

## **Health, Life Satisfaction, Resilience and Discrimination among Refugees in Germany**

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### **Abstract**

In our analysis of a sample of refugees who recently arrived in Germany, we found very poor self-reported health conditions – especially psychological ones. Health is not only a matter of socioeconomic conditions but is highly dependent on perceptions and feelings. This paper analyses the relationship between some sociopsychological factors and health conditions. We focussed on the role of life satisfaction, resilience, and perception of discrimination in explaining the health of refugees. Since both health, life satisfaction, resilience and perception of discrimination can be considered latent constructs, we estimated a structural equation model to explore relations among them. Standardized loadings show a higher relevance of depression over physical pain and anxiety in the health dimension. In the measurement model of life satisfaction, satisfaction with present health plays the key role, while feeling like an outsider concurs majorly to measure perceived discrimination. As expected, it stands out that higher resilience and lower perceived discrimination have a positive impact on life satisfaction. Furthermore, life satisfaction is positively associated with health. However, unexpectedly, resilience is negatively associated with health, although the path coefficient is very low. Further developments (in progress) for this work include multigroup analyses by nationality and a better understanding of the relationship between resilience and health as well as the direct and indirect effect of perceived discrimination on health.

**Keywords:** health, life satisfaction, discrimination, refugee, IAB-BAMF-SOEP Survey of Refugees in Germany, SEM

### **1. INTRODUCTION: HEALTH, RESILIENCE, LIFE SATISFACTION AND DISCRIMINATION AMONG REFUGEES**

Health is frequently at the centre of refugee studies, as it is a concerning matter even when refugees live in high-income countries, where they are vulnerable to marginalization and deprivation (Paul, 2020). Indeed, while the healthy immigrant theory states that there is a positive selection for migrants with respect to non-migrants in terms of health, this does not hold for refugees, who often undergo strenuous journeys and have long stays in camps in transit countries (Matlin et al., 2018). Health is not only a matter of socioeconomic conditions but is highly dependent on perceptions and feelings (Mendola and Parroco, 2020; Mölsä et al., 2017; Mossakowski, 2003). This paper analyses the relationship between some sociopsychological factors and the health conditions of refugees in Germany. In particular, we focussed on the role of life satisfaction, resilience, and perception of discrimination in explaining the health of refugees.

Life satisfaction is a key issue in the life of refugees (Gambaro et al., 2018; De Jong et al., 2002), it can be a resource for refugees' integration (Haindorfer et al., 2022) and clearly affect their health although their connection is not very explored in the literature (Grant et al., 2009; Getanda et al., 2015; Ambrosetti et al., 2021).

Refugees endure a multitude of trials prior to reaching their destination country and encounter persistent challenges during the resettlement process. Notwithstanding these formidable difficulties, many refugees exhibit considerable resilience, which plays a pivotal role in facilitating their successful adaptation and integration. Even if fostering the idea of ‘helping refugees to help themselves’ is supported by many researchers and international institutions such as the UNHCR (see Krause and Schmidt, 2020 and UNHCR EXCOM, 2017), the prominence of the trauma narrative in the lives of refugee individuals often obscures this resilience (Papadopoulos, 2001; Hutchinson and Dorsett, 2012). “Resilience” for refugees refers to the capacity of individuals, families, and communities who have been forcibly displaced from their home countries to adapt, recover, and rebuild their lives in the face of significant challenges, adversity, and trauma. Resilience is a multidimensional construct but for refugees, one of the important aspects of resilience is the psychological one, i.e., the ability of refugees to cope with the psychological and emotional stressors associated with forced migration. It involves the capacity to manage trauma, loss, and uncertainty, as well as to maintain a positive outlook and adapt to new circumstances.

Both resilience and social support from family members and locals are counted among the best predictors of immigrants’ satisfaction with life (Novara et al., 2023; García-Cid et al., 2017). Quantitative studies on the role of resilience of refugees in high-income countries are limited and often based on a reduced number of cases. However, psychological literature seems to suggest that psychological resilience plays a crucial role in shaping the life satisfaction of refugees, acting as a buffer against the negative impact of stress, adversity, and trauma commonly experienced by refugees, giving effective coping strategies that allow them to adapt and thrive in the face of adversity. Psychological literature also shows that more resilient refugees are more likely to report higher levels of life satisfaction and higher emotional well-being, and are more likely to build and maintain strong social support networks within their host communities, often fostering a positive outlook on life (resilient individuals tend to focus on their strengths and opportunities rather than dwelling on their hardships), have a higher sense of self-efficacy (which can enhance their life satisfaction by giving them a sense of control and agency), are more adaptable to their new environments and higher ability to integrate into their host societies.

Most of these studies also sustain that resilience is also correlated with better health and a high level of mental well-being (Wu et al., 2018). In particular, Schlechter et al. (2021) suggest that psychological resilience can have a profound impact on the health conditions of refugees and in particular on their mental health and stress management. More resilient individuals are better equipped to cope with the psychological distress associated with forced migration, are less likely to develop mental health conditions like depression, anxiety, and post-traumatic stress disorder (PTSD), and are more effective in facing stress related to the uncertainties of their legal status, social integration, and concerns about family members left behind, reducing the effect that prolonged stress can have on health. Moreover, it is noteworthy to say that more resilient refugees are more likely to engage with healthcare services, adhere to medical treatments, have a better understanding of the healthcare system in their host country, and have a more proactive approach to maintaining their health. Resilience is also a resource that protects refugees, from engaging in risky behaviours, such as substance abuse or unsafe sexual practices, which can have detrimental effects on health. However, the same paper of review raises some doubts. The Siriwardhana et al. (2014) ample review of quantitative and qualitative studies concludes that despite “resilience was generally shown to be associated with better mental health in displaced populations, the evidence on this and underlying mechanisms was limited” (p.2). Also, Tol et al. (2013), who reviewed studies focused on resilience and mental health in low and middle-income countries, concluded that studies were small in number, mainly cross-sectional and had limited focus on the dynamic and complex nature of resilience. Some studies also showed that resilience fosters the development of social support networks that are crucial for mental and emotional well-being, which, in turn, influences physical health. Refugees with higher resilience are more likely to build relationships within their host communities, seek support from

individuals and organizations, advocate for their rights and access to resources, and address systemic inequalities that affect health outcomes.

Feeling at home, do not perceiving discrimination and xenophobia in the new hosting community is crucial for a satisfying life and for better health (Branscombe et al., 1999; Mölsä et al., 2017). Research has identified discrimination as a risk factor for refugees' mental and physical health (Çelebi et al., 2017), and perceiving not to be welcome and experiencing social isolation contributes to the vulnerability of refugees (see Mendola et al., 2023). For example, Dhalimi et al. (2018) found that with respect to health, perception of discrimination was a predictor of bad self-reported health and discrimination was a significant predictor of depression. Noteworthy, perceived discrimination can affect several domains, such as life satisfaction, self-esteem, identification with the host community, and clearly, mental health. Coping with discrimination can be hard (Mossakowski, 2003), especially for young refugees (Montgomery, E., & Foldspang, 2008).

Using data from the Survey of Refugees in Germany, this paper focuses on the relevance of life satisfaction, discrimination, and resilience for the health of refugees in the country of destination.

## **2. DATA AND METHODS**

Germany is the fifth-largest host country of refugees in the world and the second-largest humanitarian donor (UNHCR, 2021). It is also the first European country for the number of hosted refugees.

### **Sample**

The IAB-BAMF-SOEP Survey of Refugees in Germany (Brücker, 2016) is a survey of people who entered Germany between 2013 and 2016 and applied for asylum, whatever the results of the application. It gathers information on individual socio-demographic characteristics and household-level information. Interviews are administered to every household member aged 18 and over. In this study, we are based on the first wave of the survey (2016).

Our sample is made of about 4,000 adults, with a prevalence of men (62%), a mean age of 33.6 years, with four nationalities (Afghan, Eritrean, Iraqi, and Syrian) accounting for about 80% of the sample. Among them, only 59% were already granted some form of international protection, e.g., refugee status (73.4%), international protection, or the status of tolerance, while the remaining 41% lack this status (among these 86.3% are asylum applicants with a pending request).

### **Method: structural equation model**

Since health is a complex construct, we decided to conceptualize it as a latent construct. The "measurement model" was composed of three variables on physical and psychological health conditions, each one on a five-point scale:

- Presence of severe physical pain in the last four weeks", from "always" to "never";
- Presence of anxiety in the last four weeks, from "always" to "never";
- Presence of depression in the last four weeks, from "always" to "never".

Control variables (such as age, sex, year of arrival in Germany) are considered to have a direct effect on health.

Life satisfaction is also considered a latent variable that is measured via:

- satisfaction with present life in general,
- satisfaction with the living conditions and
- satisfaction with health

all three on a scale from 0 to 10. Having a positive attitude toward themselves is directly affecting life satisfaction.

Perceived discrimination, as a latent construct, is measured via three items:

- How often do you feel socially isolated? from “very often” to never”
- Do you worry about anti-foreigner sentiment and xenophobia in Germany? (4 levels)
- How often do you feel like an outsider? from “very often” to never”

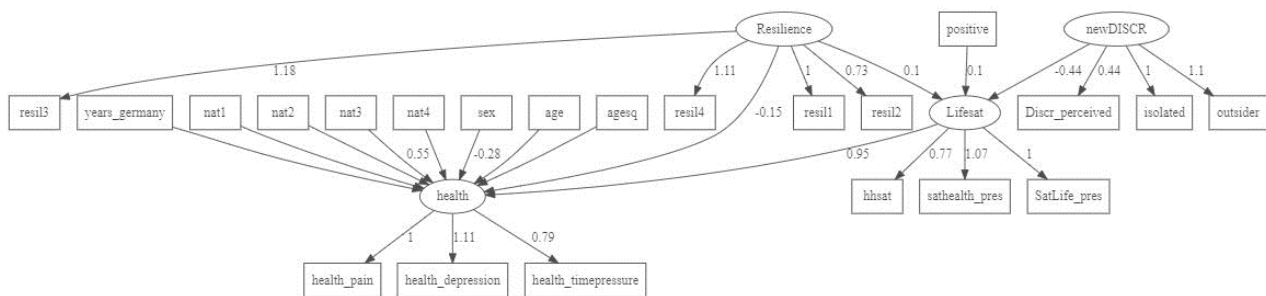
Also resilience, i.e. the ability to cope with situations that are stressful, is considered as a latent variable and measured by a resilience scale designed to assess an individual's coping style in the face of stress and adversity: the Brief Resilient Coping Scale. This scale measures psychological resilience, which is the individual capacity to effectively deal with and overcome stress and difficult circumstances and to bounce back or adapt positively when dealing with life's challenges (on the use of this scale in the SOEP see Richter et al., 2013). The SOEP questionnaire includes the grade of accordance - from 1 (Totally disagree) to 7 (Totally agree) – to four sentences that are:

- I try to think of how I can change difficult situations.
- No matter what happens to me, I think I have my reactions under control.
- I think I can develop further if I deal with difficult situations.
- I actively seek ways to balance out the losses that have affected my life.

Using a structural equation model (SEM), we evaluated the mutual relationships among these four latent constructs.

The next path diagram (Figure 1) describes the specified SEM.<sup>1</sup>

**Figure 1 – Structural equation model for refugee' health**



### 3. RESULTS

#### - Descriptive results: health conditions of refugees in Germany

The distribution of the variables by country of origin of refugees (see Table 1) gives some interesting insight into the perceived health status of the respondents. Even though they live in a country in which most – if not all – of their medical needs are met, the self-reported health of the respondents is severe. Consistently with what is stated in the literature, their self-reported current

<sup>1</sup> The model was estimated in R (4.2.0) using the lavaan package (version 0.6-11). For the sake of brevity, the results of the fitted models are not shown here, but are available upon request.

health status is different from what is reported in questions on physical pain and the presence of anxiety/depression in the four weeks before the interview. Indeed, even if around one out of seven individuals coming from Afghanistan, Iraq, and Syria report poor or bad health, on average more than one out of three respondents (up to half of Afghans) reported feeling severe pain, and about three out of four reported feelings of anxiety and/or depression in the same period. Eritreans are the population that, in this case, reports better health: only one out of twenty reports poor to bad health and one of out five reported severe physical pain; less than one out of two reports bad mental health in the last four weeks. One of the reasons might be the average number of years in Germany since immigration, which is greater for Eritreans than for Afghans, Iraqi and Syrians.

**Table 1 – Percentage of refugees in bad health conditions by country of origin (95% confidence intervals)**

	Others	Afghanistan	Eritrea	Iraq	Syria
Current health status: poor to bad	19.33	15.06	5.78	16.21	12.18
CI	(16.76; 22.20)	(12.27; 18.34)	(3.38; 9.71)	(13.26; 19.67)	(10.85; 13.65)
Presence of severe physical pain in the last four weeks	45.07	50.37	20.00	43.16	38.06
CI	(41.68; 48.52)	(46.15; 54.59)	(15.27; 25.75)	(38.93; 47.50)	(36.01; 40.16)
Presence of anxiety or depression in the last four weeks	74.14	73.23	49.33	72.85	76.69
CI	(71.01; 77.04)	(69.33; 76.81)	(42.83; 55.86)	(68.83; 76.53)	(74.83; 78.45)

Satisfaction with life was generally rated lower by men (average score is 7.15; IC95%: 7.05-7.25) than by women (7.50; IC95%: 7.38-7.61), by people without or with a pending legal status (7.01; IC95%: 6.88-7.15) than by refugees and holders of international protection (7.45; IC95%: 7.36-7.55).

Among refugees, 20.93% feel often or very often isolated, more than 1 out of 5 (21.17% ) feel often or very often like an outsider, and 27.22% are worried about anti-foreigner sentiments in Germany.

The psychological resilience is quite high for all 4 items (the mean is higher than 6), with no significant differences between men and women and also unclear patterns by nationality.

## - Model results

Figure 1 shows the estimated structural equation model.<sup>2</sup> Structural model estimates show significant paths among all the latent variables. Particularly, Health is positively related to Life satisfaction. Perceived discrimination affects negatively Life satisfaction while Resilience affects positively Life satisfaction. These results are corroborated by the literature introduced before.

Interestingly, at this stage of analysis, Resilience shows an unexpected negative impact on Health. A first explanation for this result can be that many other factors such as social support, access to healthcare, and the specific nature of the traumatic experiences, can also play a significant role in

<sup>2</sup> The model was estimated through Lavaan library in R. Convergence was achieved in 39 iterations. Goodness of fit statistics are acceptable, while perfectible: Comparative Fit Index (CFI) 0.832, Tucker-Lewis Index (TLI) 0.891, RMSEA 0.085.

refugee health. The interplay of these factors can make it challenging to isolate the impact of resilience. Further analysis will also explore two elements suggested by qualitative studies the impact of ethno-cultural diversity of the resilience construct, and the community resilience (Siriwardhana et al. (2014).

Standardised loadings show a higher relevance of depression over physical pain and anxiety in the health dimension. In the measurement model of life satisfaction, satisfaction with present health plays the key role, while feeling like an outsider concurs majorly to measure perceived discrimination. As expected, it stands out that higher resilience and lower perceived discrimination have a positive impact on life satisfaction. Furthermore, life satisfaction is positively associated with health.

#### 4. DISCUSSION

The debate on the relationship between refugees' health and their sociopsychological characteristics is still ongoing. Even though refugees and asylum-seekers live in safe, highly developed countries, the matter of their health is still crucial as well as the issue of perceived discrimination.

Analysing data from a rich household survey carried out in Germany, we discovered high percentages of people reporting bad health – particularly psychological health – with Syrians being particularly affected: 77% of them report at least one symptom between anxiety and depression. Standardised loadings show a higher relevance of depression over physical pain and anxiety in the health latent variable.

Since refugees interviewed in the German survey have recently arrived (years since migration range from 0 to 4), we believe the individual differences are more related to their psychological attitude/ability to face the forced migration, than to differences related to economic, social, or other aspects.<sup>3</sup>

Resilience, Life satisfaction and Discrimination are complex constructs. We defined them as latent variables. Our model shows the importance of socio-psychological factors for refugees' life satisfaction and for their health conditions.

Further developments (in progress) for this work include multigroup analyses by nationality and a better understanding of the relationship between resilience and health as well as the direct and indirect effect of perceived discrimination on health.

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<sup>3</sup> E.g. more of 80% of refugees are seeking work, only 10% are workers, and the rest is not seeking work

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