulty getting the job I want”, and in material deprivation, “I have enough money to meet unexpected expenses.” Responses were reverse coded such that high scores on all items indicated high levels of social exclusion. In this sample, the modified social exclusion scale (Saasa, 2018) demonstrated internal consistency ($\alpha = .84$) and for the subscales: material deprivation ($\alpha = .84$), inadequate access to basic social rights ($\alpha = .78$), limited social participation ($\alpha = .68$) and insufficient normative integration ($\alpha = .71$). This measure was operationalized as a latent construct in the model.

Discrimination. The 5-item Everyday Discrimination Scale (EDS) was used to measure discrimination (Williams, Yu, Jackson & Anderson, 1997). Participants were asked questions of recent experiences with personal discrimination such as being treated with less courtesy or respect than other people, or receiving poorer service than other people at restaurants or stores. Responses were on a 4-point scale from 0 (not at all) to 3 (a lot). A mean score on these items was obtained with higher scores indicating more experiences of discrimination. The EDS has

demonstrated internal consistency ($\alpha = 0.77$; Sternthal, Slopen & Williams, 2011) and in the current sample ($\alpha = 0.87$).

Sociodemographic Variables

I controlled for potential confounders including gender, age (in years), race (White, Black, Middle Eastern/North African and Other) marital status (single = 0, married =1), education (no degree = 0, bachelor's degree or more =1), and immigrant type (1st generation = 0, 2nd generation = 1). Health status was based on respondents' rating of their health on a four-point scale, ranging from 1 (excellent) to 4 (poor). Studies have shown poor health to have adverse effects on psychosocial wellbeing (Ahn & Kim, 2015; Bayram et al., 2012). Income was not included in the model due to multicollinearity when material deprivation was added to the model. This was indicated by a Variance Inflation Factor (VIF) score greater than 10 (Craney & Surles, 2002). I also controlled for the effects of the two methods of data collection on the outcomes - snowball vs. panel participants (results not shown).

Data Analysis

The current study employed Structural Equation Modeling (SEM) using Mplus V.8. (Muthe'n & Muthe'n, 1998-2017). First, confirmatory factor analysis (CFA) was used to estimate the measurement models for adequate fit. Second, the measurement portion was combined with path analyses to determine the effects of social exclusion on wellbeing. Model fit was evaluated using the Root Mean Square Error of Approximation (RMSEA) and Standardized Root Mean Square Residual (SRMR) values below .08 for acceptable fit, Comparative Fit Index (CFI) and Tucker-Lewis Index (TLI) values greater than .90 for good fit (Hu & Bentler, 1999; Kline, 2011; Little, 2013). SPSS V.21 was utilized for descriptive statistics.

Results

Sample characteristics

Descriptive statistics for the sample are shown in Table 3.1. Of the 409 study participants, 32.3% were male with mean age of 31.8 (SD = 9.2). The majority of participants in the sample (84%) identified as Black/African American. One-way analysis of variance (ANOVA) revealed significant mean differences between first generation and second generation immigrants on our outcomes (Results not shown). At the bivariate level, 2nd generation immigrants reported higher rates of anxiety symptoms but not depression compared to 1st generation African immigrants ($p < .05$). Additionally, second generation immigrants reported more worries about their safety ($p < .05$) and less societal trust ($p < .01$) than first generation immigrants. Results also showed that at the bivariate level, social exclusion was significantly associated with the outcomes.

Confirmatory Factor Analyses

The first measurement model tested the social exclusion variable. For model identification, latent factor variances were fixed to 1.0 (Kline, 2011). The social exclusion CFA model fit the data well [$\chi^2 (54, N = 409) = 105.5, p = .000$]; CFI = .971; TLI = .958; RMSEA = .048 (90% CI: 0.034 - 0.062); SRMR = .039. Results indicated significant positive correlations at $p < .001$ between the social exclusion dimensions, with the exception of normative integration and limited access to basic social rights ($r = .11, p > .05$). The second model examined the mental health variable with two subscales, depression and anxiety. This model provided good fit to the data [$\chi^2 (1, N = 409) = .134, p = .714$]; CFI = 1.000; TLI = 1.006; RMSEA = .000 (90% CI: 0.000 - 0.094); SRMR = .001. The correlation between anxiety and depression was .89 ($p < .001$). A final CFA was conducted that correlated depression and anxiety with the social

exclusion dimensions. Results showed significant positive correlations ($p < .01$) between mental health subscales and all four dimensions of social exclusion. This model fit the data well [χ^2 (99, $N = 409$) = 165.03, $p = .000$]; CFI = .976; TLI = .967; RMSEA = .040 (90% CI: 0.029 - 0.051); SRMR = .044. The bivariate correlations for all of the latent and endogenous variables are shown in Table 3.2.

Structural Regression Model

Table 3.3 provides the results of the structural regression model where the dependent variables were regressed on social exclusion and other potential confounders. Social exclusion and discrimination were entered as correlated predictors. Model fit indices showed acceptable fit to the data: [χ^2 (314, $N = 404$) = 586.68, $p = .000$]; CFI = .929; TLI = .901; RMSEA = .046 (90% CI: 0.041 - 0.052); SRMR = .072. Results showed that social exclusion had significant direct effects on mental health, societal trust and subjective isolation, net of controls. More specifically, a one standard deviation increase in material deprivation increased anxiety symptoms and subjective isolation by .314 and .201 standard deviations respectively ($p < .05$). Decreased access to basic social rights increased depressive symptoms, subjective isolation, and decreased societal trust by .227, .179 and -.155 standard deviations ($p < .05$). Furthermore, decreased access to social rights also showed negative direct effects on worries about safety that were statically significant ($p < .05$). Insufficient normative integration decreased societal trust at levels that were near significance ($p = .05$). Limited social participation did not show significant direct effects on psychological and social wellbeing controlling for other covariates in the model.

Perceived discrimination was found to have significant negative direct effects on psychological and social wellbeing. Specifically, increased discrimination led to increased anxiety and depressive symptoms, increased feelings of threat to safety and increased subjective

isolation ($p < .001$). With regard to the effects of the other control variables, poor health exerted strong negative effects on quality of life ($p < .001$), and near significant negative effects on depressive symptoms ($p = .05$). Older age was associated with lower anxiety symptoms, while being married was associated with lower anxiety and depressive symptoms, and decreased worries about safety ($p < .05$). Second generation immigrants reported lower depressive symptoms in comparison to first generation immigrants ($p < .05$). Compared to black Africans, white Africans reported higher depressive symptoms ($p < .05$), but better quality of life at near significant levels ($p = .05$). Participants who identified as 'other' race reported increased anxiety symptoms, and Middle Eastern Africans reported higher societal trust in comparison to black Africans. Panel participants reported more depressive symptoms and lower societal trust compared to participants recruited through snowball sampling ($p < .05$). Significant paths of the regression model are shown in Figure 3.1.

Discussion and Implications

The present study sought to assess the extent to which social exclusion and other confounders affected the psychological and social wellbeing of African immigrants in the United States. Results showed that there was variation on how the dimensions of social exclusion directly impacted the psychological and social wellbeing outcomes. Material deprivation and limited access to basic social rights mattered most when it came to the mental health and subjective isolation of African immigrants. Decreased access to social rights also had a negative direct impact on societal trust and worries about safety. Clearly, efforts to improve wellbeing outcomes of African immigrants should start by targeting structural-economic exclusionary mechanisms. Findings also showed that discrimination had the strongest negative impact on mental health, worries about safety and subjective isolation of African immigrants. These results

mirror the findings of others that have found negative implications of social exclusion on mental health and quality of life (Barnes et al., 2006; Bayram et al., 2011, Bayram et al., 2012; Jose & Cherayi, 2016; Van de Beek et al., 2017), and negative effects of discrimination on mental health and social wellbeing (Gee et al., 2006; Leong, et al., 2013; Pascoe & Smart Richman, 2009; Schmitt et al., 2014).

Similar to the findings of Miranda et al. (2005), African immigrants in this study generally reported mild rates of depression and anxiety symptoms. However, while research points to black African's added vulnerability to negative outcomes due to racism and discrimination, this study found that white Africans and those that identified as 'other' race were more vulnerable to depression and anxiety symptoms than their black counterparts. Thus, it is important that non-black Africans not be overlooked in research and intervention programs that promote immigrant wellbeing. Similar to previous studies, second generation immigrants also showed increased likelihood for poor mental health at the bivariate level (Cantor-Graae & Pedersen, 2013; Franzini et al., 2001). However, controlling for other factors, first generation immigrants appear to be at greater risk for depressive symptoms in this study. About 26% of the participants reported moderate to severe mental health symptoms suggesting that this is an important health need in this population.

Even though research has found mental health to be among the top health challenges experienced by African immigrants, findings suggest underutilization and rejection of formal mental health services among African immigrants (Akinsulure-Smith, 2017; Ho, Rogers & Anderson, 2013; Venters et al., 2011). African immigrants have been found to prefer seeking mental health help from within their communities and from a limited supply of African mental health professionals (Akinsulure-Smith, 2017; Sellers et al., 2006). These findings suggest that

the small percentage of participants in this study (9%) that presented with severe mental health symptoms and possibly in need of professional intervention have a decreased probability of seeking psychiatric help. Thus, it is important that social work practitioners adopt culturally informed practices and alternative ways of offering help to attend to the mental health needs of this population. These can include offering mental health services outside formal agencies, providing basic mental health training to trusted community leaders such as faith-based or community organization leaders so they can better meet the mental health needs of their communities. Efforts to increase the pool of African mental health professionals can also be promoted by social work educators through recruitment efforts.

Married participants reported better mental health and lower threats to safety perhaps because of the added emotional and social support from their partners. Findings also supported other studies that have found poor health to have negative effects on psychosocial wellbeing (Ahn & Kim, 2015; Bayram et al., 2012). Education and gender had no significant effects on psychological and social wellbeing. These findings are contrary to studies that have found higher education to be associated with better mental health among African immigrants (Van de Beek et al., 2017). This finding maybe because higher education levels have not necessarily resulted in better employment outcomes that could in turn foster better psychosocial wellbeing among black African immigrants who are majority in this sample (Batalova et al., 2016; Showers, 2015; Thomas, 2014). Higher education was also found to not be a protective factor for social exclusion among African immigrants (Saasa, 2018). There is need for social work intervention and policy that advocates for the elimination of inequitable exclusionary practices that deter black African immigrants from obtaining the full benefits of higher education.

Limitations and Future Directions

The intricate and multidimensional nature of social exclusion makes analyses of its bidirectional relationships quite difficult. For instance, while this study has found poor mental health to be an outcome of social exclusion, chronic experiences of mental health could also facilitate social exclusion. Thus, future research can examine whether social exclusion effects persist controlling for pre-existing mental health conditions. Findings to this study should be viewed in the context of several limitations. First, the sample recruitment strategy entailed self-selection and referral, which leads to bias. Second, causal inference cannot be made due to the use of cross-sectional data. Third, measures of subjective isolation and quality of life were not only an oversimplification of otherwise dynamic concepts but were also self-rated, leading to potential response bias.

The study sampled from across the United States, which increased generalizability but did not analyze for the effects of contextual factors related to exclusion and wellbeing. Thus, future research can explore the unique contributions of contextual diversity on African immigrant wellbeing. The generally low levels of mental health symptoms and social wellbeing concerns in this sample despite high risk for negative outcomes begs researchers to ask the question of the role of coping strategies utilized among African immigrants. In addition, findings in this study point to variation in vulnerabilities by racial/ethnic and immigrant generation differences. Future research should factor in these differences including national origin to allow researchers to better understand unique factors impacting the heterogeneous African immigrant group. This can inform the design of distinctively tailored interventions to meet the needs of different groups.

Conclusion

Despite the limitations, this study is an important first step in quantitatively linking social exclusion with psychological and social wellbeing among African immigrants in the United States. One of the strengths of the study is the examination of how psychosocial wellbeing is impacted by multiple dimensions of social exclusion that go beyond discrimination. The consistency of our findings across multiple social exclusion dimensions provides robust evidence for negative effects of exclusionary mechanisms on wellbeing. This study shows that African immigrants do experience social exclusion in the U.S. and that this experience has significant negative implications on psychological and social outcomes. Findings from this study add to the emerging narratives of exclusion, isolation, psychological distress and discrimination found in African immigrant research that is largely qualitative. Increased research in this area can provide the foundation for the development of policies that can facilitate the psychological health and social wellbeing of Africans in America.

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Table 3.1

Socio-demographic Characteristics and Distribution of Study Variables (N = 409)

Variables	%	\bar{x} (SD)	Range
Sex			
Male	32.3		
Female	67.7		
Age		31.8 (9.2)	18 - 62
Race			
Black	84.1		
White	4.9		
Middle Eastern/North African	5.6		
Other	5.1		
Income			
Under \$15,000	23.5		
\$15,000 - \$35,000	24.2		
\$35,001 - \$55,000	19.1		
Over \$55,000	32		
Education			
Less than Bachelors degree	42.5		
Bachelors degree or more	57.5		
Discrimination		1.01 (.80)	0 - 3
Marital Status			
Single	51.9		
Married	41.1		
Health		.81 (.75)	0 - 3
Immigrant Type			
1st Generation	50.6		
2nd Generation	49.4		
Mental Health Symptoms (PHQ4)		3.5 (3.4)	0 - 12
Normal	49.4		
Mild	24.2		
Moderate	17.6		
Severe	8.8		
Quality of life		.94 (.95)	0 - 3
Safety		.74 (.79)	0 - 3
Trust		1.3 (.78)	0 - 3
Subjective Isolation		1.67 (1.1)	0 - 4

Note: Percentages do not necessarily add up to 100 due to rounding off error.

Table 3.2

Correlation Matrix for Latent and Endogenous Variables

Variable	1	2	3	4	5	6
1 Anxiety	1					
2 Depression	0.898	1				
3 Social Participation	0.242	0.313	1			
4 Material Deprivation	0.404	0.428	0.705	1		
5 Social Rights	0.443	0.508	0.266	0.405	1	
6 Normative Integration	0.172	0.203	0.648	0.474	0.096	1
Mean	0.847	0.885	1.471	1.433	1.813	1.860
SD ^a	0.907	0.908	0.764	0.921	1.216	1.061

^aStandard deviation.

Table 3.3

Standardized Coefficients for Regression Paths in SEM Model

Covariates	Dependent Variables					
	Depression	Anxiety	Quality of Life	Safety	Societal Trust	Subjective Isolation
Female	-.050 (.05)	.005 (.05)	-.051 (.04)	.005 (.04)	-.022 (.05)	-.002 (.04)
Age	-.040 (.05)	-.120 (.05)*	-.023 (.05)	.008 (.04)	-.010 (.06)	-.070 (.05)
Race (Ref. Black)						
White	.096 (.05)*	.059 (.05)	-.078 (.04)	.043 (.04)	.046 (.05)	.018 (.04)
Middle Eastern/ North African	.015 (.05)	.005 (.05)	-.046 (.04)	.013 (.04)	.121 (.05)*	.005 (.04)
Other	.058 (.05)	.149 (.05)***	-.002 (.04)	-.024 (.04)	.047 (.05)	.081 (.04)
2 nd Generation	-.133 (.06)*	-.013 (.06)	.067 (.05)	-.029 (.04)	-.063 (.06)	.009 (.05)
Bachelors or more	-.006 (.05)	.043 (.05)	-.055 (.04)	.061 (.04)	-.087 (.05)	.028 (.05)
Married	-.141 (.05)**	-.114 (.05)*	.021 (.04)	-.092 (.04)*	.070 (.05)	-.029 (.05)
Health	.101 (.05)	.102 (.05)	.432 (.05)***	.047 (.04)	-.062 (.05)	.089 (.05)
Discrimination	.381 (.06)***	.405 (.07)***	.056 (.05)	.638 (.04)***	.087 (.06)	.232 (.05)***
Material Deprivation	.176 (.10)	.314(.10)**	.123 (.10)	-.008 (.08)	.122 (.11)	.201 (.09)*
Limited Access to Basic Social Rights	.227 (.07)**	.129 (.07)	.096 (.06)	.110 (.06)*	-.155 (.07)*	.179 (.06)**
Limited Social Participation	.024 (.13)	-.158 (.13)	.227 (.12)	.042 (.10)	-.220 (.14)	.099 (.12)
Insufficient Normative Integration	-.027 (.09)	-.030 (.09)	.032 (.08)	-.106 (.07)	-.179 (.10)	.046 (.08)

Note: Standard errors are reported in parenthesis. Model controlled for sampling method (Snowball Vs. Panel) - results not shown.

*p < .05; **p < .01; *** p < .001.

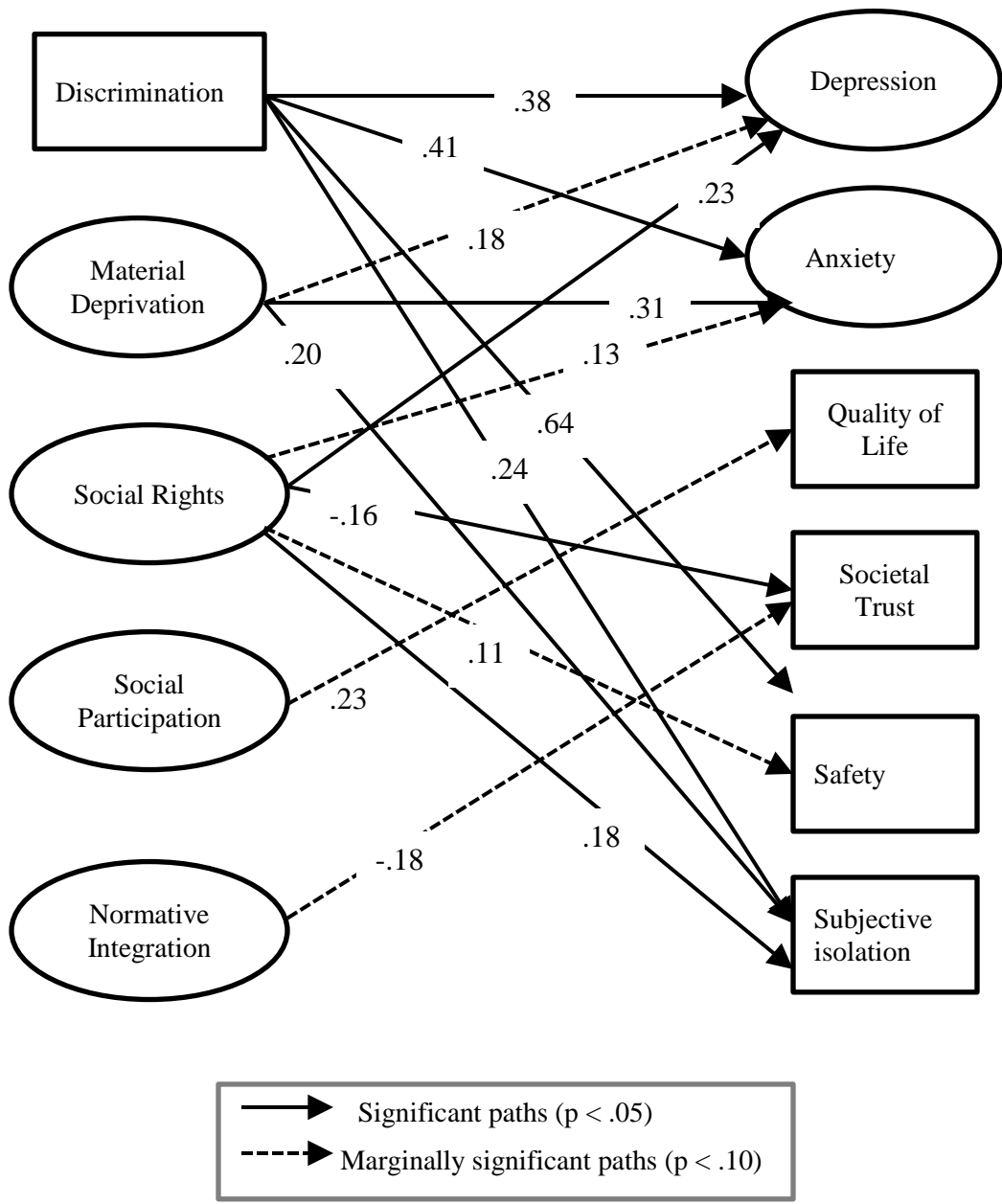


Figure 3.1. Standardized path diagram for significant paths in SEM model. In addition to paths shown, cross-sectional construct correlates were specified and model was controlled for age, sex, education, health, race, marital status and immigrant type as exogenous covariates.

CHAPTER 4

MODERATING EFFECTS OF COPING STRATEGIES ON DISCRIMINATION AND SOCIAL EXCLUSION AMONG AFRICAN IMMIGRANTS IN THE UNITED STATES¹

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Abstract

This cross-sectional study examined coping strategies as moderators of the relationship between perceived discrimination and social exclusion among African immigrants in the United States (N = 409). Moderation models using path analyses were conducted to examine the moderating effects of three coping strategies (active coping, use of instrumental support and religious coping) on the relationship between discrimination and four dimensions of social exclusion: material deprivation, limited access to basic social rights, limited social participation and insufficient normative integration. Increases in perceived discrimination were associated with increased social exclusion on all four dimensions. Increased use of active coping was found to weaken the positive relationship between perceived discrimination and material deprivation and between discrimination and limited social participation. Use of instrumental support also buffered the negative effects of discrimination on limited social participation. Recommendations for practice and future research are presented.

Key Words: Discrimination, Coping, Social Exclusion, African immigrants, Moderators.

Introduction and Literature Review

African immigrants, like other racial minorities in the United States, often experience discrimination (Arthur, 2000; Arkinsulure-Smith, 2017; Showers, 2015, Thomas, 2014). Indeed, black Africans have been found to be at greater risk for indicators of discrimination such as skill devaluation, underemployment and lower earnings despite high levels of human capital among this group (Batalova Fix & Bachmeier, 2016; Borch & Corra, 2010; Showers, 2015; Thomas, 2014; Zong & Batalova, 2015). In addition to immigrant related vulnerabilities, black African immigrants experience racism, discrimination and other indicators of disadvantage similar to those of US born blacks due to biological similarities (Arthur, 2000; Showers, 2015; Thomas, 2014).

Despite significant growth on the literature examining negative effects of discrimination on immigrant wellbeing, discrimination research among African immigrants is very limited. In fact, this author could not find any published articles quantitatively linking these associations among Africans in America. In addition, most of the existing literature on the negative effects of discrimination on immigrants addresses the association between discrimination and psychological health (Gee, Ryan, Laflamme, & Holt, 2006; Leong, Park & Kalibatseva, 2013; Schmitt, Branscombe, Postmes & Garcia, 2014; Wei, Heppner, Ku, & Liao, 2010). The association between discrimination and other aspects of immigrant wellbeing has been largely neglected in research, particularly there are a few studies examining the effects of discrimination on social exclusion. In this study, social exclusion is conceptualized as a multi-dimensional and dynamic process driven by unequal power relationships that interact across economic, political and cultural dimensions leading to negative outcomes in these domains (Popay et al., 2008; WHO, 2010).

Research indicates stressful adjustment processes to U.S. life among African immigrants as they navigate challenging economic, social, cultural and racial barriers. Evidence of social mobility constraints and psychological distress among this immigrant group points to negative ramifications of discrimination across multiple sectors (Akinsulure-Smith, 2017; Betancourt et al., 2015; Boise et al., 2013; Sellers et al., 2006; Showers, 2015; Venters & Gany, 2011). Thus alongside mental health effects, the negative implications discrimination has on social-cultural and structural-economic outcomes should not be overlooked given that discrimination entails access denial to resources necessary for adaptation in different areas (Clark, Anderson, Clark, & Williams, 1999). Therefore, in social exclusion literature, discrimination is proposed to be a risk factor for social exclusion due to its ability to impede the full participation of marginalized groups in mainstream social, cultural, economic and political activities that can lead to social disadvantage and deprivation (Jehoel-Gijsbers & Vrooman, 2007; Silver & Miller 2003). To that effect, a study among African immigrants in the U.S. found that discrimination was a significant predictor of four dimensions of social exclusion (material deprivation, limited access to basic social rights, limited social participation and limited cultural integration) even when controlled for poor health and socio-demographic variables (Saasa, 2018). Therefore, identifying factors that might either buffer or exacerbate the relationship between discrimination and social exclusion among African immigrants in the U.S. is important. The present study hoped to build on this line of research and expand it to African immigrants.

The minority stress model proposes that coping strategies have moderating effects on the relationship between perceived discrimination and mental health outcomes (Meyers, 2003). Coping entails cognitive and behavioral responses individuals use to manage the external or internal demands exerted by stressful situations (Lazarus & Folkman, 1984). One can therefore

propose that coping strategies can also mitigate the negative effects of discrimination on non-health related outcomes. For example, in her study of African immigrant women, Showers (2015) found that coping mechanisms that some women used in response to discrimination in the work place, such as distancing from specialties with higher likelihood of discrimination and active problem solving improved their occupational outcomes. In addition, Akinsulure-Smith (2017) found that African immigrants demonstrated resilience in the face of discrimination and other socio-economic and cultural challenges through the use of coping strategies such as religion, community or social support networks, and cultural-specific coping. These studies suggest that coping has implications on African immigrant outcomes.

While coping strategies have been studied as moderators for other immigrant groups in the U.S (Jung, Hecht & Wadsworth, 2007; Wei et al., 2010; Wei, Ku, Russell, Mallinckrodt, & Liao, 2008), this author could not locate any published articles that examine coping strategies as moderator variables among African Immigrants. In addition, only a few studies (all qualitative) were found that explore African immigrant coping strategies in relation to immigrant related sources of distress (Akinsulure-Smith, 2017), depression (Sellers et al., 2006) and intimate partner violence (Akinsulure-Smith, Chu, Keatley, & Rasmussen, 2013; Ting, 2010). Clearly, there is need for research that explores coping strategies among African immigrants and their potential as moderators on discrimination outcomes. Therefore, the purpose of this study was to examine the role of coping strategies on the association between discrimination and social exclusion among African immigrants in the United States. Based on previous research, this study posited a moderation hypothesis proposing that active coping, use of instrumental support and religious coping would buffer the effects of discrimination on social exclusion.

Methods

Participants and Procedures

Data were collected using a self-administered online survey. Study and consent procedures were approved in accordance with the University of Georgia Institutional Review Board. Participants included adult immigrants (aged 18+) from African countries living in the US temporarily or permanently, or who had at least one parent from Africa. Participants were recruited using snowball sampling and Qualtrics research panels. Snowball sampling entailed the selection of participants based on referral from prior participants. This type of sampling procedure is useful in situations where the target population may be hard to reach, such as immigrant populations (Rubin & Babbie, 2016). Qualtrics Panel recruitment involved an email invitation with a link to the online consent form and questionnaire for eligible participants. Participants were compensated for their participation through pooling of online points for panel participants, and \$25 gift card weekly drawing for snowball participants. The final sample consisted of 409 participants representing at least 31 African countries, and 42 of the 50 U.S. states. This included a distribution across all four U.S. Census Bureau Regions: 15.9% northeast, 14.7% midwest, 47.5% south, and 21.9% west.

Variables and Measurement

Social Exclusion. The Netherlands Institute for Social Research (SCP) developed a 15-item social exclusion scale that identified two forms of structural-economic exclusion: material deprivation and inadequate access to basic social rights, and two forms of social-cultural exclusion: limited social participation and insufficient normative (cultural) integration (Jehoel-Gijsbers & Vrooman, 2007; Vrooman & Hoff, 2013). Jose & Cherayi (2016) found evidence of reasonable reliability coefficients for the SCP social exclusion scale among Indian samples ($\alpha =$

0.85). This study utilized a modified version of this scale and consisted of 13-items and the four dimensions of social exclusion (Saasa, 2018). Nine of the 13-items were derived from the original 15-item SCP social exclusion scale and 2 items for each sub-scale were developed for the limited access to basic social rights and insufficient normative integration domains after a study among African immigrants found that the original items on these sub-scales did not fit well among this population (Saasa, 2018). Sample items include, “There are people whom I can have a good conversation with,” or “I have enough money to meet unexpected expenses”. Responses are rated on a five-point Likert scale ranging from always (0) to never (4). Responses were reverse coded such that high scores on all items indicated high levels of social exclusion. In this sample, the modified social exclusion scale demonstrated internal consistency ($\alpha = .84$), and for the sub-scales as follows: material deprivation ($\alpha = .84$), inadequate access to basic social rights ($\alpha = .78$), limited social participation ($\alpha = .68$) and limited normative integration ($\alpha = .71$).

Discrimination. The 5-item Everyday Discrimination Scale (EDS) was used to measure discrimination (Williams, Yu, Jackson & Anderson, 1997). Participants were asked questions of recent experiences with personal discrimination such as being treated with less courtesy or respect than other people, or receiving poorer service than other people at restaurants or stores. Responses were on a 4-point scale from 0 (not at all) to 3 (a lot). A mean score on these items was obtained with higher scores indicating more experiences of discrimination. The EDS has demonstrated internal consistency ($\alpha = 0.77$; Sternthal, Slopen & Williams, 2011) and in the current sample ($\alpha = 0.87$).

Coping. The Brief COPE inventory was utilized to measure adaptive coping behaviors. The self-report scale consists of 14 coping subscales consisting of two items each (acceptance, active coping, planning, behavioral disengagement, substance abuse, denial, humor, positive

reframing, religious coping, self-distraction, use of emotional support, use of instrumental support and venting). Items on this scale can be omitted or replaced in respect to the population being studied or purpose of the study (Carver, 1997). Participants are asked on how often they engage in certain behaviors and cognitions when coping with specific stressful situations (in this study, immigrant related stressors). Sample items include “I’ve been getting help and advice from other people” (instrumental support) and “I’ve been taking action to try to make the situation better” (active coping). Responses range from 0 (I haven’t been doing this at all) to 4 (I have been doing this a lot). Carver (1997) reported internal reliability for the 14 subscales to range from $\alpha = .50 - .90$. The few studies alluding to African immigrant coping in relation to immigrant related stressors point to the use of community support, religious support and active efforts to improve situations (Akinsulure-Smith, 2017; Sellers et al., 2006; Showers, 2015). Thus for this study, the following subscales were assessed: religious coping ($\alpha = 1.0$), active coping ($\alpha = .80$), and use of instrumental support ($\alpha = .67$) all of which indicated good internal consistency. A mean score on these subscales was obtained with higher scores indicating greater use of the coping strategy.

Sociodemographic Variables

Additional socio-demographic variables that may influence social exclusion were analyzed. These included gender, age (in years), race (White, Black, Middle Eastern/North African and Other) marital status (not married = 0, married =1), education (no degree = 0, bachelor’s degree or more =1), and income (<\$15,000, \$15,000–\$35,000, \$35,001–\$55,000, and \$55,001 +).

Data Analysis

First, univariate and bivariate analyses were conducted via SPSS 21.0 to obtain descriptive statistics and ensure that regression assumptions were met (see Cohen, Cohen, West, & Aiken, 2003). Normality, linearity and homoscedasticity diagnostics were all within normal range. Next, Pearson's correlations between social exclusion, discrimination and coping strategies were examined. To examine the moderating effect of coping strategies on the relationship between discrimination and social exclusion, path analyses were performed using Mplus version 8.0. (Muthe'n & Muthe'n, 1998-2017). Model fit was evaluated using the Root Mean Square Error of Approximation (RMSEA) and Standardized Root Mean Square Residual (SRMR) values below .08 for acceptable fit, Comparative Fit Index (CFI) and Tucker-Lewis Index (TLI) values greater than .90 for good fit (Hu & Bentler, 1999; Kline, 2011; Little, 2013).

Results

Descriptive Information of the Sample and Study Variables

Descriptive characteristics of the sample are shown in Table 4.1. The sample consisted of 409 African immigrants with a mean age of 31.8 (SD = 9.2). About 32.3% of the sample were male, 41% were married, 57.5% had a bachelor's degree or more, and approximately half the sample reported yearly individual income of \$35,000 or less. The majority of participants in the sample (84%) identified as Black/African American. At the bivariate level, income ($p < .05$) was significantly associated with all four dimensions of social exclusion. Age was negatively associated with material deprivation, limited social participation and limited access to basic social rights ($p < .05$). Education level was significantly associated only with material deprivation ($p < .05$). Gender and race had no significant associations with the outcomes. Thus only age, education and income were retained as confounders in the moderation analyses.

Results showed that participants reported moderate levels of material deprivation (mean =1.43, SD= .92), limited social participation (mean =1.47, SD = .76), slightly higher levels of limited access to basic social rights (mean =1.81, SD =1.21) and normative integration (mean =1.86, SD = 1.06), and relatively low levels of discrimination (mean .99, SD = .80). As for coping, findings revealed that participants were employing moderate levels of the three coping strategies. Specifically, religious coping was most utilized (mean = 1.66, SD = 1.04), followed by active coping (mean = 1.63, SD = .96) and instrumental support (mean = 1.28, SD = .90).

Means, standard deviations and zero-order correlations for the study variables are shown in Table 4.2. As expected, results showed that discrimination was positively associated with all four dimensions of social exclusion at significant levels ($p < .001$). Thus, an increase in perceived discrimination was associated with an increase in social exclusion. Results also indicated significant positive correlations at $p < .001$ between the social exclusion dimensions, with the exception of normative integration and limited access to basic social rights. In regards to coping strategies, only instrumental support coping showed significant associations with social exclusion on the dimension of limited access to basic social rights. This finding indicated that increased use of instrumental support coping is associated with decreased access to basic social rights. However, religious and active coping were positively associated with discrimination and thus suggesting that an increase in these coping strategies was associated with increased perceived discrimination.

Moderation Analyses

Moderation models of path analyses were conducted to test the hypotheses. The models included interaction terms, and thus the predictor and moderator variables were standardized to reduce multicollinearity and maximize interpretability (Aiken & West, 1991; Frazier, Tix, &

Barron, 2004). Separate hierarchical sets of path analyses were conducted for each coping strategy. In step 1, social exclusion was regressed on discrimination and the coping strategy to observe their main effect on the outcomes. In step 2, interaction terms for discrimination and the coping strategy were entered in the model to observe the interaction/moderation effects. In step 3, age, education and income were added as potential confounders to examine whether moderation effects persisted net of controls. A significant regression coefficient for the interaction term would indicate a significant moderation effect. A positive beta would suggest that the coping strategy is amplifying the relationship between discrimination and social exclusion, where as a negative beta would suggest that the coping strategy is buffering the relationship (Aiken & West, 1991). All the models showed good fit to the data as was indicated by non-significant chi-squares, CFI ranged from .992 - .998, TLI from .924 - .967, RMSEA from .030 - .060 and SRMR from .006 - .019.

Table 4.3 provides the results of the path analyses. As expected, perceived discrimination was found to significantly predict all four dimensions of social exclusion in all the models. Instrumental support coping also showed significant negative effects on limited social participation and insufficient normative integration suggesting that frequent use of instrumental support decreased social-cultural exclusion. Results showed 3 significant moderation effects of coping strategies on the relationship between discrimination and social exclusion. This included the interaction term for discrimination X active coping and discrimination X instrumental support coping. After controlling for the effects of age, gender, and income, only the interaction for discrimination X active coping remained significant.

To examine the nature of the two-way interactions, simple effect analyses were conducted. The intercept and the unstandardized coefficients for the predictor and the moderator

were entered to plot the interaction effects (Dawson, 2014). In Figure 4.1 results indicated that low utilization of active coping strategies increased vulnerability for material deprivation and limited social participation, whereas high utilization of active coping was associated with less social-economic exclusion, even when perceived discrimination was high. Additionally, increased utilization of instrumental support coping strategies despite high levels of discrimination decreased vulnerability for material deprivation (see Figure 4.2). The interaction between active coping and discrimination accounted for an additional 1% of variance in material deprivation and limited social participation, and that of use of instrumental support and discrimination explained an additional 2% of variance in material deprivation. Despite the small effect size, these findings were significant and can be meaningful given the difficulties of detecting moderation effects in non-experimental studies (Yip, Rowlinson & Siu, 2008).

Discussion

The purpose of this study was to examine the moderation effects of coping strategies on the relationship between discrimination and social exclusion. First, the coping strategy of active coping was found to be a significant moderator. These findings suggested that frequent use of active coping weakened the negative effects of discrimination on the social exclusion dimensions of material deprivation and limited social participation. Conversely, less use of this coping strategy amplified this relationship. A Meta analysis by Pascoe and Smart Richman (2009) found that active or problem-solving coping, which entails directly dealing with stressors, was most effective in buffering negative effects of discrimination on health. For example, studies among Asian immigrants found that active or problem-solving coping lessened the association between discrimination and mental health (Noh and Kaspar, 2003; Yoo & Lee, 2005). Thus, this coping

strategy appears to also have a buffering effect on the impact of perceived discrimination on social-economic outcomes.

The second moderator that was significant was the use of instrumental support that entails seeking help or advice from others. This indicated that African immigrants that frequently sought instrumental support in the face of discrimination were able to significantly reduce their likelihood for social exclusion on the limited social participation domain. This result is consistent with logical interpretation and studies that have found the use of social support to be effective in dealing with discrimination (Wei et al., 2010; Pascoe & Smart Richman, 2009). In addition, most African cultures are collectivistic and value the use of social support from their families and community in dealing with challenges experienced as immigrants in the United States (Akinsulure-Smith, 2017; Sellers et al., 2006; Ting, 2010). Thus the helpfulness of using instrumental support in dealing with discrimination reflects a coping strategy that is culturally congruent.

While religious coping was found to be the most frequently used strategy among African immigrants in this sample, it did not show any significant moderating effects on the relationship between perceived discrimination and social exclusion. These findings warrant further investigation for individual meaning and application of religious coping as variations in these would likely entail varied effects on outcomes. For example, Fabricatore, Handal, Rubio & Gilner (2004) found that passive religious coping had exacerbating moderation effects. It is also possible that the persistent and chronic nature of discrimination may render religious coping unable to buffer its negative effects. It is also important to speculate why all the coping strategies in this study failed to moderate the effects of discrimination on the social exclusion dimensions of insufficient normative (cultural) integration and limited access to basic social rights. These

findings may suggest that the discrimination – social exclusion relationship on these dimensions maybe complex and structural and thus not easily mitigated by individual coping strategies.

Implications for Social Work Practice

Findings from this study have several implications for social work practitioners. First, it is important for practitioners to increase their awareness of African immigrant experiences and assess their levels of discrimination and its impact on their social-cultural and structural economic participation. Second, when clients present themselves with discrimination related issues, clinicians need to be sensitive to culturally congruent coping as they assess for the role of coping in the link between perceived discrimination and outcomes. Specifically, our findings suggest practitioners need to understand how active coping and use of instrumental support can help to mitigate the negative effects of discrimination on social-economic exclusion. Consequently, practitioners could promote active coping and help clients develop and utilize social support networks in dealing with discrimination.

Practitioners should also consider variations in coping strategies among individuals across cultures and how these may impact effects of discrimination. Fourth, findings suggest that interventions that go beyond individual coping strategies are needed in alleviating negative effects of discrimination on social exclusion. Specifically, individual coping strategies failed to moderate the effects of discrimination on limited access to basic social rights and insufficient normative integration. This calls for social workers to assess for discrimination at individual and structural levels and advocate for policies and interventions that mitigate discriminatory practices facilitating decreased access to basic social rights and limiting normative integration among African immigrants.

Limitations, Research Implications and Conclusion

Findings to this study should be viewed in the context of several limitations. First, the sample recruitment strategy entailed self-selection and referral, which leads to bias. Second, causal inference cannot be made due to the use of cross-sectional data. Third, measures of coping utilized in this study were developed from western cultural perspectives, hence it is unknown whether coping strategies developed from a collectivist cultural perspective would demonstrate similar moderating effects on the relationship between discrimination and social exclusion. Heppner (2008) suggested that scholars have neglected the role of cultural context in in coping studies for too long. Future research can examine the role of cultural-specific coping as moderators, as well as the role of maladaptive coping strategies that may be utilized among African immigrants, as this study did not examine the effects of unhealthy coping strategies. Lastly, findings cannot be generalized to other ethnic-minority immigrant groups without the replication of findings in those groups.

Despite these limitations, this study expands our understanding on factors that may help reduce the negative effects of perceived discrimination on the social exclusion of African immigrants in the United States. Future studies can examine whether there are gendered variations in coping strategies utilized among this population and how these differences may not have similar impact on discrimination outcomes. In addition, some studies among Asian immigrants have found that the effect of coping on perceived discrimination varied by the level of other moderators such as self-esteem and strong ethnic identity (Wei, et al., 2008; Yoo & Lee, 2005). Future studies might examine the possibility of three-way interactions on the coping, perceived discrimination and outcome link to expand the discussion. There is also need for longitudinal studies that can allow researchers to examine whether moderating effects of coping

strategies persist across the lifespan, and whether they are protective or risky on varied health and socio-economic outcomes.

This study is an important first step in quantitatively linking coping strategies as buffers in the relationship between perceived discrimination and social-economic outcomes among African immigrants in the United States. Findings from this study add to the emerging literature on African immigrant research and expand the discussion to coping strategies, discrimination and multi-dimensional social exclusion. Increased research in these areas can provide the foundation for the development of policies and interventions that can facilitate the wellbeing of African immigrants in the United States.

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Table 4.1

Sample Characteristics (N = 409)

Variables	%	Mean (SD)	Range
Sex			
Male	32.3		
Female	67.7		
Age		31.8 (9.2)	18 - 62
Race			
Black	84.1		
White	4.9		
Middle Eastern/North African	5.6		
Other	5.1		
Income			
Under \$15,000	23.5		
\$15,000 - \$35,000	24.2		
\$35,001 - \$55,000	19.1		
Over \$55,000	32		
Education			
Less than high school	5.4		
High school or more	22.0		
Technical college	15.2		
Bachelors degree	38.9		
Masters or more	18.6		
Immigrant Type			
1st Generation	50.6		
2nd Generation	49.4		
Marital Status			
Not Married	58.9		
Married	41.1		

Note: Percentages do not necessarily add up to 100 due to rounding off error.

Table 4.2

Means, Standard Deviations and Zero-order Correlations of Study Variables

	1	2	3	4	5	6	7	8
1. Material deprivation	1.000	.513**	.338**	.373**	.245**	.059	.020	.004
2. Social participation	.513**	1.000	.168**	.438**	.197**	.022	-.068	-.005
3. Basic social rights	.338**	.168**	1.000	.076	.409**	.071	.098*	.091
4. Normative integration	.373**	.438**	.076	1.000	.179**	-.022	-.064	.018
5. Discrimination	.245**	.197**	.409**	.179**	1.000	.156**	.192**	.084
6. Religious coping	.059	.022	.071	-.022	.156**	1.000	.471**	.460**
7. Instrumental support	.020	-.068	.098*	-.064	.192**	.471**	1.000	.515**
8. Active coping	.004	-.005	.091	.018	.084	.460**	.515**	1.000
Mean	1.430	1.470	1.810	1.860	.990	1.660	1.280	1.630
SD	.920	.760	1.220	1.060	.800	1.040	.900	.960

** p < .01, * p < .05; Scores ranged from 0 -3.

Table 4.3

Moderation Analyses Results for Three Coping Strategies

Steps	Material Deprivation		Limited Access to Basic Social Rights		Limited Social Participation		Insufficient Normative Integration	
	β	R ²	β	R ²	β	R ²	B	R ²
1 Discrimination (DS)	.248***	.06	.405***	.17	.199***	.04	.179***	.03
Active Coping	-.017		.057		-.022		.003	
2 Discrimination (DS)	.259***	.07	.398***	.17	.212***	.05	.184***	.04
Active Coping	-.032		.067		-.040		-.005	
DS X Active Coping	-.098*		.061		-.117*		-.052	
3 Controls (age, income, education)		.21		.20		.11		.07
Discrimination (DS)	.223***		.385***		.189***		.180***	
Active Coping	-.044		.052		-.041		-.008	
DS X Active Coping	-.072		.078		-.099*		-.045	
1 Discrimination (DS)	.252	.06	.406	.17	.219	.05	.199	.04
Instrumental Support Coping	-.028		.020		-.110		-.102	
2 Discrimination (DS)	.264***	.08	.407***	.17	.223***	.05	.203***	.04
Instrumental Support Coping	-.034		.020		-.112*		-.105*	
DS X Instrumental Support	-.118*		-.010		-.041		-.048	
3 Controls (age, income, education)		.21		.20		.10		.07
Discrimination (DS)	.226***		.392***		.196***		.198***	
Instrumental Support Coping	-.030		.021		-.096		-.097	
DS X Instrumental Support	-.079		.013		-.015		-.041	
1 Discrimination (DS)	.243***	.06	.408***	.17	.199***	.04	.187***	.04
Religious Coping	.021		.007		-.009		-.051	
2 Discrimination (DS)	.242***	.06	.401***	.17	.202***	.04	.184***	.04
Religious Coping	.025		.022		-.016		-.046	

Steps	Material Deprivation		Limited Access to Basic Social Rights		Limited Social Participation		Insufficient Normative Integration	
	β	R ²	β	R ²	β	R ²	β	R ²
DS X Religious Coping	.018		.072		-.033		.024	
3 Controls (age, income, education)		.20		.20		.10		.07
Discrimination (DS)	.210***		.393		.183		.184	
Religious Coping	.007		-.001		-.027		-.061	
DS X Religious Coping	.004		.069		-.040		.016	

Note: * p < .05; **p < .01; ***p < .001; All coefficients shown are standardized. In step 3, coefficients for control variables not shown.

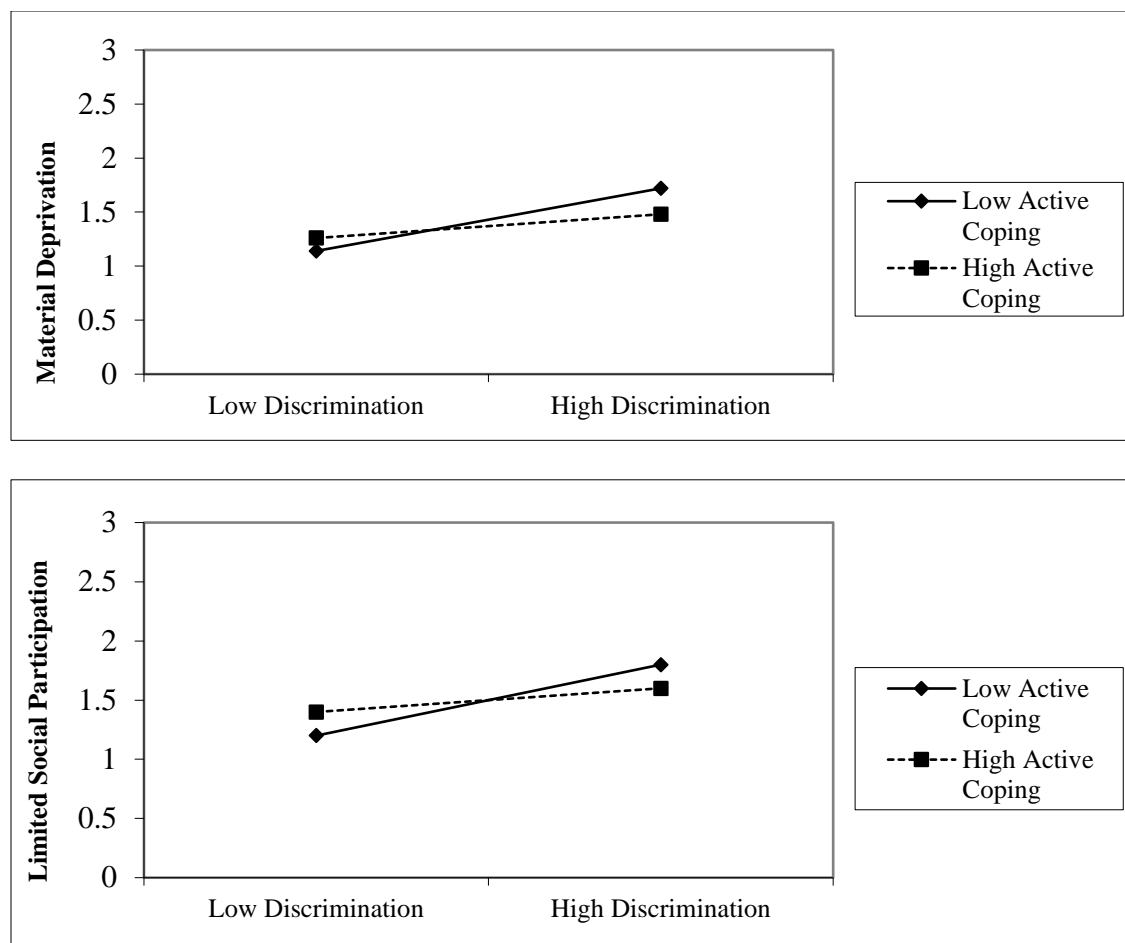


Figure 4.1. Moderating effects of active coping on the discrimination - social exclusion relationship.

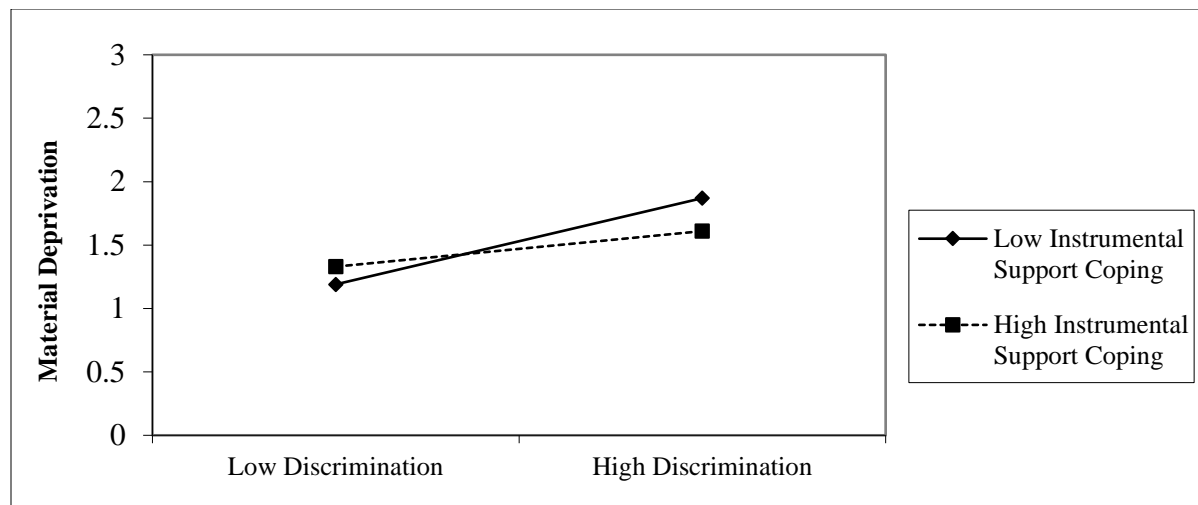


Figure 4.2. Moderating effects of instrumental support coping on the discrimination - social exclusion relationship.

CHAPTER 5

SUMMARY, IMPLICATIONS AND CONCLUSION

The African immigrant population living in United States has seen substantial growth from about 881,000 in 2000 to approximately 2.1 million in 2015 (Anderson, 2017). Within this group, about 36% originated from West Africa, 29% from East Africa, 17% from Northern Africa, and 5% from Southern Africa (Gambino, Trevelyan, & Fitzwater, 2014). A variety of reasons that are both voluntary (such as family reunification, economic and educational opportunities) and involuntary (fleeing from armed conflict or civil/political unrest) drive the migration of Africans to the United States (Anderson, 2017; Thomas, 2014; Venter & Gany, 2011).

While factors such as hard work, education and English language fluency have facilitated the integration of other immigrant groups into U.S. societies, research shows that they have not produced similar results for African immigrants (Arthur, 2000; Obiakor & Grant, 2002; Thomas, 2014). Increased vulnerability for socio-economic constraints have been found for Black African immigrants who experience issues related to racism, discrimination and other indicators of disadvantage similar to those of U.S. born blacks (Arthur, 2000; Thomas, 2014). Scholars have referred to processes that deter full social-cultural and structural-economic participation of individuals or groups and facilitate social disadvantage and deprivation as social exclusion (Jehoel-Gijsbers & Vrooman, 2007; Silver & Miller 2003; WHO, 2010). Existing research indicates the presence of exclusionary mechanisms impeding the full participation of African immigrants in the United States.

According to the National Association of Social Workers [NASW] (2017), enhancing the wellbeing of particularly vulnerable members of society is the mission of the social work profession. And as evident in the literature, African immigrants are a vulnerable group due to their status as racial minorities and as immigrants. However, despite significant immigrant-related research in scholarly discourse, the welfare of African immigrants in the United States has been grossly understudied.

Therefore, before meaningful interventions can be implemented to help this population, there is need for a greater understanding of African immigrant experiences. Consequently, this three-paper dissertation study sought to explore and answer the following questions: (1) what are the determinants of social exclusion among African immigrants in the United States, (2) what impact does social exclusion have on the psychological and social wellbeing of African Immigrants, and (3) what is the relationship between coping strategies utilized by African immigrants and experiences of social exclusion? The following section presents a summary of the main findings from this dissertation, the limitations of the study and implications for social work practice, policy and research.

Summary of Main Findings

Chapter 2: Predictors of Social Exclusion Among African Immigrants

Chapter 2 examined predictors of social exclusion, measured as a multi-dimensional concept comprised of four dimensions namely; material deprivation, inadequate access to basic social rights, limited social participation and limited normative (cultural) integration. Findings showed that discrimination, education, income, health, religion and length of U.S. residence were significant predictors of social exclusion among African immigrants. Particularly, individuals with lower income, poor health, increased discrimination, and fewer years of U.S. residence were

at greater risk for material deprivation. Discrimination and lower income were strong predictors for inadequate access to basic social rights measured as access to employment and financial loaning institutions. Poor health, fewer years of U.S. residence, lower income, higher education and discrimination increased the likelihood for limited social participation. In addition, poor health, discrimination, higher education and being Muslim facilitated limited normative integration.

Results demonstrate a consistent significant effect of discrimination on all the dimensions of social exclusion, which include structural-economic and social-cultural exclusion. This finding is consistent with studies on African immigrants that have documented accounts of experienced discrimination and its negative implications on socioeconomic and psychosocial outcomes (Arthur, 2000; Sellers, Ward & Pate, 2006; Showers, 2015; Thomas, 2014). From these findings, it is arguable that the foreign and black duo status of black African immigrants, who were the majority in this sample, increases risk for discrimination, which in turn makes this group particularly vulnerable to social exclusion (Arthur, 2000; Thomas, 2014).

It is also important to note that higher education failed to be a protective factor for social exclusion among African immigrants in this study. This finding contradicts other studies that have found decreased risk for social exclusion for individuals with higher education (Bergen, Hoff, Ameijden, & Hemert, 2014; Jehoel-Gijsbers & Vrooman, 2007; Jose & Cherayi, 2017; Vrooman & Hoff, 2013). While the relationship between education and social exclusion appears to be in the 'wrong' direction in this study, this finding aligns with studies that have found that lower pay and underemployment persists among black Africans regardless of education levels (Borch & Corra, 2010; Showers, 2015; Thomas, 2014; Zong & Batalova, 2014). This would suggest that perhaps social and upward mobility constraints increase with higher education due

to exposure to environments that typically have less ethnic diversity that people of color find themselves in as they try to obtain social-economic rewards for their investment in higher education.

Chapter 3: The Impact of Social Exclusion on the Psychological and Social Wellbeing of African Immigrants

Chapter 3 examined the effects of social exclusion on two aspects of psychological wellbeing (mental health and quality of life) and three aspects of social wellbeing (subjective isolation, societal trust and safety). Results showed variation on how the dimensions of social exclusion directly impacted the psychological and social wellbeing outcomes. Material deprivation and limited access to basic social rights mattered most when it came to the mental health and subjective isolation of African immigrants. Decreased access to social rights also had a negative direct impact on societal trust and worries about safety. Limited social participation and limited normative integration showed no significant effects on wellbeing when controlling for other factors in the model. Clearly, efforts to improve wellbeing outcomes of African immigrants should start by targeting structural-economic exclusionary mechanisms.

Discrimination was found to have the strongest negative impact on mental health, worries about safety and subjective isolation of African immigrants. These findings are consistent with studies that have found negative implications of social exclusion on mental health and quality of life (Bayram et al., 2011, Bayram et al., 2012; Jose & Cherayi, 2016; Van de Beek et al., 2017), and negative effects of discrimination on mental health and social wellbeing (Gee, Ryan, Laflamme & Holt, 2006; Leong, et al., 2013; Pascoe & Smart Richman, 2009; Schmitt et al., 2014). In addition, being married and having better health was found to be a protective factor for psychological and social wellbeing.

Results also indicated that about 26% of the participants reported moderate to severe mental health symptoms suggesting that this is an important health need in this population. Further, white Africans and those that identified as ‘other’ race were more vulnerable to depression and anxiety symptoms than their black counterparts. Thus, it is important that non-black Africans not be overlooked in research and intervention programs that promote immigrant wellbeing. Similar to previous studies, second generation immigrants also showed increased likelihood for poor mental health at the bivariate level (Cantor-Graae & Pedersen, 2013; Franzini et al., 2001). However, controlling for other factors, first generation immigrants showed greater risk for depressive symptoms in this study.

Chapter 4: Moderating Effects of Coping Strategies on Discrimination and Social

Exclusion

Chapter 3 examined the role of coping strategies on the association between discrimination and social exclusion among African immigrants in the United States. Results showed that the coping strategies of active coping and use of instrumental support were significant moderators on the relationship between perceived discrimination and social exclusion. Findings suggested that frequent use of active coping and use of instrumental support weakened the negative effects of discrimination on the social exclusion dimensions of material deprivation and limited social participation. Conversely, less use of these coping strategies amplified this relationship. These results support conclusions from previous studies that have found active or problem solving coping to buffer negative effects of discrimination on health outcomes of immigrant groups (Noh & Kaspar, 2003; Yoo & Lee, 2005), and studies that have found the use of social support to be effective in dealing with discrimination (Wei, Heppner, Ku & Liao, 2010; Pascoe & Smart Richman, 2009).

However, religious coping did not show any significant moderating effects on the relationship between perceived discrimination and social exclusion. It is important to note that this coping strategy was the most frequently used strategy among African immigrants in this sample. In addition, none of the coping strategies analyzed in this study showed any significant moderating effects on discrimination and the social exclusion dimensions of insufficient normative (cultural) integration and limited access to basic social rights. These findings may suggest that the discrimination – social exclusion relationship on these dimensions may be complex and structural and thus not easily mitigated by individual coping strategies.

Implications for Social Work

Practice Implications

Results from this study have implications for social work practice and interventions. Firstly, assessing the challenges of African immigrants through the multi-dimensional social exclusion lens can help frame immigrant incorporation barriers as consequences of social and community exclusion rather than solely based on individual culpability (Kahn & Kamerman, 2002). This is especially important for a population that at face value may appear integrated or socially included by measures of high employment rates, high human capital and English fluency, but yet report more underemployment, isolation and lower earnings compared to other immigrant groups (Obiakor & Grant, 2002; Arthur, 2000; Thomas, 2014; Zong & Batalova, 2014). Therefore, social work practice derived from these findings would also examine multidimensional aspects of disadvantage and restricted access to full societal participation in addressing problems faced by African immigrants.

Results from this dissertation can provide clinicians with an understanding of the characteristics of individuals who are most likely to experience social exclusion, and which

dimension of social exclusion individuals may be most vulnerable to. Further, by understanding the effects of social exclusion dimensions on the psychological and social wellbeing of African immigrants, clinicians can employ appropriate interventions in efforts to alleviate mental health symptoms, promote quality of life and reduce isolation among this population. Additionally, findings from this study further inform clinicians of the moderating role of coping strategies such as active coping and use of social support systems in buffering the negative effects of discrimination on social exclusion. Thus, clinicians can direct attention to promoting healthy and culturally congruent coping in efforts to help mitigate negative effects of discrimination.

Policy Implications

Results from this dissertation also have implications for social work policy. Findings showed that African immigrants were most vulnerable to structural exclusion in the form of limited access to basic social rights, and cultural exclusion measured as insufficient normative or cultural integration. Further, the three coping strategies I examined that are utilized by African immigrants failed to buffer the negative effects of discrimination on structural and cultural exclusion. These findings suggest that some of the barriers experienced among this population are beyond personal characteristics or capabilities but point to structural and relational barriers. For instance, results showed that education failed to be protective against social exclusion, psychological and social wellbeing among African immigrants in this dissertation. These results align with studies that have found higher education to not necessarily produce better occupation outcomes for black Africans (Batalova et al., 2016; Thomas, 2014), and most end up in what Showers (2015, p.1817) termed as ‘occupational ghettos’ of their professions.

This calls for social workers to advocate for policies that challenge inequitable exclusionary practices impacting this immigrant group. Agency, community, state and federal

structures need to examine for social exclusion in their policies and programs for immigrants. For example, exclusionary practices that deter black African immigrants from obtaining the full benefits of higher education could be assessed, and practices that impede immigrants' engagement in basic social rights – measured in this study as access to employment and financial institutions. Thus social workers' lobbying efforts could include challenging practices that devalue the credentials of African immigrants given its impact on employment opportunities, encourage immigrant serving agencies to facilitate job placement fitting to skill level, and access to services provided by financial institutions. There is need for strategic policies that facilitate the access and participation of immigrant groups in social-cultural and structural-economic decision-making structures.

Further, scholars have proposed that the negative portrayal of Africa facilitated in U.S media, that depicts backwardness, poverty and hunger has been contributory to devaluation of skills or intelligence which facilitates negative outcomes in educational settings, job opportunities and social interactions among black African immigrants (Arthur, 2000; Asante, Sekimoto & Brown, 2016; Obiakor & Grant, 2002; Sellers et al., 2006; Showers, 2015). Though this study did not examine this particular factor, results indicate barriers to positive outcomes due to discrimination that could be facilitated by negative beliefs about African immigrants. Thus social workers can proactively advocate to challenge the negative portrayal of Africa to mitigate negative beliefs by promoting community, agency and state activities involving cross-cultural communication, diversity and inclusion activities that can be pleasurable and educative.

Social Work Education Implications

In order to address social exclusion and other challenges experienced by African immigrants in the United States, there is need for social workers that have the cultural

knowledge, language and leadership skills to facilitate service utilization or receipt by the African immigrant groups in need. This responsibility lies on social work educational programs to train such social workers. In a study among African immigrants, Akinsulure-Smith (2017) found that participants expressed concern for the lack of mental health professionals from African countries of which most felt would better relate to their experiences. Thus social work education programs, especially those residing in areas with larger African immigrant populations can develop programs with emphasis to meet the local needs of the African community, recruit students and faculty that are representative of the local population, emphasize on cultural education and increasing awareness of the heterogeneity within the African immigrant populations. Additionally, combating social exclusion among immigrant groups would require a much greater emphasis on community and group initiatives in social work education and not individual focus of practice given that social exclusion as an issue of social and community exclusion (Jehoel-Gijsbers & Vrooman, 2007; Silver & Miller, 2003).

Research Implications

In her review article on social work practice with African immigrants, Francis (2000) proposed that despite major strides in working with diverse populations, there was still limited attention paid to scholarship on black African immigrants. She implied that studies conflate Caribbean, US-born and African immigrants for all blacks without considering the heterogeneity among this population. Her assertion is evident in the scant scholarly literature available to date that looks at African immigrants in the United States. This dissertation is one of the few but emerging studies exploring African immigrant wellbeing. Unfortunately, this implies that social workers have few evidence-based research to draw on in their interventions with immigrants from African countries.

Findings from this dissertation show that African immigrants do experience social exclusion, and that this experience has significant negative implications on their wellbeing. Further, it shows that coping strategies can be utilized to help mitigate the negative effects of discrimination on social exclusion. While these initial findings are promising, there are still questions that remain unanswered and necessitate potential future research directions. There is need for further research that can seek to develop a more comprehensive social exclusion measure fitting to the U.S. context to help social workers better understand barriers to full societal participation experienced by this immigrant group.

In addition, there is need for further research on the psychological wellbeing of African immigrants. Though this study found evidence for depression and anxiety symptoms among African immigrants, more information is needed to increase social workers' understanding of this population's mental health needs and how to best intervene given the reluctance for formal mental health service utilization among this population (Akinsulure-Smith, 2017). Further, research examining culturally specific coping strategies is needed to increase our understanding of strengths within the diverse African immigrant cultures that can be fostered to facilitate wellbeing. Recognition of this diversity should be evident in social work practice, education and research so that interventions align with the variations in historical context, culture, race and ethnicities of African immigrants.

Limitations and Conclusion

It is important to note several limitations to this dissertation. First, the use of cross-sectional data entailed that temporal precedence could not be determined. Second, the social exclusion measure utilized was developed in European contexts. Thus the structural and cultural dimensions of social exclusion did not fit well for African immigrants and new questions were

added to the measure by the researcher. Therefore, it is likely that the measures for the social exclusion dimensions of inadequate access to basic social rights and insufficient normative integration were not robust enough, as these measures were not standardized or validated. However, these measures yielded good internal consistency in this sample. Third, the sample did not have sufficient racial heterogeneity as desired, and hence the smaller sample sizes for non-black racial categories may have weakened the power to detect any significant racial variations on outcomes. Lastly, bias in sample characteristics may have resulted from the two sampling procedures utilized in the study, snowball and research panel recruitment. However, efforts were made in data analyses to control for the effects sampling procedures, and results generally appeared consistent with the literature on social exclusion. Additionally, the use of snowball sampling that entailed participant referral of people within their social networks could have resulted in study participants of similar characteristics. Thus the use of non-random sampling procedures limited the external validity of this study.

Despite these limitations, the work presented in this dissertation provides a new and substantive contribution to the literature on the social exclusion of African immigrants, how social exclusion impacts psychological and social wellbeing, and how coping strategies can help buffer the negative effects of discrimination on social exclusion. The consistency of findings across multiple social exclusion dimensions provides robust evidence for negative effects of exclusionary mechanisms on African immigrant wellbeing. This dissertation, among a few others, takes the first few steps in efforts to expand our knowledge on the experiences of Africans in America and support social workers to fulfill their responsibility to “promote social justice and social change with and on behalf of [African] clients” in the United States (NASW, 2017, p.1).

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APPENDIX A

African Immigrant Wellbeing Survey

FOR EACH QUESTION, PLEASE CHECK THE CORRECT ANSWER OR WRITE IN THE SPACE PROVIDED. PLEASE ALLOW 10 - 15 MINUTES TO COMPLETE THE SURVEY.

SECTION A

The following section asks about your experiences living as an immigrant in the U.S. Please indicate the frequency to which you have experienced the following during the last 12 months. The responses range from Always to Never.

Q.1 Please check the box that corresponds with your answer.

	0 Always	1 Often	2 Sometimes	3 Rarely	4 Never
a. There are people who genuinely understand me.					
b. I feel cut off from other people.					
c. There are people whom I can have a good conversation with.					
d. I have contact with neighbors.					
e. I have enough money to heat my home.					
f. I have enough money for club memberships.					
g. I have enough money to visit others.					
h. I have enough money to meet unexpected expenses.					
i. We all get on well in our neighborhood.					
j. I am satisfied with the quality of my home.					
k. I didn't receive a medical or dental treatment.					
l. I give to good causes.					
m. I sometimes do something for my neighbors.					
n. I put recycling items in the recycle bin.					
o. Work is just a way of earning money.					

Q.2 Which of the following best describes your immigrant background? (Check only one answer)

01 ____ I was born in Africa then moved to the U.S. **[Proceed to Q.3]**

02 ____ I was born in the U.S. and one or both of my parents are originally from Africa. **[Skip to Question 9]**

Q.3 How old were you when you immigrated to the U.S? _____

restaurants or stores.				
c. People act as if they think you are not smart.				
d. People act as if they are afraid of you.				
d. You are threatened or harassed.				

Q.13 Are you worried about your safety in the following five places? **(Please check the box that corresponds with your answer).**

	0 Not at all	1 A Little bit	2 A medium amount	3 A lot
a. At home?				
b. In the surrounding environment of your home?				
c. At your work place or in school?				
d. On your way to your work place or school?				
e. Elsewhere?				

Q.14 How much do you trust the following institutions and their actions? **(Please check only one box that corresponds with your answer).** Responses range from 'Not at all' to 'A lot.'

	0 Not at all	1 A Little bit	2 A medium amount	3 A lot
a. Health care system				
b. Social welfare				
c. Judicial system (relates to the administration of justice/law)				
d. Government				
e. Police				
f. Local government policymakers				
g. Social insurance institutions (e.g. Social Security, Medicare, Unemployment insurance, Pension etc.)				
h. Employment office				

Q.15 Do you often feel lonely?

01 ___ never

02 ___ rarely

03 ___ sometimes

04 ___ often

05 ___ always

Q.16 Do you avoid certain places due to your migrant background?

01 ___ no

02 ___ yes

Q.17 Do you have a disability or chronic medical condition?

01 ___ no

02 ___ yes

Q.18 Over the last 2 weeks, how often have you been bothered by the following problems?

Check only one box for each problem and do not skip any items.

HOW OFTEN ARE YOU BOTHERED BY:	0 Not at all	1 Several days	2 More than half the days	3 Nearly everyday
a. Feeling nervous, anxious, or on edge.				
b. Not being able to stop or control worrying.				
c. Feeling down, depressed or hopeless.				
d. Little interest or pleasure in doing things.				

SECTION C:

These questions below deal **with ways you've been coping with stress or problems in your life in the last few months related to being an immigrant in the U.S.** If you have not had any stress related to your immigrant position, then answer the question based on how you have coped with stress in general. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can. Answers range from "Not at all" to "A Lot".

Q.19 Please check only one box that corresponds with your answer.

	0 Not at all	1 A little bit	2 A medium amount	3 A lot
a. I've been turning to work or other activities to take my mind off things.				
b. I've been concentrating my efforts on doing something about the situation I'm in.				
c. I've been using alcohol or other drugs to make myself feel better.				
d. I've been taking action to try to make the situation better.				
e. I've been getting help and advice from other people.				
f. I've been using alcohol or other drugs to help me get through it.				
g. I've been doing something to think about it less, such as going to movies, watching TV, reading,				

	daydreaming, sleeping, or shopping.				
h.	I've been trying to find comfort in my religion or spiritual beliefs.				
i.	I've been trying to get advice or help from other people about what to do.				
j.	I've been praying or meditating.				

Q.20 This question is about your experiences living in the United States. (Please check the box that corresponds with your answer).

	0 Always	1 Often	2 Sometimes	3 Rarely	4 Never
a.	I participate in my local neighborhood and community activities				
b.	I feel that people around me value my African culture				
c.	I am proud to show my culture in my community				
d.	I have friends who are not immigrants like me				
e.	I feel left out of society				
f.	I feel out of place in group conversations with non-immigrants				
g.	It is difficult to get a loan from a financial institution				
h.	I have difficulty getting the job I want				
i.	I can meet my medical, visual or dental needs				
j.	I have enough money to pay my bills				
k.	I have difficulty making ends meet				
l.	I have money to put aside in savings				

SECTION D:

The following section asks questions about your background information.

- Q.21 What is your gender?
 01 ___ Male
 02 ___ Female
- Q.22 What is your age in years? _____
- Q.23 In what State do you currently reside in? _____
- Q.24 What is your country of birth? _____
- Q.25 What is your race/ethnicity?
 01 ___ White/Caucasian
 02 ___ Middle Eastern/North African
 03 ___ Black/African American
 04 ___ Asian
 05 ___ Other (please specify): _____
- Q.26 What is your marital or relationship status?
 01 ___ Never married/Single
 02 ___ Married
 03 ___ Divorced/Separated
 04 ___ Widowed
 05 ___ Other (please specify): _____
- Q.27 If married, is your spouse
 01 ___ Black African
 02 ___ White African
 03 ___ Asian African
 04 ___ African American
 05 ___ Black (not born in Africa or U.S)
 06 ___ White/Caucasian (not born in Africa)
 07 ___ Other (please specify): _____
- Q.28 What is the highest grade or level of education that you have completed?
 01 ___ Less than secondary school
 02 ___ Secondary school/high school graduate
 03 ___ Technical or vocational training
 04 ___ 4-year college graduate/bachelor's degree
 05 ___ Master's degree
 06 ___ Ph. D.
- Q.29 Was this level of education achieved in the U.S.?
 01 ___ no
 02 ___ yes

- Q.30 Are you currently a full-time student?
 01 ___ no
 02 ___ yes
- Q.31 What is your religious affiliation?
 01 ___ Christian 05 ___ Sikh
 02 ___ Islamic 06 ___ Buddhist
 03 ___ Hindu 07 ___ Other
 04 ___ Jewish 08 ___ None
- Q.32 Are you fluent in the English language?
 01 ___ no
 02 ___ yes
- Q.33 Are you currently working for pay?
 01 ___ no
 02 ___ yes
- Q.34 What is your current **individual** yearly income (before taxes and deductions)? (**Select one answer**)
 00 ___ None 06 ___ \$55,001 to \$65,000
 01 ___ Less than \$15,000 07 ___ \$65,001 to \$75,000
 02 ___ \$15,001 to \$25,000 08 ___ \$75,001 to \$85,000
 03 ___ \$25,001 to \$35,000 09 ___ \$85,001 to \$95,000
 04 ___ \$35,001 to \$45,000 10 ___ \$95,001 or more
 05 ___ \$45,001 to \$55,000
- Q.35 What is your current **household** yearly income in dollars (before taxes and deductions)?

- Q.36 Select the category that best describes your present occupation.
 01 ___ professional/administrative 08 ___ farming/fishing/animal husbandry
 02 ___ managerial/administrative 09 ___ clergy
 03 ___ technical/administrative 10 ___ manufacturing/production
 04 ___ sales 11 ___ other (please specify) _____
 05 ___ craft/licensed craft
 06 ___ clerical/administrative support
 07 ___ service (driver, food service, barber/beautician, custodian, service worker etc.)
- Q.37 Do you currently have health insurance?
 01 ___ no
 02 ___ yes

Q.38 In general, would you say your health is:

01 ___ excellent

02 ___ good

03 ___ fair

04 ___ poor

Q.39 How would you rate your quality of life?

01 ___ excellent

02 ___ good

03 ___ fair

04 ___ poor

THANK YOU!

Thank you for taking the time to participate in our survey. We truly value the information you have provided. Your responses are vital in helping us better understand the experiences of African immigrants in the U.S.

APPENDIX B

Recruitment Email

Subject Line: African Immigrants Wellbeing Survey Invitation

Dear Sir or Madam:

I am a doctoral student from Africa under the direction of professor Larry Nackerud in the Department of Social Work at the University of Georgia. I obtained your contact information from [name source]. I invite you to participate in a research study entitled, “African Immigrants Wellbeing Survey”. The purpose of this research study is to explore factors that influence the social-economic and social-cultural participation of African immigrants in the United States and how these factors affect their wellbeing.

To be eligible for this study, you should be at least 18 years of age or older, and you must have come from a country in Africa to live either temporarily or permanently in the United States, or at least one of your parents immigrated to the U.S. from Africa

Findings from this study hope to contribute to the body of knowledge on African immigrants in the United States with a hope of promoting and enhancing quality of life and wellbeing among this population.

Your participation will involve taking an online survey that takes approximately 10 - 15 minutes to complete. Your responses are confidential and participation is completely voluntary. After survey completion, you will have the option to be entered into a weekly drawing for a \$25 gift card as a token of appreciation for your time and effort in this study. You do not have to participate in the research in order to participate in the drawing. If you would like to participate in the drawing, contact the researcher.

To complete the survey, please click on the link below or copy and paste the URL into your Internet browser:

https://ugeorgia.qualtrics.com/jfe/form/SV_5APOIlvcITfucsZ

In addition, I will need your help to reach as many African immigrants as I can. Please forward this email and survey link to your friends and family in the United States who are eligible to complete the survey.

If you are not interested in participation in this study, please indicate this by replying to this email with a blank message. Once your blank email is received, we will make no further contact with you regarding participation in our study. If you would like additional information about this study, please feel free to contact me at 770-282-0321, or my faculty advisor, Larry Nackerud, at nackerud@uga.edu. Thank you very much for your time and participation!

Many Thanks.
Sherinah Saasa

APPENDIX C

Social Media Recruitment

Are you an immigrant from Africa living in the United States?

Please click the link below to complete a short online research survey. Your answers are confidential and your participation is completely voluntary!

To help us promote the wellbeing of Africans in America, click here:

https://ugeorgia.qualtrics.com/jfe/form/SV_5APOllvcITfucsZ

Please pass this message and link along to your friends and family from Africa living in the U.S.

Many Thanks,

Sherinah Saasa

PhD Student at the University of Georgia School of Social Work

APPENDIX D

Informed Consent Letter (Snowball Sample)

Dear Sir or Madam:

I am conducting a study that explores the wellbeing of African immigrants in the United States and invite you to participate in this research study. The study hopes to provide a better understanding of the experiences of Africans as immigrants in the U.S. To be eligible for participation in this study, participants must be 18 years of age or older, and must have come from a country in Africa to live temporarily or permanently in the United States, or must have one or both parents that immigrated to the U.S. from Africa.

Your participation in this study involves completing one survey that contains questions about your various experiences as an immigrant in the U.S. and a few questions about your background information. The survey should only take approximately 10 -15 minutes to complete. Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled. If you come to any question that you prefer not to answer, please skip it and go on to the next.

At the end of the survey, you will have the option to be entered in a drawing for a \$25 gift card being offered to show appreciation for your participation in the study. You do not have to participate in the research in order to participate in the drawing. If you would like to participate in the drawing, contact the researcher.

Your names or any identifying information will not be collected in the survey. Any contact information, such email addresses, will only be used for the purposes of conducting the survey and will be destroyed after data collection is completed. Only the researcher(s) and the professor directing the research will have access to the data. The confidentiality of your individual information will be maintained in any publications or presentations regarding this study. This research involves the transmission of data over the Internet. Every reasonable effort has been taken to ensure the effective use of available technology; however, confidentiality during online communication cannot be guaranteed.

The findings from this project may provide information that may help researchers and/or policy makers develop programs that can promote the wellbeing of African immigrants in the United States. There are no known risks associated with this study.

If you have any questions about this research project or if you would like to report a problem, please feel free to contact the faculty sponsor, Dr. Larry Nackerud, at nackerud@uga.edu or (706)

542-5470. Questions or concerns about your rights as a research participant should be directed to the Chairperson of the University of Georgia's Institutional Review Board by telephone, (706) 542-3199, or email, irb@uga.edu.

Thank you for your consideration and assistance!

Sincerely,

Sherinah Saasa, PhD Student
University of Georgia School of Social Work

I agree to participate in this survey:

Yes

No

APPENDIX E

Informed Consent Letter (Qualtrics Panel)

Dear Sir or Madam:

I am conducting a study that explores the wellbeing of African immigrants in the United States and invite you to participate in this research study. The study hopes to provide a better understanding of the experiences of Africans as immigrants in the U.S. To be eligible for participation in this study, participants must be 18 years of age or older, and must have come from a country in Africa to live temporarily or permanently in the United States, or must have one or both parents that immigrated to the U.S. from Africa.

Your participation in this study involves completing one survey that contains questions about your various experiences as an immigrant in the U.S. and a few questions about your background information. The survey should only take approximately 10 -15 minutes to complete. Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled. If you come to any question that you prefer not to answer, please skip it and go on to the next.

At the end of the survey, you will be compensated according to the previous arrangements made when you joined the online panel as an appreciation for your participation in the study.

Your names or any identifying information will not be collected in the survey. Any contact information, such email addresses, will only be used for the purposes of conducting the survey and will be destroyed after data collection is completed. Only the researcher(s) and the professor directing the research will have access to the data. The confidentiality of your individual information will be maintained in any publications or presentations regarding this study. This research involves the transmission of data over the Internet. Every reasonable effort has been taken to ensure the effective use of available technology; however, confidentiality during online communication cannot be guaranteed.

The findings from this project may provide information that may help researchers and/or policy makers develop programs that can promote the wellbeing of African immigrants in the United States. There are no known risks associated with this study.

If you have any questions about this research project or if you would like to report a problem, please feel free to contact the faculty sponsor, Dr. Larry Nackerud, at nackerud@uga.edu or (706) 542-5470. Questions or concerns about your rights as a research participant should be directed to

the Chairperson of the University of Georgia's Institutional Review Board by telephone, (706) 542-3199, or email, irb@uga.edu.

Thank you for your consideration and assistance!

Sincerely,

Sherinah Saasa, PhD Student
University of Georgia School of Social Work

I agree to participate in this survey:

Yes

No