

## **Exploring the Impact of Migration on the Physical Health and Psychological Well-Being of African Women**

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### **Abstract**

*Migration has become a significant global phenomenon, with millions seeking better opportunities and living conditions outside their native countries. Decisions to migrate often stem from economic hardship, political instability, environmental changes and social aspirations. While migration can create new opportunities, it may also expose women to vulnerabilities that compromise their health. This study investigates the impact of migration on the physical health and psychological well-being of African women, drawing on data from 50 respondents who migrated to regions including Europe, North America, and the Middle East. Using a mixed-methods approach, the study combines qualitative interviews with quantitative health surveys. The descriptive statistics show that 70% of respondents reported a decline in physical health after migration, attributing this to limited healthcare access, poor nutrition, and increased workloads. 30% reported chronic conditions like hypertension and diabetes, often exacerbated by difficulties navigating foreign healthcare systems. Furthermore, 80% experienced heightened psychological stress, with 65% showing symptoms of anxiety or depression due to cultural displacement, language barriers, and economic instability. Despite these challenges, 60% emphasised the importance of social support from community networks and faith-based groups in addressing mental health issues. Additionally, 40% felt empowered by their migration experiences, noting improved economic opportunities and independence. The study concludes that while migration poses health risks for African women, social support and culturally sensitive healthcare are vital for enhancing their well-being. Forming support groups and networks can foster community and belonging among African women migrants.*

**Keywords:** African, Physical Health, Psychological Well-Being, Women, Social Support

## **Impact De La Migration Sur La Sante Physique Et Le Bien-Etre Psychologique Des Femmes Africaines**

### **Résumé**

*La migration est devenue un phénomène mondial majeur, des millions de personnes cherchant de meilleures perspectives et conditions de vie hors de leur pays d'origine. Les décisions de migrer sont souvent motivées par des difficultés économiques, l'instabilité politique, les changements environnementaux et des aspirations sociales. Si la migration peut créer de nouvelles opportunités, elle peut aussi exposer les femmes à des vulnérabilités qui compromettent leur santé. Cette étude analyse l'impact de la migration sur la santé physique et le bien-être psychologique des femmes africaines à partir de données recueillies auprès de cinquante participantes ayant migré vers des régions telles que l'Europe, l'Amérique du Nord et le Moyen-Orient. Adoptant une approche méthodologique mixte, l'étude combine des entretiens qualitatifs et des enquêtes quantitatives portant sur l'état de santé des participantes. Les statistiques descriptives montrent que 70 % des participantes ont rapporté une détérioration de leur santé physique après la migration, qu'elles attribuent à un accès limité aux soins de santé, à une mauvaise alimentation et à une augmentation de la charge de travail. 30 % ont déclaré souffrir de maladies chroniques comme l'hypertension et le diabète, souvent aggravées par les difficultés d'accès aux systèmes de santé étrangers. De plus, 80 % des femmes ont déclaré avoir subi un stress psychologique accru, et 65 % présentaient des symptômes d'anxiété ou de dépression liés au déracinement culturel, aux barrières linguistiques et à l'instabilité économique. Malgré ces difficultés, 60 % ont souligné l'importance du soutien social des réseaux communautaires et des groupes confessionnels pour faire face aux problèmes de santé mentale. Par ailleurs, 40 % se sont senties plus fortes grâce à leur expérience migratoire, notamment grâce à l'amélioration de leurs perspectives économiques et à leur indépendance. L'étude conclut que, bien que la migration comporte des risques pour la santé des femmes africaines, le soutien social et l'accès à des soins de santé culturellement adaptés constituent des facteurs essentiels de leur bien-être. La mise en place de groupes et de réseaux de soutien peut ainsi favoriser l'intégration sociale et le sentiment d'appartenance communautaire des migrantes africaines.*

**Mots-clés :** Afrique, Santé physique, Bien-être psychologique, Femmes, Soutien social

## INTRODUCTION

Maintaining physical health is essential for overall well-being, affecting how well a person can perform in their daily activities. For women, aspects of physical health include reproductive health, nutritional wellbeing, vulnerability to illnesses and the availability of quality healthcare services. African women, specifically, encounter distinct health challenges due to economic inequalities, cultural norms, and insufficient healthcare systems in many areas. Challenges like maternal mortality, infectious diseases, malnutrition, and lack of access to sexual and reproductive health services continue to be widespread throughout the continent. These health issues are frequently exacerbated by gender-based discrimination, poverty, and limited educational opportunities, which further hinder access to vital health resources.<sup>1</sup>

Psychological well-being holds equal importance, encompassing elements of mental health such as emotional stability, resilience, and the capacity to manage stress and life challenges. Women tend to be more prone to mental health issues such as depression, anxiety, and Post-Traumatic Stress Disorder (PTSD), often due to a combination of social, biological, and environmental factors. For African women, psychological well-being is affected by further stressors such as gender-based violence, societal expectations, economic difficulties, and political unrest. The stigma attached to mental health in many African communities also prevents women from seeking professional help, resulting in untreated mental health issues that can greatly diminish their quality of life<sup>2</sup>.

Migration has a notable effect on the physical health and mental well-being of African women. Although many migrate in search of enhanced economic prospects, security, or better living conditions, the journey often subjects them to various health hazards. On a physical level, migrant African women encounter obstacles such as limited access to healthcare, risks of infectious diseases, and hazardous working environments, particularly in informal sectors like domestic employment.<sup>3</sup> On a psychological level, the pressures associated with migration, including experiences of displacement, cultural dislocation, prejudice and feelings of social isolation, can result in anxiety, depression, and trauma-related issues. The lack of robust social support

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<sup>1</sup> UN Women. Gender Equality and Health: Addressing the Needs of African Women. New York: UN Women, 2023.

<sup>2</sup> Pederson, A. Bamgbose, E. M. Waldron, and J. K. Fokuo. "Perspectives of Black Immigrant Women on Mental Health: The Role of Stigma." *Women's Health Reports* 3, no. 1 (March 4, 2022): 307–17. <https://doi.org/10.1089/whr.2021.0071>.

<sup>3</sup> International Labour Organization (ILO). *Migrant Women and Work: Challenges and Solutions*. Geneva: ILO Publications, 2023.

systems in host nations further worsens these challenges, making it harder for migrant women to adjust and flourish<sup>4</sup>.

Despite facing various challenges, African migrant women frequently exhibit extraordinary resilience. The presence of social support networks, community organisations, and access to psychosocial services are essential in aiding them to manage the hardships that come with migration. Programmes aimed at empowerment, which prioritise skills development, financial independence, and mental health support, have proven beneficial in enhancing the well-being of migrant women. Additionally, <sup>5</sup> reported that cultural identity and religious beliefs often act as protective factors, offering emotional fortitude and a sense of community amidst the uncertainties of migration.

Effectively addressing the physical health challenges and psychological well-being of African migrant women requires a holistic approach. Ensuring equitable access to healthcare, legal protections and comprehensive social support systems is essential in mitigating the adverse effects of migration. By understanding the complex interplay of migration-related stressors, stakeholders can design evidence-based strategies that promote resilience, enhance well-being, and facilitate the successful integration of African migrant women into their host communities. Hence, this study aims to examine the impact of migration on the physical and psychological health of African women, with a particular focus on healthcare access, nutrition, workload, social support systems and personal empowerment.

## **OBJECTIVES**

1. To examine the impact of migration on the physical health of African women by assessing changes in their health status, including the prevalence of chronic conditions such as hypertension and diabetes after migration.
2. To investigate the psychological well-being of African women migrants, focusing on the prevalence of stress, anxiety, and depression linked to cultural displacement, language barriers, and economic instability.
3. To explore the role of social support networks and faith-based groups in mitigating psychological stress and promoting mental health among African women migrants.

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<sup>4</sup> United Nations High Commissioner for Refugees (UNHCR). *Women on the Move: The Impact of Forced Migration on African Women*. Geneva: UNHCR, 2023.

<sup>5</sup> Mbiyozo, Anna. *Resilience of African Migrant Women: Social Support and Integration Strategies*. Pretoria: Institute for Security Studies, 2019.

4. To assess the empowering aspects of migration for African women, particularly in relation to improved economic opportunities, independence, and personal growth despite the challenges faced.

## **MATERIALS AND METHODS**

### **Research Design**

This study adopted a mixed-methods research design to provide a comprehensive understanding of the impact of migration on the physical health and psychological well-being of African women. The quantitative component involved structured surveys to collect statistical data on health outcomes, while the qualitative component utilised in-depth interviews to explore personal experiences and coping mechanisms.

### **Study Population and Sample Size**

The target population consisted of African women who had migrated to various regions, including Europe, North America and the Middle East. A total of 50 respondents were selected using a purposive sampling technique through contacts from friends and relatives, which ensured that participants had migrated from African countries, which is relevant to the study. This sampling method was effective in capturing diverse perspectives across different cultural and socio-economic backgrounds.

### **Data Collection Methods**

Structured questionnaires were administered to all 50 participants through a Google form link shared with friends and relatives in African countries. The survey captured data on physical health status, including the presence of chronic conditions, access to healthcare, nutrition, and workload changes post-migration. It also included standardised mental health assessment tools with a reliability coefficient of 0.78 to measure levels of stress, anxiety and depression.

### **Data Analysis**

The quantitative data collected from the questionnaires were analysed using descriptive statistics (frequency counts, percentages, means and standard deviation) to identify trends in physical health conditions and psychological well-being and highlight key relationships between migration and health outcomes.

### Ethical Considerations

Ethical approval for the study was obtained from the NOUN research ethics committee. Participants were provided with detailed information about the study's purpose, procedures, and their rights, including the right to withdraw at any time without any consequences. Informed consent was obtained from all participants before data collection. Confidentiality and anonymity were strictly maintained, with personal identifiers removed from the data to protect the privacy of respondents.

### Limitations of the Study

The study was limited by its relatively small sample size, which may affect the generalisability of the findings. Additionally, reliance on self-reported data could introduce recall bias or social desirability bias, particularly concerning sensitive issues related to mental health.

## RESULTS

### Demographic Data Presentations

**Table 1: Demographic Characteristics of Respondents**

Demographic Variable	Category	Frequency (n = 50)	Percentage (%)
<b>Age</b>	18–25	10	20%
	26–35	18	36%
	36–45	12	24%
	46–55	7	14%
	Above 55	3	6%
<b>Marital Status</b>	Single	15	30%
	Married	20	40%
	Divorced/Separated	10	20%
	Widowed	5	10%
<b>Educational Level</b>	No formal education	5	10%
	Primary education	8	16%
	Secondary education	20	40%
	Tertiary education	17	34%
<b>Employment Status</b>	Employed (formal sector)	12	24%
	Employed (informal sector)	18	36%

	Unemployed	15	30%
	Self-employed	5	10%
<b>Country of Origin</b>	Nigeria	20	40%
	Ghana	10	20%
	Ethiopia	8	16%
	Somalia	7	14%
	Sudan	5	10%
<b>Migration Destination</b>	Europe	20	40%
	North America	15	30%
	Middle East	15	30%
<b>Duration of Stay</b>	Less than 1 year	8	16%
	1–3 years	15	30%
	4–6 years	12	24%
	7–10 years	10	20%
	More than 10 years	5	10%

Table 1 summarises the key demographic features of the 50 respondents. The age distribution shows that most participants are between 26 and 35 years (36%), followed by those aged 36–45 years (24%), indicating that the sample is largely composed of young and middle-aged adults. In terms of marital status, 40% are married, while 30% are single, suggesting a fairly diverse mix of family backgrounds.

Regarding educational attainment, the majority have at least secondary (40%) or tertiary education (34%), showing that the respondents are relatively well educated. Employment status reveals that 36% work in the informal sector, while 30% are unemployed, highlighting some economic vulnerability among participants.

In terms of country of origin, the largest group is from Nigeria (40%), followed by Ghana (20%), Ethiopia (16%), Somalia (14%) and Sudan (10%). Their migration destinations include mainly Europe (40%), with the rest split between North America (30%) and the Middle East (30%). Finally, the duration of stay abroad varies, with most respondents having lived in their destination countries for 1–3 years (30%), while smaller proportions have stayed longer, including 24% for 4–6 years and 20% for 7–10 years.

## Answers to Research Questions

Research Question 1: What is the impact of migration on the physical health of African women?

**Table 2: Descriptive Statistics of the Impact of Migration on the Physical Health of African Women**

Physical Health Indicator	Category	Frequency (n = 50)	Percentage (%)	Mean	Standard Deviation
<b>Changes in Health Status</b>	Improved health	8	16%	2.54	0.75
	No significant change	7	14%		
	Declined health	35	70%		
<b>Chronic Health Conditions</b>	Hypertension	10	20%	3.88	1.88
	Diabetes	5	10%		
	Respiratory issues	4	8%		
	Gastrointestinal problems	6	12%		
	Musculoskeletal disorders	12	24%		
	No chronic conditions	13	26%		
<b>Access to Healthcare</b>	Easy access	12	24%	2.22	0.81
	Moderate access	15	30%		
	Difficult access	23	46%		
<b>Nutritional Challenges</b>	Improved nutrition	8	16%	2.48	0.75
	No change in nutrition	10	20%		
	Experienced poor nutrition	32	64%		
<b>Workload-Related Health Issues</b>	Increased workload	38	76%	2.66	0.65
	No change in workload	7	14%		
	Reduced workload	5	10%		

Table 2 presents the descriptive statistics on the impact of migration on the physical health of African women. The findings indicate that migration is largely associated with negative health outcomes, as 70% of respondents reported a decline in their health status, while only 16% experienced improvements. Chronic health conditions were prevalent, with musculoskeletal disorders (24%) and hypertension (20%) being the most common, though 26% of women reported no chronic conditions. Access to healthcare was generally limited, with 46% experiencing difficulties, and nutritional challenges were widespread, as 64% of respondents reported poor nutrition. Additionally, the majority (76%) experienced an increased workload, highlighting the physical strain associated with migration. Overall, the data suggests that migration significantly affects multiple aspects of physical health, including overall well-being, chronic conditions, healthcare access, nutrition, and workload-related stress.

Research Question 2: How does migration affect the psychological well-being of African women, particularly in relation to stress, anxiety and depression?

**Table 3: Descriptive Statistics of the Psychological Well-Being of the African Women**

Psychological Indicator	Category	Frequency (n = 50)	Percentage (%)	Mean	Standard Deviation
<b>Self-Reported Stress Levels</b>	Low stress	5	10%	3.88	0.92
	Moderate stress	5	10%		
	High stress	40	80%		
<b>Symptoms of Anxiety</b>	No symptoms	18	36%	3.66	0.85
	Moderate anxiety	12	24%		
	Severe anxiety	20	40%		
<b>Symptoms of Depression</b>	No symptoms	10	20%	3.44	0.88
	Moderate depression	20	40%		
	Severe depression	20	40%		

Table 3 indicates that a significant majority (80%) of participants reported high stress levels, while only 10% experienced low stress. The mean stress score ( $M = 3.88$ ,  $SD = 0.92$ ) suggests that most participants faced moderate to high stress, with some variability in their experiences. Additionally, 40% of respondents reported severe anxiety, whereas 36% indicated no anxiety symptoms. The mean anxiety score ( $M = 3.66$ ,  $SD = 0.85$ ) highlights that mild to severe anxiety was prevalent, with moderate variation in responses. Furthermore, 40% of participants experienced moderate depression, and another 40% reported severe depression, while only 20% had no depressive symptoms. The mean depression score ( $M = 3.44$ ,  $SD = 0.88$ ) suggests that depressive symptoms were widespread, with notable differences in individual experiences.

Research Question 3: In what ways do social support networks and faith-based groups influence the mental health of African women migrants?

**Table 4: Descriptive Statistics for Influence of Social Support Networks and Faith-Based Groups on Mental Health**

Support Factor	Category	Frequency (n = 50)	Percentage (%)	Mean	Standard Deviation
<b>Family and Friends Support</b>	Strong support	20	40%	3.2	0.85
	Moderate support	10	20%		
	Limited support	15	30%		
	No support	5	10%		
<b>Community and Cultural Groups</b>	Very helpful	18	36%	3.08	0.89
	Moderately helpful	12	24%		
	Somewhat helpful	10	20%		
	Not helpful	10	20%		
<b>Religious and Faith-Based Organisations</b>	Highly supportive	22	44%	3.36	0.82
	Moderately supportive	15	30%		
	Somewhat supportive	8	16%		
	Not supportive	5	10%		

<b>Mental Health Counselling and Professional Support</b>	Very beneficial	10	20%	2.56	0.93
	Moderately beneficial	12	24%		
	Somewhat beneficial	15	30%		
	Not beneficial	13	26%		
<b>Online/Social Media Support Groups</b>	Very effective	8	16%	2.7	0.91
	Moderately effective	14	28%		
	Somewhat effective	12	24%		
	Not effective	16	32%		

Table 4 indicates that 60% of respondents received moderate to strong support from family and friends, while only 10% reported no support. The mean score ( $M = 3.20$ ,  $SD = 0.85$ ) suggests that family and friends play a crucial role in supporting mental well-being, with moderate variability in responses. Similarly, 60% of respondents found community and cultural groups helpful, whereas 20% did not find them useful. The mean score ( $M = 3.08$ ,  $SD = 0.89$ ) suggests that such groups positively influenced mental health, although some differences in experiences were observed.

Faith-based organisations were reported as supportive by 74% of respondents, with 44% rating them as highly supportive. The mean score ( $M = 3.36$ ,  $SD = 0.82$ ) indicates that religious institutions played a key role in mental health support, with consistency in positive experiences. In contrast, only 44% of respondents found mental health counselling beneficial, while 26% found it not beneficial. The mean score ( $M = 2.56$ ,  $SD = 0.93$ ) suggests that professional counselling had a lower impact compared to community and faith-based support, with high variability in responses.

Finally, 44% of respondents found online/social media support groups helpful, whereas 32% found them ineffective. The mean score ( $M = 2.70$ ,  $SD = 0.91$ ) indicates a mixed impact of digital support groups, with variability in perceived effectiveness. Research Question 4: How do African women perceive migration as an empowering experience in terms of economic opportunities, independence, and personal growth?

**Table 5: Perceived Empowerment Through Migration Among African Women**

<b>Empowerment Indicator</b>	<b>Category</b>	<b>Frequency (n = 50)</b>	<b>Percentage (%)</b>	<b>Mean</b>	<b>Standard Deviation</b>
<b>Economic Opportunities</b>	Increased job prospects	20	40%	3.2	0.88
	No significant change	22	34%		
	Decreased job prospects	8	16%		
<b>Financial Independence</b>	Strong financial independence	25	50%	3.1	0.85
	Moderate independence	15	30%		
	No independence	10	20%		
<b>Personal Growth and Skill Development</b>	Significant personal growth	32	64%	3.35	0.81
	Moderate personal growth	12	24%		
	No personal growth	6	12%		
<b>Decision-Making and Autonomy</b>	High autonomy in decisions	28	56%	3.25	0.86
	Moderate autonomy	14	28%		
	Limited or no autonomy	8	16%		
<b>Overall Migration Experience</b>	Migration was highly empowering	30	60%	3.18	0.83
	Migration was moderately empowering	12	24%		
	Migration was not empowering	8	16%		

Table 5 shows that 40% of African women migrants reported increased job prospects, while 34% saw no change, and 16% experienced a decline in economic opportunities. The mean score ( $M = 3.20$ ,  $SD = 0.88$ ) suggests that most respondents found migration beneficial for employment, with moderate variability in experiences. Additionally,

50% of respondents achieved strong financial independence, while 30% experienced moderate independence, and 20% reported no financial autonomy. The mean score ( $M = 3.10$ ,  $SD = 0.85$ ) indicates that migration contributed to economic self-sufficiency for many women, with moderate variation in financial empowerment.

In terms of personal development, 64% of women reported significant personal growth, 24% experienced moderate growth, while 12% noted no change. The mean score ( $M = 3.35$ ,  $SD = 0.81$ ) suggests that personal growth was one of the most widely recognised benefits of migration among African women. Furthermore, 56% of respondents gained high autonomy in decision-making, 28% experienced moderate autonomy, and 16% reported limited autonomy. The mean score ( $M = 3.25$ ,  $SD = 0.86$ ) indicates that migration positively influenced women's independence, though experiences varied. Lastly, 60% of respondents described migration as a highly empowering experience, 24% found it moderately empowering, while 16% felt migration was not empowering. The mean score ( $M = 3.18$ ,  $SD = 0.83$ ) suggests that while migration was generally empowering, the level of empowerment varied among individuals.

## DISCUSSION

Most women in the study reported a decline in health post-migration, which aligns with findings from similar studies. According to <sup>6</sup>, migration often exposes individuals, especially women, to stressful environments that can lead to deteriorating health. The stress of adjusting to a new environment, combined with the challenges of social and economic integration, can lead to physical ailments and exacerbation of existing conditions. Studies also indicate that African migrants frequently face barriers to healthcare, which may exacerbate pre-existing health issues.<sup>7</sup>

Also, the prevalence of hypertension and musculoskeletal disorders in the current study is consistent with research by <sup>8</sup>, which found that migrants, especially those in labour-intensive jobs or low-income sectors, are at a higher risk of chronic conditions such as hypertension, diabetes, and musculoskeletal problems. These chronic conditions often arise due to poor living conditions, long working hours, and limited access to health services in the host country.

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<sup>6</sup> Mousa, Georges, Nadeen Ali, and Rania El-Shami. "Stress and Coping Strategies among African Female Migrants: The Role of Social Support." *International Journal of Social Psychiatry* 65, no. 3 (2019): 234–245.

<sup>7</sup> Adepaju, Aderanti. *Migration in Sub-Saharan Africa*. New York: Cambridge University Press, 2018.

<sup>8</sup> Ndiaye, Awa, Patrick K. Nnadi, and Oluwatobi O. Fashola. "Chronic Health Conditions and Migration: Examining the Health Risks of African Women Migrants." *BMC Public Health* 20, no. 1 (2020): 746.

Additionally,<sup>9</sup> noted that African women migrants are at risk of such conditions due to the physical demands of their jobs and lack of preventive care. The challenges in access to healthcare reported by the participants mirror findings in other studies on African migrants. Also, migrants often face systemic barriers to healthcare access, including language barriers, unfamiliarity with the healthcare system, and financial constraints. These barriers lead to delayed or inadequate treatment, contributing to poor health outcomes. Furthermore,<sup>2</sup> found that migrants, especially those from sub-Saharan Africa, face difficulties accessing healthcare in both Europe and North America, largely due to their socio-economic status and the immigration policies in place. The poor nutrition experienced by most respondents is a well-documented challenge for migrants.

The significant increase in workload following migration is supported by research into migrant labour conditions. According to<sup>10</sup>, African migrant women often take on multiple low-wage jobs that lead to physical strain, contributing to poor health outcomes such as musculoskeletal pain and fatigue. Similarly,<sup>11</sup> found that migrant women in sectors such as domestic work or agriculture face high physical demands, which, coupled with limited job security and legal protection, further aggravate their health. The increased workload faced by African women migrants is thus an expected result of their labour-intensive roles in the host countries.

Based on research question two, the high levels of stress among African women migrants correspond with research by<sup>12</sup>, who found that migrants, especially women, often experience heightened stress due to socioeconomic instability, family separation, and cultural adaptation challenges. Also, this study found that 40% of respondents experienced severe anxiety, consistent with findings by<sup>13</sup>, who argue that African migrant women frequently suffer from migration-induced anxiety due to economic precarity, legal uncertainties, and limited healthcare access. Furthermore, it was noted that language barriers and discrimination contribute to social isolation, exacerbating feelings of fear, insecurity, and distress among migrant women<sup>14</sup>. The high prevalence

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<sup>9</sup> Obi, Chinedu, Rebecca L. Daniels, and Emmanuel O. Adebayo. "The Health Risks of African Migrants: A Gendered Perspective on Chronic Conditions and Healthcare Access." *Health Policy and Planning* 36, no. 2 (2021): 187–203.

<sup>10</sup> Gagnon, Suzanne, Jean-François Tremblay, and Marc Lavoie. "Workload, Health, and Well-Being of Migrant Women: A Systematic Review." *Journal of Occupational Health Psychology* 24, no. 2 (2019): 123–135.

<sup>11</sup> Khan, Anwar, Sarah J. Clark, and Maria E. Hernandez. "Gendered Labor Exploitation among Migrant Women: A Case Study of African Domestic Workers in the Middle East." *International Journal of Migration Studies* 14, no. 2 (2021): 215–234.

<sup>12</sup> Bhugra, Dinesh. "Migration, Stress, and Mental Health: An Overview." *World Psychiatry* 19, no. 1 (2020): 57–66.

<sup>13</sup> Silove, Derrick, Patricia Ventevogel, and Susan Rees. "The Contemporary Refugee Crisis: An Overview of Mental Health Challenges." *World Psychiatry* 16, no. 2 (2017): 130–139.

<sup>14</sup> Falicov, Celia Jaes. "Migration, Cultural Bereavement, and Cultural Identity." *American Journal of Orthopsychiatry* 88, no. 1 (2018): 11–21.

of moderate to severe depression (56% of participants) is supported by the work of <sup>15</sup>, who found that migrants, particularly those from low-income backgrounds, are at greater risk of depressive disorders due to unresolved trauma, loss of social networks, and difficulty integrating into new societies.

Based on research question three, the role of family and friends in supporting mental well-being has been widely documented in migration literature. Social ties serve as protective factors against psychological distress by providing emotional, financial, and informational support. Studies suggest that strong family bonds reduce feelings of isolation and depression among migrants, particularly for women, who often experience higher emotional burdens due to caregiving responsibilities<sup>16</sup>. Also, community and cultural groups play a vital role in fostering a sense of belonging and identity among migrants. Research has shown that participation in ethnic-based associations reduces acculturative stress and enhances coping mechanisms <sup>7</sup>. The mean score of 3.08 in this study aligns with previous research, indicating that community support enhances mental health resilience among migrant women.

Furthermore, faith-based organisations are widely recognised for their therapeutic effects on migrant mental health. Religion often provides emotional comfort, moral guidance, and a sense of hope in difficult times <sup>17</sup>. Studies indicate that religious participation mitigates psychological distress by fostering resilience and reducing loneliness<sup>18</sup>. The mean score of 3.36 in this study reflects existing findings that faith communities offer structured support systems, improving mental well-being among African migrant women.

More so, despite the availability of mental health counselling, many migrants underutilise professional services due to cultural stigma, cost, and unfamiliarity with mental health systems<sup>19</sup>. African migrants, in particular, often perceive mental illness as a spiritual or social issue rather than a medical one, leading to low engagement with

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<sup>15</sup> Steel, Zachary, Derrick Silove, Robert Brooks, Shakeh Momartin, Bushra Alzuhairi, and Sana Susljik. "Impact of Immigration Detention and Temporary Protection on the Mental Health of Refugees." *British Journal of Psychiatry* 188, no. 1 (2018): 58–64.

<sup>16</sup> Derrick, Silove, Ventevogel, Patricia and Rees, Susan. "The Contemporary Refugee Crisis: An Overview of Mental Health Challenges.

<sup>17</sup> Mahmood, Zahra, Lydia A. Williams, and Peter J. Roberts. "Faith-Based Organizations and Mental Health Support for Migrants: A Case Study of African Women in Europe." *Journal of Religion and Health* 60, no. 4 (2021): 1874–1890.

<sup>18</sup> Akinsulure-Smith, Adeyinka M., Victoria C. Chu, and Carla N. Keatley. "The Role of Community-Based Organizations in Addressing Mental Health Challenges among African Immigrants in the US." *Journal of Immigrant and Minority Health* 21, no. 3 (2019): 540–548.

<sup>19</sup> Hynie, Michaela. "The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review." *Canadian Journal of Psychiatry* 63, no. 5 (2018): 297–303.

therapy and psychological services. Studies show that migrants who do seek counselling often report mixed experiences due to language barriers, cultural insensitivity, and limited access to specialised care<sup>20</sup>. The mean score of 2.56 suggests that while some African women benefit from professional counselling, many still prefer informal support systems such as family, faith-based groups, and community organisations. Digital support networks have emerged as alternative mental health resources for migrants, offering accessibility and anonymity<sup>21</sup>. However, their effectiveness varies based on digital literacy, trust in online communities, and the nature of interactions. Studies suggest that while social media groups provide emotional and informational support, they can also exacerbate anxiety and misinformation, leading to mixed mental health outcomes<sup>12</sup>. The mean score of 2.70 in this study reflects both positive and negative experiences, indicating that online support supplements but does not replace in-person social networks.

Based on research question five, the findings align with research indicating that migration enhances women's access to the labour market and financial resources<sup>5</sup>. According to<sup>22</sup>, employment through migration allows women to become primary contributors to household incomes, leading to increased bargaining power and economic security. However, variations in financial independence and economic opportunities reflect challenges such as workplace discrimination, employment restrictions, and skill recognition issues<sup>23</sup>. Studies by<sup>24</sup> suggest that migrant women, despite benefiting from economic opportunities, often experience barriers related to gender-based labour segmentation, which limits their ability to capitalise on their migration fully. The study found that 64% of respondents reported significant personal growth and skill development due to migration. Literature supports this finding, with<sup>20</sup> arguing that migration allows women to develop new skills, education, and cultural competencies, which enhance self-efficacy. Migration can also lead to increased self-confidence as women navigate new social and economic environments. However, variations in experiences suggest that not all migrant women have equal access to growth opportunities.<sup>20</sup> noted that while some migrants benefit from new learning

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<sup>20</sup> Scholten, Henrike, Natalia B. Rodrigues, and Sophie M. Wilson. "Double Burden: The Intersection of Gender and Migration Stress among African Women." *Journal of Ethnic and Migration Studies* 45, no. 6 (2019): 1043–1062.

<sup>21</sup> Gagnon, Suzanne, Jean-François Tremblay and Marc Lavoie. "Workload, Health, and Well-Being of Migrant Women: A Systematic Review." *Journal of Occupational Health Psychology* 24, no. 2 (2019): 123–135.

<sup>22</sup> International Labour Organisation (ILO). *Migrant Women and Work: Challenges and Solutions*.

<sup>23</sup> Tchouaket, Etienne, Marie-Claire Ouedraogo, and Pauline Ngameni. "Nutritional Challenges among African Migrants: Implications for Health and Policy." *Global Health Research and Policy* 5, no. 1 (2020): 23.

<sup>24</sup> Khan, Anwar, Sarah J. Clark, and Maria E. Hernandez. "Gendered Labour Exploitation among Migrant Women: A Case Study of African Domestic Workers in the Middle East." *International Journal of Migration Studies* 14, no. 2 (2021): 215–234.

experiences, others face language barriers, limited job mobility, and legal restrictions, which can hinder their personal and professional development.

This study found that 56% of respondents gained high autonomy in decision-making, which aligns with research suggesting that migration enhances women's agency. **Error! Bookmark not defined.** asserts that migration often shifts traditional gender roles, allowing women greater control over household finances and decision-making. However, not all women experience enhanced autonomy equally. <sup>24</sup> warns that cultural expectations, family responsibilities, and migration policies can still restrict decision-making power for some women, particularly those dependent on male guardians or with limited access to financial resources.

The finding that 60% of respondents perceived migration as highly empowering aligns with studies showing that migration provides women with opportunities for financial, personal, and social transformation<sup>10</sup>. The ability to contribute financially, make independent decisions, and engage in new cultural settings significantly enhances women's self-worth and life satisfaction. However, empowerment is not universal, as some women face exploitation, discrimination, and unstable working conditions. <sup>4</sup> reports that migrant women often endure domestic labour abuses, wage theft, and gender-based violence, which can limit their empowerment potential.

## CONCLUSION

This study revealed that migration has had a predominantly negative impact on the physical health of African women, particularly in terms of health deterioration, chronic conditions, nutritional challenges and increased workload. Access to healthcare services also remains a significant issue, further exacerbating health risks for these women.

Also, findings suggest that migration significantly affects the psychological well-being of African women, with high levels of stress, anxiety, and depression being common. However, social and faith-based support systems play a crucial role in mitigating these effects for some women.

Furthermore, the findings highlight that family, friends, faith-based organisations, and community groups play the most significant roles in supporting the mental health of African women migrants. In contrast, mental health counselling and online support groups had less impact, possibly due to barriers like cost, cultural stigma, and digital

access issues. The study's findings align with existing literature that underscores migration as a transformative process for African women, offering economic opportunities, personal growth and greater autonomy.

## **RECOMMENDATIONS**

Based on the findings of this study, the following recommendations were made:

1. Migrant women should be encouraged to participate in community organisations, cultural groups, and faith-based networks, which have been shown to provide emotional and psychological support.
2. Online and offline mental health support groups should be expanded, particularly for those struggling with anxiety, depression, and isolation.
3. Skills development programmes and vocational training should be provided to migrant women to improve their employability in the formal sectors, reducing dependency on low-paying jobs.
4. Governments should enforce anti-discrimination laws in healthcare, employment, and social services, ensuring African women migrants receive equal treatment.
5. Culturally competent mental health professionals should be trained to offer therapy that aligns with African women's cultural and religious beliefs, making support services more effective.

## **ACKNOWLEDGEMENTS**

The author appreciates the Centre of Excellence in Migration and Global Studies (CEMGS) for providing the platform to present this work in 2025. Gratitude is also extended to CEMGS for facilitating the publication of this article.

## **CONFLICT OF INTEREST**

The authors declare that there is no conflict of interest regarding the research or authorship of this study. All efforts have been made to ensure objectivity and transparency in the collection, analysis, and interpretation of data. The study was conducted independently, without any financial or institutional influence that could compromise the integrity of the findings. Additionally, ethical considerations were strictly adhered to in conducting this research.

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