EXPERIENCES AND INTEGRATION OF NIGERIAN MIGRANTS IN THE UNITED STATES AND UNITED KINGDOM

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DECLARATION

I declare that this doctoral thesis titled "Experiences and integration of Nigerian migrants in the United States and United Kingdom" is my original work- in concept and execution- and has not been submitted elsewhere. The thesis upholds academic integrity and honesty.

Signed by candidate

Tunde A. Alabi

DEDICATION

It is with a mixture of pain and patriotism that I dedicate this PhD thesis to the millions of Nigerian youth who, because of the increasingly unbecoming character of Nigeria's political class, resorted to "japa" (i.e long-term emigration as a means of escaping further hardship and perennially unpleasant experience). I know you have Nigeria at heart. I hope that diaspora voting will become a reality in Nigeria someday so that we can all show the oppressors an exit gate. Never forget home!

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ABSTRACT

As the rate of migration from Africa to the West increases, host countries' migration policies and migrants' everyday experiences are increasingly intercepted by discriminatory behaviours based on intersectional identities. The discrimination and inequalities have implications for migrants' overall well-being. This study investigated the experiences and integration of Nigerian migrants in the United States (US) and the United Kingdom (UK), focusing on three projects: self-identification and understanding of immigrant integration, migrants' wellbeing (employment and health), and Covid-19. Specifically, the study set out to investigate (1) how Nigerian migrants self-identify and how they understand the concept of "immigrant integration"; (2) the influence of seven factors (gender, religion, names, duration of stay, education, place of education and migrant) on the labour market and health experiences of Nigerian migrants; (3) differences in migration experiences of Nigerian migrants between the US and UK; (4) the effects of Covid-19 on the employment and health of migrants.

The study adopted a multi-theoretic approach, resting on theories and concepts such as intersectionality, assimilation, integration, cultural hybridity, multiculturalism, cultural (dis)similarity, etc. In addition, I tested the assumption of some theories, including Muslim and hijab penalties, gender socialization theory, human capital theory, time-income explanation, and healthy immigrant effect. The mixed method of data collection was adopted. Two hundred and fifty-six survey responses (129 from the US and 127 from the UK) and 31 in-depth interviews (17 and 14 from the US and UK, respectively) were analysed. I used Statistical Package for Social Sciences (SPSS) version 27 for the quantitative data. I ran statistical tests such as chi-square, T-test, analysis of variance and regression models at the inferential level. For the qualitative data, I used Nvivo (Version 12) and adopted the steps in the thematic analysis, including different levels of coding.

The study found that (1) most Nigerian migrants demonstrated a hybrid identity. However, they identified with the Nigerian culture more than the host culture. Their justifications revolve around food, attire, language/accent, citizenship, and duration of stay. Despite overwhelming identification with the country of origin, Nigerian migrants primarily conceived of immigrant integration as the process of "sinking," "copying," "learning," "adopting," "assimilating," and "adopting" the culture of the host country. (2) Gender, place of education, duration of stay, and

migration status were statistically associated with at least one of the five dependent variables (labour market outcome, labour market equality, health outcome, access to healthcare, and experience of discrimination). Women experienced discrimination in healthcare settings more than men. A certificate education in the host country increased the chance of a better labour market experience. Migrants' experiences in the host country became positive with increasing duration of stay. Permanent residents reported more favourable labour market outcomes than migrants with temporary visas. (3) Nigerian migrants in the US reported better labour market and health outcomes than their counterparts in the UK. However, each health system has its challenges. Nigerian migrants in the US paid financially for health, while those in the UK paid emotionally with long waiting times. (4) The effects of Covid-19 on migrants' employment were not uniform. Covid-19 was a blessing to migrants with formal and regular jobs, but the pandemic negatively affected those who worked in the less regulated sector. However, the impact of Covid-19 on health was primarily negative for Nigerian migrants.

Expanding on the concept of "relational integration," I submit that Nigerian migrants are doing relatively well in the host countries. Although they experience inequality and intersectional discrimination in the host countries, Nigerian migrants in the US and UK perceived their experiences as much better than when they were in Nigeria. However, migrants did not necessarily have increasingly positive experiences; I used the concept of de-integration to explain how some Nigerian migrants had negative experiences after initial positive encounters due to changes in migration policies in the host countries and natural phenomena.

Keywords: Immigrant integration; De-integration; Migration management; Migrant health; Labour market; Covid-19; "japa"

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ABBREVIATIONS AND ACRONYMS

GST	Gender Socialisation Theory
HMO	Health Management Organisation
HND	Higher National Diploma
MIPEX	Migrant Integration Policy Index
MPFB	Motherhood Penalty and Fatherhood Bonus
NHS	National Health Service (UK)
OND	Ordinary National Diploma
SCP	Netherlands Institute for Social Research
STEM	Science, Technology, Engineering and Mathematics

CHAPTER ONE. INTRODUCTION

1.1 PRELUDE

The chapter introduces this PhD work. The first section provides some information about international migration and how issues of employment and the health of migrants are worth studying. The second section (motivation for the study) renders the conceptual and theoretical thoughts that drive the research and the specific research questions- stated in the third section. The scope of the study is discussed in the fourth section, while the significance of the work and organization of the thesis are discussed in the fifth and sixth sections, respectively.

1.2 BACKGROUND TO THE STUDY

Migration has been part of human experience and history (Castañeda, 2017) . According to the 2020 *World Migration Report,* international migration has increased between 1995 and 2019 from 174 million to 272 million (International Organization for Migration, 2020). While a significant proportion of international migration occurs within the Global South, as the MIDEQ's (Migration for Development and Equality) South-South migration project has shown (see Crawley et al., 2022), there is also an increase in the number of people migrating to the West, especially to Europe and North America. Hence, there are concerns as to whether host countries have the capacity to absorb the increasing number of immigrants (Hack-Polay & Mendy, 2018). Due to global inequality, with its attendant consequences for poverty, unrest and low standards of living for subaltern groups on the one hand, and affluence and better quality of life in the core countries on the other hand, citizens of the former now resort to migrating to the latter to seek a better life. This may explain why many experts in the medical profession and academia in the West are immigrants from the developing world. According to Dumont and Liebig, (2014), migrants constitute 70% and 47% of the increase in the workforce in Europe and the US, respectively, in the last decade. For sending countries, migration also has positive sides in terms of remittances, which are often used for project development in the country of origin.

According to the 2019 revision of the World Population Prospect, most countries in Africa have a negative net international migration rate, which means that more people are leaving the continent than coming in. The total net international migration rate in sub-Sahara Africa is -1 814 121

(World Bank, 2019), and the difference between the rate of immigration and emigration has been consistently increasing since the 1980s (Flahaux & De Haas, 2016; World Bank, 2019). Although economic motives are often cited as the main reasons for international migration, political and social factors such as unrest, war, lack of freedom and uncertainty are also important in accounting for emigration in recent times in Africa (Akinrinade & Ogen, 2011; Flahaux & De Haas, 2016). It should be noted that thousands of youth who are still domiciled in Nigeria intend to emigrate – as evident in the rate of migration intention in the Afrobarometer survey data – but they are not able to afford the costs of visas, flights and so on. Consequently, some resort to irregular migration, transiting – in a dangerous journey – through North Africa and the Mediterranean Sea to Europe.

In Nigeria, net migration dropped from 1021 in 1960 to -300 000 in 2012. The number of Nigerians who emigrated rose from 447 411 in 1990 to 751 126 in 2000, and 1 233 592 in 2013 (United Nations, 2015). According to Adhikari et al. (2021), the number of Nigerians living abroad increased from fewer than 500 000 in 1990 to 1.4 million in 2019. With recent social and economic uncertainties in the country, there is no gainsaying that the figure would have increased further. For example, about a decade ago, 1 US dollar was equivalent to 120 Nigerian naira and there were no pronounced cases of armed banditry, terrorism or the like in the highly populated northern region of the country. Currently, 1 US dollar exchanges for over 700 Nigerian naira at the official market, and the fall in local currency has been consistent over the years. In 2022, public university lecturers went on strike for eight months (February to October). Some groups from the south-eastern part of the country are clamouring for cesession to be independent of Nigeria. Armed banditry and kidnapping are ravaging some parts of the north-west, terrorism has been a menace in the north-east, while unemployment, cultism and anti-government protests are common phenomena in the southern parts of the country. There are no indications that members of the political class will seriously resolve these development problems soon. With the emergence of a new president after the 2023 national elections, many young Nigerians have expressed an increased pessisism about the future of the country (T. Alabi & Olajide, 2023), considering (1) the controversies that surrounded the 2023 electoral process; (2) the unplesant history of the winner of the presidential election, including allegations of corruption, drug trafficking and indictment in the US.[1]

[1] https://businessday.ng/news/article/u-s-court-judgement-indicts-tinubu-for-drug-trafficking/

All these may serve as factors to trigger Nigerians who can afford to emigrate to a country where life is perceived to be better. Migration is not a problem, and it has several benefits for sending and receiving countries. However, Nigerians' desperation to emigrate is increasing as middle-class people take loans and sell their properties to leave the country; some embark on irregular migration. The desperation to emigrate to escape further hardship has led to the notion of "japa (see Alabi & Olajide, 2023), which I will discuss in the next chapter. While the US and the UK were generally the most major destination countries for Nigerians by 2013, the UK was the country of destination for most Nigerian students (United Nations, 2015). A 2022 report by Campus France also showed that the US, UK and Canada are popular destination countries for young Nigerians.[2] Hence, the focus of this thesis is on Nigeria migrants in the US and UK. I now turn to the existence of migrants in their destination countries.

This thesis discusses three issues -about migrants in their host countries- that can be subsumed under "experiences and integration" of migrants. One, Anderson (2006) in his "Imagined Societies" discussed the importance of people's attachment to their identity, including religion, ethnic group and nation. In this vein, one wonders whether a migrant will remain tenacious to their original ways of life in the home country or embrace the ways in the host country and why? Some scholars have argued from the point of instrumentalism, which suggests that people may identify with the country that offers them better opportunities (Imoagene, 2012). Others argue from a point of view of socio-cultural and political ideology (Anderson, 2006). Although migrants face the need to reconstruct their identity especially when their original cultural values are different from those of the host country (Wagner, 2016), an important point of note is that culture is dynamic and evolving. Hence, it may be difficult to fit a person into a singular culture especially in host countries that serve as melting pots. No matter how much a migrant chooses to embrace the culture of the host country or decides to retain the culture of their original country, (s)he will always swing between both cultures. In other words, in a multicultural space, in practical terms, it is difficult to embrace one way of life in totality. Attempts to explain how migrants moderate between the original and host cultures (i.e how they culturally identify in the host country) have led to the emergence of different concepts and theories, including transculturation, creolisation, cultural hybridity, hybrid identity, multiculturalism, assimilation, integration, cultural bereavement, etc

[2] https://www.campusfrance.org/en/france-the-world-s-top-destination-for-sub-saharan-african-students

(Berry, 2001; Bhugra & Becker, 2005; Boland, 2020; Imoagene, 2012; Parvulescu & Boatcă, 2023; Wagner, 2016). Related to the isssue of cultural identification is how migrants themselve understand the controversial concept of "immigrant integration"- a term commonly used to describe the experiences of migrants and their social processes. If a migrant holds tenaciously to their original culture, does it mean they will perceive immigrant integration differently from another migrant who embraces the culture of the host country? As I will argue in the next chapter, the concept of immigrant integration has no universal definition. The snapshot in Figure 1.1 is culled from the work of (Kutor et al., 2023) and shows the different definitions of integration. Despite the controversy surrounding the concept, what it means to migrants themselves (the subject of the discussion) is not clearly understood. Hence, this study provides an opportunity to understand immigrant integration from the perspective of migrants. Hence, the first project of this thesis is on migrants' identification and their understanding of immigrant integration.

Definition of Integration	Author(s)
"Processes of interaction, personal and social change among individuals and institutions across structural, social, cultural and civic spheres and in relation to identity; processes which are multi-directional and have spatial, transnational and temporal dimensions"	Spencer and Charsley (2021: 16)
"Integration refers to the process of settlement of newcomers in a given society, to the interaction of these newcomers with the host society, and to the social change that follows immigration"	Penninx (2019: 5)
"The processes that take place after an immigrant has moved to a new country… a two-way process, requiring accommodation by both the native and the immigrant populations"	Givens (2007: 72)
"The process of becoming an accepted part of society"	Penninx and Garcés-Mascareñas (2016: 14)
"A generations lasting process of inclusion and acceptance of migrants in the core institutions, relations and statuses of the receiving society"	Heckmann (2006: 18)
"The inclusion of new populations into existing social structures of the immigration country"	Heckmann and Schnapper's (2003: 10)

Figure 1.1: Definitions of immigrant integration in the literature
Source: Kutor et al. (2023, p. 9)

Two, the importance of understanding migrants' wellbeing, especially in the area of employment and health cannot be overemphasized. Akinrinade & Ogen (2011) have demonstrated that hope for better socioeconomic conditions, including opportunities for and access to higher incomes, quality education, media and information, reduced violence and improved living standards, make Nigerians emigrate. Although economic factors such as better employment opportunities and

higher wages are popular explanations for why people migrate, barriers to employment seem to be among the greatest challenges facing immigrants from developing countries abroad. The case is worse for migrants from non-English speaking and non-Western countries, and those who have high qualifications and skills may be more disadvantaged (Rynderman & Flynn, 2016). This leads to occupational downgrading (doing jobs below one's education levels and skills), or "brain waste" (Lofters et al., 2014) or labour market penalty, for educated migrants upon arrival (Voitchovsky, 2014). Migrants expect that there are plenty of opportunities, including jobs, awaiting them upon arrival, but the reverse is what they experience when they finally arrive, a situation known in migration studies as expectation-reality discrepancy (Covington-Ward, 2017; Danso, 2002; McKenzie et al., 2013; Murphy & Mahalingam, 2006; Rynderman & Flynn, 2016). In an attempt to survive, many immigrants find jobs that are below their qualifications; jobs they would never do in their home country (Rynderman & Flynn, 2016; Trimikliniotis et al., 2013). In fact, in Cyprus, "the pre-condition for granting them (**migrants**) employment and entry permit is that they take up jobs that Cypriots do not wish to do, which are typically low-skill, pay, and status." (Trimikliniotis & Demetriou, 2011, p.9). This condition and disappointment may affect migrants' overall wellbeing.

Aside from employment, health is a crucial aspect of human life that determines one's ability to work and move around. There is no gainsaying that migrants have unmet health needs, including insufficient access to healthcare (Lebano et al., 2020). In different sectors, and especially in the informal ones, migrants are paid less, work for longer hours, have no health insurance, have no written contract, and are given jobs that have health risks without adequate safety measures, all of which may lead to adverse health outcomes (Bener, 2017). Also, the discrimination experienced by migrants when accessing healthcare causes further deterioration of their health and well-being (Berchet & Jusot, 2012). Therefore, the second project of this thesis focuses on employment and health among migrants and associated factors.

Three, the Covid-19 pandemic, with its consequences for lockdown and closure of factories and organisations and shortage of health facilities, has further complicated the employment and health barriers that migrants face, as host countries are giving preference to their nationals (Willie & Garba, 2020a, 2020b). Covid-19 is relatively a recent phenomenon and its impacts on mobility and

migrants' wellbeing are monumental (Aidi et al., 2020; Aloisi & De Stefano, 2022; Bernardi et al., 2021). Therefore, the third project of this thesis focuses on the impacts of Covid-19 on migrants.

However, some gaps exist in the literature with regards to the three or issues projects discussed in the previous paragraphs. One, Imoagene (2012, 2018, 2019) researched Nigerian migrants in the US and UK. Other authors have documented the experiences and integration of Nigerian migrants in Ghana, Zimbabwe, South Africa and elsewhere (Bosiakoh, 2012; Haagsman et al., 2015; Lampert, 2014; Mushonga & Dzingirai, 2021; Onukogu, 2018). These studies did not pay attention to what migrants themselves think the concept means. Two, not enough attention has been paid to the health of Nigerian migrants. Although Akinlua et al. (2017) investigated what Nigerian migrants in the UK believe about hypertension, there was little emphasis on their health outcomes and experiences with the health institutions in the host country. Three, to the best of my knowledge, there is a paucity of literature on factors explaining the wellbeing (employment and health) of Nigerian migrants in the US and UK. Four, although a comparative study of Nigerians in the US and UK was attempted by Imoagene (2012), the study focused on identification among Nigerian migrants. It did not compare their experiences with respect to employment and health. Five, COVID-19 is still a relatively recent phenomenon, and its impacts can still be felt. However, little is known about how the pandemic affected the employment and health of Nigerian migrants in the US and UK. This study hopes to fill these gaps. Specific research questions are listed in section 1.4.

1.3 MOTIVATION FOR THIS STUDY

This study is motivated by some theoretical and conceptual thoughts. One, migrants are confronted with the puzzle of choosing between at least two cultures: culture of origin and host culture. The importance of how migrants mediate between different cultures in the host country was discussed by Berry (2001), who categorised patterns of cultural identifications into four: assimilation, separation, integration and rejection. Berry's typologies have been named differently by other scholars (see Boland, 2020; Imoagene, 2012; Wagner, 2016). Which culture migrants identify with is important and may reflect a sense of belonging/otherness in the host country (Imoagene, 2012). It could also reflect migrants' (dis)satisfaction with the state affairs in the sending and receiving

countries. Therefore, it is crucial to understand how Nigerian migrants identify themselves and why.

Two, the concept of "immigrant integration" is political and controversial and has generated scholarly debates (Favell, 2019; Meissner, 2019; Penninx, 2019; Schinkel, 2017, 2018), some of which will be discussed in the literature review. Gruber and Rosenberger (2023) noted that people with far-right ideologies are anti-immigrants. To them, integration may mean surrendering original culture, identity and national sovereignty and adopting the ways and lifestyles of the host country. It was partly because of this far-right and neocolonial view of immigrant integration that Schinkel (2017, 2018) advocated for a "social science against immigrant integration" research because it creates a sense of we versus them and paints immigrants as "others", "problems" and "outsiders" who need to be integrated. Other scholars (such as Klarenbeek, 2019; Penninx, 2019) did not write against integration research but suggested refined ways to examine the topic. For example, rather than focusing on real/objective (in)equality, Klarenbeek (2019) advocated for relational integration that focuses on perceived inequality, which means that the existence of real inequality should not be a problem. It becomes an issue only when migrants think that they are unfairly treated. Also, Kutor et al. (2023) disagreed with abandoning the concept of immigrant integration. Instead, they suggested that the concept should be reconceptualised and viewed as wicked while we explore its analytical relevance. However, Berry (2001), in his categorisation, sees integration as the ability to retain some original culture while also embracing some aspects of the host culture. It, therefore, becomes vital to understand what Nigerian migrants themselves understand by the notion of "immigrant integration".

The third point of motivation revolves around inequality between nationals and migrants in host countries. In South Africa, for example, Willie and Garba (2020a; 2020b) show how African migrants are discriminated against and have less access to economic and health resources than nationals. If this happens to African migrants in South Africa, one may expect a worse experience for African migrants in the West. In addition, there is evidence that the immigration policies of major receiving countries may not necessarily be humanitarian but calculative (Trimikliniotis & Demetriou, 2011). The acceptance of immigrants into the host country may be based on class, perceived cultural similarities/differences, the potential contribution of the immigrants to the development of the host country, etc. (Miller et al., 2020). Social class and perceived cultural

differences/similarities may be gleaned from the names of migrants and their education, religion, country of education, and so on (Rynderman & Flynn, 2016). Therefore, it becomes essential to investigate what factors predict who will have a positive migration experience regarding employment and health. Could it be gender, religion, type of name, place of education, or migrant status? Aside from the possible individual role of each of these factors, the notion of intersectionality suggests that people are discriminated against based on overlapping political and social identities such as gender, religion, race and physical appearance. For example, studies have shown that being a Muslim female migrant (an intersection of gender and religion) attracts a lower likelihood of integration and acceptance in the host country, and the concept of "Muslim penalty", "hijab penalty" or "hijab effect" has been used to explain this phenomenon (Abdelhadi, 2019; Choi et al., 2023; Di Stasio et al., 2021; Guo, 2009; Lindemann, 2021; Valfort, 2020). Also, an intersection of ethnicity, country of education and level of education has been reported to create an avenue for the experience of privilege or discrimination among immigrants(Ressia et al., 2017).

Another motivation is that the US and the UK have different political systems. While the United States comprises 50 relatively autonomous states, the United Kingdom is a unitary state comprising four countries. In addition, Nigeria was a previous colony of the present United Kingdom. These suggest that the two destination countries may have different systems, which will affect differential migration experiences across the two host countries.

Lastly, Covid-19 has shaped human mobilities and the experiences of migrating people. The pandemic affected my PhD programme in some ways as an international student. One, I delayed my travelling to Cape Town till April 2021 because the South African embassy in Lagos was closed for some time in 2020 because of Covid-19. Hence, my work and communication with my supervisor were done online between July 2020 (when I registered for my programme) and April 2021, when I travelled to Cape Town. The pandemic made it imperative for me to consider not only the health aspect of integration but also how the pandemic has affected the well-being of Nigerian migrants (in terms of health and employment).

1.4 SPECIFIC RESEARCH QUESTIONS

Following the motivation, this thesis will answer four research questions. As stated earlier, this thesis discusses three projects. The first project (identification and perception of "integration")

addresses the first research question. The second, migrants' well-being and associated factors, is addressed by the second and third research questions. The fourth research question indicates the third project (impacts of Covid-19).

1. How do Nigerian migrants in the US and UK identify themselves and understand integration?
    a) How do Nigerian migrants self-identify? Do they affiliate themselves with the Nigerian culture or American/British culture?
    b) What do Nigerian migrants understand by "immigrant integration" concept, and how does identification shape their understanding?
2. What factors explain the integration of Nigerian migrants in the UK and the US?
    a) What is the role of gender, religion, names, duration of stay, education, place of education and migrant status in labour market outcomes, and the extent of labour market equality?
    b) How do the factors (in a above) influence health outcomes, access to healthcare and experience of discrimination in healthcare settings?
    c) How does a combination of different factors influence migrants' integration in terms of health and labour market experience?
3. Are there differential experiences across the two host countries?
    a) Do Nigerian migrants in the United States have better labour market outcomes and more labour market equality than their counterparts in the United Kingdom?
    b) Do Nigerian migrants in the United States have better health experiences than those in the United Kingdom?
4. What are the effects of the Covid-19 pandemic on the experiences of Nigerian migrants?
    a) In what ways is Covid-19 affecting the employment of migrants?
    b) How is Covid-19 impacting access to healthcare among migrants?
    c) What are the coping strategies adopted by these migrants?

1.5 SCOPE OF THE STUDY

This work is multidisciplinary in scope. Within the context of migration, this work touches upon the connection between the country of origin and country of destination; the migration trajectory of migrants; their employment and health well-being; changes/similarities in lifestyles after

migration; migrants' negative and positive experiences; host country's dispositions toward migrants.

In specific terms, the scope of this study can be discussed in a few ways. One, the study focuses on Nigerians living in the US and UK. Two, experiences and integration are multidimensional concepts and are discussed around three projects: identification and the meaning of integration, migrants' wellbeing (employment and health) and the impacts of Covid-19. Three, regarding the second project, employment and health of migrants can be studied from different dimensions. Concerning employment, this study focuses on (1) labour market outcome and (2) labour market equality. For health, this study concentrates on (1) health outcomes, (2) access to healthcare, and (3) experience of discrimination in healthcare settings.

Four, many factors could be responsible for the wellbeing (labour market and health) of migrants. This thesis is delimited to the investigation of seven factors, namely, gender, religion, name type, education, place of education, duration of stay, and migrant/residential status. Five, the impacts of Covid-19 can be observed from different perspectives and dimensions. This study focuses on the impacts of Covid-19 on the employment and health of Nigerian migrants.

Figure 1.2 presents a schematic illustration of the scope of the study. On the left side of the diagram are the main issues of focus in this study, or what some may call "dependent variables". Issues of self-identification, perceived meaning of integration and experiences of Nigerian migrants during Covid-19 are rooted in interpretivism and are discussed mainly from the qualitative aspect of this research. Employment and health indicators are also indicated on the left side and are measured in quantitative terms. Possible predictors of employment and health-related variables are listed on the central lower edge of the diagram. In other words, projects 1 and 3 are largely qualitative, while project 2 is largely quantitative.

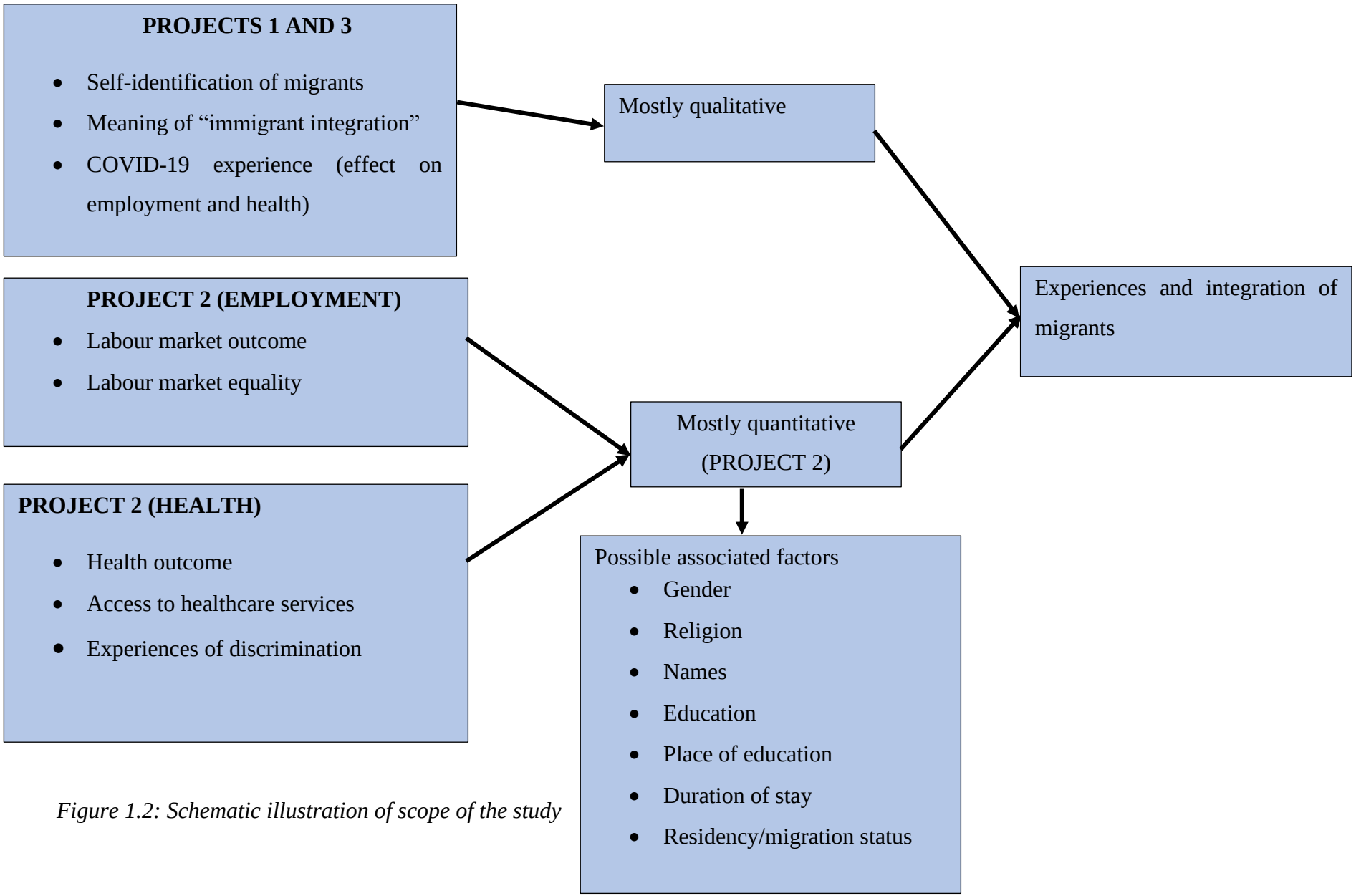

Figure 1.2: Schematic illustration of scope of the study

1.6 SIGNIFICANCE OF THIS STUDY

This study contributes empirically and theoretically broadly to sociology and specifically to the field of migration. Empirically, this thesis contributes to understanding cross-cultural exchange in host societies. In addition, it shows how migrants understand the concept of "immigrant integration" and how such understanding is shaped by identification.

Two, this study documents the experiences of Nigerian migrants in the US and the UK. Employment is important for migrants to meet their daily needs, send remittances to their home countries and fulfill their dreams in the host country. This study shows how migrants navigate the labour market in the host countries and the challenges they encounter in the process. In addition, health is wealth. Health can be a function of the working conditions and also shape the nature of the jobs migrants take. This study documents the health outcomes of migrants and their health behaviours in the host country. Hence, The study contributes to the field of public health by examining the health challenges faced by Nigerian migrants in two global north countries that are privileged and powerful and elements of discrimination still fester towards migrants.

Significantly, migration experiences differ across different groups. This study shows some possible factors that explain differential experiences in the host country's labour market and health settings. In addition, the differences between the US and the UK may help potential migrants to make informed decisions. Furthermore, this study will show how Covid-19 affected the wellbeing of migrants and their resilience in the face of fear during and after the peak of the pandemic.

Theoretically, the thesis contributes to the debates on "immigrant integration." As I mentioned earlier, integration is a controversial concept in migration studies, and scholars have differing and opposing views of how it should be used in research; this study contributes to our understanding of the alternative ways to understand integration and less controversial ways to conduct research in that regard. For instance, the idea of "relational integration" helps to show the relevance of perceived (in)equality as opposed to real or objective indicators and how this shapes migrants' wellbeing. In addition, the thesis contributes to understanding a few theories and concepts in the field of migration. The thesis demonstrates the dynamics of Muslim and hijab penalties among Nigerian migrants in the US and UK. In addition, it shows whether Nigerians in the host countries had improved health compared to when they were in Nigeria, thus contributing to the "healthy

immigrant effect." Furthermore, the idea of cross-cultural exchange is important in migration studies, especially for Africa-West migrants whose original cultural values differ from the reality in the host country. Hence, this study contributes to the idea of cultural hybridization and assimilation, among others. Importantly, this thesis demonstrates how a combination of two or more overlapping identities shapes migrants' realities in the host country, thus contributing to the intersectionality theory.

1.7 ORGANISATION OF THE THESIS

This thesis is organised into ten chapters. The second chapter, titled Literature Review, presents and discusses earlier studies and theories around immigrant integration, the precarity of African migrants, factors associated with the experience and integration of migrants, variation in the experiences of migrants across the US and UK, Nigerian emigration to the US and UK, Covid-19. The third chapter presents the theoretical orientations of this work.

The fourth chapter, Research Methods, discusses the data collection and analysis procedures for this study's quantitative and qualitative aspects. Five chapters (Five to Nine) are dedicated to presenting and discussing the results. Chapter Five focuses on the descriptive results. Chapter Six addresses the first research question on the identification and understanding of integration among Nigerian migrants. Chapter Seven focuses on answering the second research question, factors associated with labour market and health experiences. The eighth chapter discusses differential experiences between the US and UK (the third research question). Chapter Nine explores the effects of Covid-19 on the employment and health of Nigerian migrants.

In the last chapter, I present a summary of the work, after which I extrapolate the research results and stated the theoretical integrity of the thesis. A conclusion and suggestion for future studies follow.

CHAPTER TWO. LITERATURE REVIEW

2.1 ORGANISATION OF THE CHAPTER

This thesis covers a broad range of issues relating to the experience and integration of migrants. Sources were selected based on direct relevance and recency (there was an emphasis on materials published within the last 20 years). In this thesis, only four sources (Berry, 2001; Danso, 2002; Dawson & Rapport, 1998; Sales, 2002) were published before 2003. Most of the sources were published in 2015 or later. The source type was also considered (there was an emphasis on peer-reviewed journal articles). Search engines included Google Scholar, University of Cape Town's Library Search Primo[3] and Scopus.

This chapter is divided into four broad and substantial sections. The first section deals with the first project and documents issues around identification and detailed exposition of the concept of integration. The second section focuses on precarity of migrants with emphasis on issues of employment and health and their associated factors (second project). The third section reviews the literature on Covid-19 (third project) and its impacts on the employment and health of migrants. The fourth sectiondocuments gaps in knowledge.

[3] https://lib.uct.ac.za/

2.2 IDENTIFICATION AND IMMIGRANT INTEGRATION

For months, I contemplated using “integration” in my PhD title or a less controversial word such as participation or inclusion. After some thought, I concluded that dropping the word “integration” would not allow me to contribute to the concept. Shying away from intellectual controversy does not increase one’s critical argument.

The concept of integration is multi-dimensional. Some of the dimensions are discussed later in this section. “In short, the sociology of integration cannot wholly evaluate these dimensions and analyse them in depth” (Wieviorka, 2014, p. 638). By implication, it is difficult for one researcher to capture the complexity and the multi-dimensional nature of the concept of integration.

This section has five sub-sections. The first sub-section presents literature around how migrants navigate between allegiance to the country of origin and host country and how migrants and host communities (re)create cultural elements. The second attempts a brief history of immigrant integration and unpacks the culturalist/nationalist and neocolonial tone in the use of the concept. This is important because it addresses the first research question about cultural identification and the meaning of integration. The third sub-section discusses a recent and controversial matter in the field of immigrant integration. It contributes to the the debate on whether or not immigrant integration research should be scrapped. The fourth sub-section briefly discusses other dimensions of the concept, and they include politcal integration, labour market integration, educational integration and social integration among others. In the firth sub-section, I engage in a critical clarification of the concepts of unintegration, disintegration and deintegration.

2.2.1 On the fluidity of migrant’s identification and the salience of cultural hybridity

It is often erroneously upheld that migrants are intruders who take over not only the jobs of the nationals but also pose a threat to the national identity of the host country because they create a melting pot and disturb the cultural configuration of the receiving country (Mesoudi, 2021; Rapoport et al., 2021; Sardoschau, 2021). More on this later in this sub-section. As (Scheffler, 2007) noted:

> A country that experiences a large influx of immigrants will find it more difficult to sustain its national traditions and the practices in which they are enshrined. A country's unity is both expressed in and sustained by its citizens' shared sense of

> history; by their mutual recognition of national holidays, symbols, myths, and ceremonies; by their allegiance to a common set of values; and by their participation in a range of informal customs and tendencies covering virtually every aspect of life, including modes of dress, habits of thought, styles of music, humor, and entertainment, patterns of work and leisure, attitudes toward sex and sexual tastes in food and drink. Immigration transforms the unity into grounds of contention and conflict (Scheffler, 2007, p. 93-94)

Views like the one quoted above see immigrant culture and the host culture as incompatible. For example, an empirical paper argued that the more migrants retain their homeland tradition and language, the higher the probability of replacing the language and tradition of the host community (Kobzeva et al., 2021). Hence, many right-wing politicians and the nationals who support them see migrants' presence as challenging the national culture (Rapoport et al., 2021; Sardoschau, 2021). To avoid the imaginary demise of the national culture, the host government put in place policies to ensure that migrants embrace the culture of the host country (Bartram, 2021; Schinkel, 2013). Meanwhile, some are concerned that forcing migrants to embrace the culture of the host country will lead to the cultural demise or bereavement of migrants' original culture (Beauregard, 2020; Bhugra & Becker, 2005).

A fundamental assumption is the belief that culture is static and that a migrant can be here or there. Consequently, several attempts have been made to categorise migrants- using different concepts- based on which culture or country they identify with. Two outcomes are often identified in the literature. The first is the tenacity to the original country or homeland culture at the expense of the ways of life in the host country. This has been described using different concepts, including separation (Berry, 2001), a sense of unbelonging (Imoagene, 2012), and what I call cultural radicalism. The second possible outcome is the submission to the host country and its culture to the detriment of the homeland culture- a practice that is often referred to as assimilation, acculturation, or adaptation (Berry, 2001; Bhugra & Becker, 2005; Patel, 2012; Schneider & Crul, 2010). However, I argue that separation and assimilation are impossible in practical and strict terms. For example, if a migrant or migrant group decides to be tenacious to the homeland culture, will they spend the homeland currency in the host country? Will they recite the homeland's national anthem at the host country's national events? Will they communicate with the nationals in their homeland language? Language, currency, and national anthem are material and non-material

components of culture that migrants encounter and use daily. In the same vein, it is difficult for a migrant who spent many years of their life in the home country to assimilate in totality. Their names, dress, accent, passport, etc may signal their original cultural and national identity. Hence, a migrant, in critical terms, may say (s)he is from a particular country or self-identifies with a particular culture, but their daily activities actually reflect hybridity.

In reality, migrants' daily activities and experiences are shaped by more than one culture. However, before I discuss the third outcome, I will first address the issue I raised in the opening paragraph of this sub-section: the misperception of migrants'culture as displacing the host national culture. It makes sense to assume that my argument will be biased in favor of migrants. Moreover, as (Hadj Abdou (2019) noted, several migration scholars are migrants themselves, and the framing of their work is an attempt to be recognised and enjoy equal privilege and rights as nationals in the host country. However, there are theoretical and empirical examples that suggest that migrants culture does not overshadow the host culture. Instead, what takes place is cultural hybridity, cultural exchange, and awareness of different cultural practices, which is good for diversity and knowledge.

As I have argued ealier, the original culture and culture of the host country should not be seen as mutually exclusive. In addition, migrants do not displace the national culture and identity of their host country. Whether a country opens its border to migrants or not, culture is dynamic and fluid; it is ever-changing. For example, wearing Bikini dress in public or what we now know as "indecent dressing," and homosexuality were perceived in a negative light in many Western countries hundred years ago. However, they are now common practices in the West. Was this caused by immigration or migrants? Empirically, Mesoudi (2021) found no evidence that migrants cause a displacement of the national identity or culture because there is a generational shift: first-generation migrants were attached to the homeland, but the second generation returned the balance by identifying more with the host country. In addition, statistical evidence shows that migrants constitute a small proportion of the population in major destination countries like the US[4] and UK[5]. So, how will the culture of a group that constitutes less than 20% overshadow the culture of the 80% of nationals, even if we assume that all migrants have different culture from nationals?

[4] https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states
[5] https://migrationobservatory.ox.ac.uk/resources/briefings/migrants-in-the-uk-an-overview/

In critical terms, what occurs in most destination countries is "a new hybrid culture" (Rapoport et al., 2021, p.1), which is a product of the mixture of two or more cultures (Boland, 2020; Wagner, 2016). Although migrants may claim to identify with one culture and not the other, as I will show later in the results, what is more likely in major destination countries, in practice, is that migrants will embrace elements from the homeland culture as well as the host culture, which is already a product of multiple cultural elements. This phenomenon has been termed different concepts, including multiculturalism, integration, hybrid identity, mixing, etc (Berry, 2001; Boland, 2020; Imoagene, 2012; Wagner, 2016). In other words, what migration and migrants cause is not a displacement of national culture and identity; it is hybridity and creolization- a process of the mixing of different cultures and races (see Anderson, 2006). The categorisation of people as "African American," "Nigerian British," "British African" is evidence of creolization and hybridity. Immigration leads to the making and re-making of cultural elements, not displacement of national identity. As Anderson argued, many countries in Europe and North America are not formed by a single group but by Creole people. As he stated, "all, including the USA, were creole states, formed and led by people who shared a common language and common descent with those against whom they fought" (Anderson, 2006, p. 47). In addition, from the instrumental point of view (see Imoagene, 2012), self-identification is not fixed, a migrant who self-identifies with the host country today may tilt towards the homeland tomorrow depending on events and change of government policies in both countries.

2.2.2 A brief history of immigrant integration

The Merriam-Webster dictionary defines integration as "incorporation as equals into society or an organization of individuals of different groups."[6] Cambridge Dictionary defines it as "the action or process of combining two or more things in an effective way" or the act of mixing with people of different backgrounds or origins.[7] Going by this, in simple terms, integration ought to mean equality or social inclusion. However, the concept has been used and hijacked by culturalists and nationalists to express and justify supremacy and dominance over migrant groups (Dodevska, 2023; Rytter, 2019; Schinkel, 2018).

[6] https://www.merriam-webster.com/dictionary/integration
[7] https://dictionary.cambridge.org/dictionary/english/integration

Although the talk about immigrant integration has recently become controversial and popular, the concept has a longstanding historical imagination. According to Schinkel (2017, p. 35), the concept of integration "is an old concept that is part of a longstanding type of imagination. In this imagination, the image of the body takes center stage. The name by which this type of imagination is usually known is organicism." In simple terms, organicism or wholism assumes an existence of a bigger whole under which different parts are subsumed. Schinkel (2017) noted that organicist imagination could be traced back to the axial age, but it became popular in sociology and social science in the nineteenth century. Although some social theorists have distanced themselves from an organicist assumption, the idea still implicitly informs their outlook. In fact, the fundamental notion of organicism influenced the idea of functionalism and the notion of a national society (whole) that is pure and immigrant groups (parts) that need to be integrated.

Dodevska (2023) noted that integration was rooted in the Enlightenment and society's nineteenth-century philosophical and sociological imaginations. This coincided with the period when the notion of "society" was gaining popularity in the social sciences in the work of Comte, Spencer, Sumner and Durkheim, among others (Schinkel, 2017). The discourse of society at that time revolved around the idea of parts and wholes and "organicism" and "mechanicism". In other words, the society was seen as an assemblage of collectives. While this historical account makes sense literally, it appears one-sided and neocolonial, because it sees integration as a concept that partly originated and became popular in European scholarship. As it is common for many scholars who write about the history of sociology, those who write about the genealogy of immigrant integration also did not acknowledge the work of Ibn Khaldun- a North African scholar. Meanwhile, Alatas (2006) documented how Ibn Khaldun theorised about social solidarity, which I believe is similar to the idea of "a shared bond, a mutual sympathy, an integrated set of values" (Schinkel, 2017, pp. 38-39), which characterised the notion of "society" and "integration" in Europe in the nineteenth century.

According to European literature, in the sociological parlance, integration was rooted in the organicist/positivist/functionalist view of the society as a whole comprising different parts (Dodevska, 2023; Schinkel, 2017). Following the social problems- that emerged from the French and industrial revolutions- in Europe in the nineteenth century, sociologists (first Emile Durkheim and later Talcott Parsons and Robert Merton) expressed the idea of having an integrated society

characterised by shared values and little or no social problems. Later, the idea metamorphosed into integrating parts (people deemed problematic, unfit, immature, lethargic and deviant) into the dominant society or the whole (Dodevska, 2023). Hence, Wieviorka (2014, p. 637) noted that "in the past, sociologists viewed integration and socialisation as referring to those who were deemed fragile, immature, not yet entirely integrated or capable of being integrated, or too easily tempted by forms of conduct which would exclude them or marginalise them from the social system." Hence, when sociologists talked about integration, they referred to the need to socialise the deviant, weak and fragile people who are culturally inferior constituted a problem. This idea is still prevalent in migration studies.

How did migrants enter the discourse of integrated whole? Dodevska (2023) traced this to the influx of migrants into North America and Western Europe in the twentieth century, which led to the receiving countries being "overwhelmed" by different cultures and nationalities. This gradually led to the discussion of national societies and host/dominant cultures to which the newcomers, that is, migrants, must submit (Dodevska, 2023; Schneider & Crul, 2010). This was popularly known as assimilation in the US and integration in Europe (Schneider & Crul, 2010). Since then, integration has been used to portray migrants and their cultures as threats. It is also used to mark boundaries between people considered to be "good migrants" (that is, those who abandon their original culture and embrace the total ways of life of the host country) and "bad migrants" who appreciate their original culture. In addition, integration has become an exclusionary tool in political discourse used to justify the maltreatment of African migrants and Muslim minorities whose cultures are described as unbefitting and incompatible with European culture (Schinkel, 2017). To reiterate, this discussion of the origin and cultural perspective of integration is essential because it helps to shed some light on the relevance of the first research question (specifically 1b).

2.2.3 Should immigrant integration research be scrapped/abandoned? A note on recent debates

Perhaps the works of Willem Schinkel (2013, 2017, 2018) on immigrant integration have generated the most recent debates that are relevant to this PhD. The works of Schinkel are a central piece here because of the attention they have generated in migrants' integration studies. For example, Schinkel's 2018 article has attracted over 120 citations. In addition, a top migration journal, *Comparative Migration Studies*, devoted a commentary series titled "Who needs

integration?" to the reactions and counterreactions to Schinkel's work. Some of the papers in the series are currently the most cited recent publications in *Comparative Migration Studies*.[8] Andrian Favell's "Integration: Twelve propositions after Schinkel" is an example.

I will discuss a few of Schinkel's publications and identify reactions and counterreactions. In summary, Schinkel is critical of the culturalist/nationalist view of integration. He criticised the idea of seeing migrants as problems or entities that must be integrated into the nationalist society. Schinkel calls this a neocolonial way of viewing integration. Schinkel's analysis and his resentment of the nationalist/culturalist view of integration are commendable. However, his suggestion/solution is pessimistic. Schinkel calls for an end to immigrant integration research. In fact, he argued in his recent publication that the talk about decolonising or refining migration studies is a waste of time because "to decolonise migration studies means to dismantle it" (Schinkel, 2023, p. 1).

Earlier, Schinkel (2013) discussed issues around immigrant integration. In 2017, he published his book "*Imagined Societies: A Critique of Immigrant Integration in Western Europe*", and presented an outline/summary of the book later in a journal article (Schinkel, 2018). Drawing examples from the discourse on integration in Dutch society and extrapolating to Europe, Schinkel highlights the difficulty of measuring immigrant integration and raises issues such as culturism and othering in how the Netherlands Institute for Social Research (SCP) measured integration and its implication for polarisation of the society. Schinkel noted that migrants (especially those from non-Western countries) are considered to be objects of problematisation, many of whom live in the "outside" society where social problems are the order of the day.

To Schinkel (2013), the idea of integration begins with a social imagination of two worlds: "inside society" and "outside society". The latter comprises mainly migrants who should be socio-culturally integrated into the former, and this mental image or set of social imaginaries reflect in the measurement of integration by the SCP. The author quoted a 2006 Dutch parliamentary report as stating that "integration means participation and that requires that all migrants learn the Dutch language and adopt the norms, values and forms of social conduct prevailing in our country." (Schinkel, 2013, p. 1149), and this informed the definition of integration provided by the SCP:

[8] https://comparativemigrationstudies.springeropen.com/

“mastery of the Dutch language, identification with one’s own group, religious experience and the degree and nature of contact with autochtones.” (Schinkel, 2013, p. 149). “Autochtone” is a French word for indigene. An important lesson here is that social imaginaries of ideas about “others”, “we”, vs “them”, and so on find their way into the measurement of integration and immigration policies. The culture of non-Western migrants is assumed to be the opposite of “modern”, and subscription to “modern” values of the Netherlands indicates socio-cultural integration, according to the SCP. This view of integration resonates with the French colonial assimilationist policy in Africa, “the aim of which was to assimilate and transform all Africans in ‘French’ colonies into black French men and women. To accomplish this goal, France had to eliminate all African cultures and assimilate all Africans into French culture” (Johnston, 2003, p. 100). In other words, the SCP equated assimilation to integration- a practice that I oppose and reject later in this work.

In his 2017 book and 2018 article, Schinkel critiqued the notion of immigrant integration imaginaries. He argued that the notion of “integration” in Western Europe is used for boundary maintenance, to separate who is part of the society and who is yet to be a part. Like criminals and prisoners, who are imagined as living in the “outside society” and who need to be integrated, migrants in Western Europe are also perceived as a threat who do not properly belong to society (Schinkel, 2017). This means that when “integration” is mentioned in public discourse in Western Europe, it inherently means that “outsiders” and “threats” have been recognised, and policies should be made accordingly to make them part and parcel of “inside society”.

Schinkel (2018) noted that multiculturalism had never existed in Europe because immigrants are forced into the dominant culture of the host country. He uses the term “multiculturealism” to depict the illusion of being multicultural in order to be politically correct. Schinkel is right in this regard, and his assertion supports the position of Bartram (2021) that the host governments always want immigrants to embrace the host culture. In addition, Schinkel’s position on multiculturalism is supported by an empirical study by Imoagene (2012) which suggests that even when multiculturalism is an official policy in a host country, there is always an existence of a dominant culture and other cultures.

Importantly, Schinkel (2018) frowns upon the existing ways of conducting immigrant integration research, saying that these reiterate oppression and reinforce the idea of “othering”. He campaigned against research on immigrant integration. I ask: Does speaking about a genuinely

existing problem contribute to it, or does it solve the problem? While Schinkel was trying to decolonise research methodologies and de-frame the colonial practices in migration research, he erred in not recognising less oppressive ways of measuring immigrant integration.

Schinkel's views attracted a few writers who wrote in his defence or against him. Some select reactions are discussed. Schinkel wrote a rejoinder addressing the responses to his work.

Reacting to Schinkel's (2017, 2018) work, Meissner (2019) argued that attention should be shifted to disintegration, not necessarily as the opposite of integration but as a way to address sensitive and highly volatile issues such as migration. Meissner shares Schinkel's sentiment in that integration research is conducted in a way that encourages 'othering' among groups. As he wrote: "…I connected to many points in Schinkel's writing and found it easy to agree that immigrant integration should not be a maxim. It is too divisive a notion that errs too consistently on the side of harm to be a useful project for research or policy." (Meissner, 2019, p. 2). Like Schinkel, Meissner is worried about doing research that further "creates division" and opens up wounds of oppression. However, he criticised Schinkel for over-generalisation and not recognising the existence of "fine-grained qualitative studies" (Meissner, 2019, p. 6). To Meissner, it is not so much a problem with quantitative migration research that deals with categories; it is how the researcher interprets the data. Meissner suggests that researchers should pay attention to the errors in their data analysis, measurements and interpretations and calls for "responsible migration and diversity studies" (Meissner, 2019, p. 7). In other words, Meissner did not agree with the abandonment of immigrant integration research. Instead, he advocated for responsible ways of conducting research in migration studies.

In his reaction to Schinkel's provocative exercise, Penninx (2019) discussed the problem of immigrant integration and what he called "solutions" to it. Penninx identified what he believed to be the strengths and weaknesses of Schinkel's argument and proffered what he felt were the solutions to address the shortcomings of Schinkel's argument. As for strengths, Penninx acknowledged that the term "integration" is political, both in the public discourse and research, and that the outlook and policies of a host country regarding immigration influence how immigrant integration research is conducted. Penninx described Schinkel's assessment of the "state-of-the-art" of immigrant integration studies as jejune, as it excluded many works on integration conducted in Europe and elsewhere. Penninx thought that integration fulfils different functions in research

and policy. In policy, immigrant integration is seen as a problem (based on normative sentiments), and policies are developed to achieve the desired outcome. However, integration research requires a "non-normative" and analytical framing of the concept. To Penninx, a change is expected from both migrants and the host society for a smooth integration process. In other words, integration involves the process whereby migrants become accepted as economic, political and social actors. Penninx recognised that issues of work and health, which are the foci of this study, fall within the socio-economic aspect of integration at the individual level. Penninx recognised that individual, institutional and organisational levels of integration and the mechanisms therein are interrelated. Penninx's works on the different dimensions of integration are discussed in the next subsection.

Favell (2019) also reacted to Schinkel's work. In his fiercely strong reactions to the work of Schinkel and others, Favell made twelve propositions. The ones relevant to this study are as follows: (1) assimilation and integration can be used interchangeably, and both do not resolve the question of who is integrated into what; (2) metaphorical use of the word "integration" should not be allowed in sociological work, atheoretical words such as "adaptation", "inclusion" or "insertion" should not be mistaken for "integration", (3) the talk of social, economic and cultural integration at a national level is theoretically absurd; integration should be a global phenomenon, but most studies are obsessed with a nation-state analysis of migration; (4) any discussion of the integration of migrants into a national society (such as integration of Nigerian immigrants in the US and UK) is not empirical/analytical sociology, but merely normative. Studies on migration following the national integration paradigm are forms of bio-politics; (5) typical integrated national societies include North Korea and East Germany during Honecker's era, so integration is not usually desirable; full integration could mean conformity, rigidity and lack of openness; (6) the talk of national integration is a way of manipulating migrants to embrace the cultural values of the host society; (7) if "integration" must be used as a sociological concept, it must refer to the "de-differentiation" between nationals and migrants (Favell, 2019, p. 5).

While I disagree with some of Favell's propositions, the sixth and seventh points share some orientations of this PhD work. The sixth point resonates with the argument of Schinkel that integration is often used as a tool to make migrants assimilate into the host country's culture. As Bartram (2021) argues, governments of host countries want migrants to embrace their ways of life, and their immigrant integration policies are tilted in that direction. In addition, this thesis agrees

that integration should (but not must) refer to the "de-differentiation" of migrants from nationals. Consequently, this work sees integration as the extent to which migrants are equal – or are believed/perceived to be equal – to nationals. However, it is not absurd to analyse the extent to which migrants are de-differentiated from nationals on specific economic and social parameters, such as employment and access to healthcare services

Hadj Abdou (2019) also disagreed with Schinkel's campaign for a "social science against immigrant integration research". Unlike Schinkel, Hadj Abdou shifts the focus away from whom the knowledge of migration is produced about (namely, immigrants) to who produces the knowledge, that is, migration scholars. The author argues that integration is a governance technique to serve certain ends and that migration scholars are not apolitical. Hadj Abdou believes there is a lack of critical perspective in immigrant integration studies and agrees with Schinkel that the citizen-migrant binary in most migration studies fuels negative narratives and creates a sense of "us" and "them". One of the reasons for this lack of critical perspective relates to the bias of migration scholars who have an inherent pro-migrant outlook (Hadj Abdou, 2019). An interesting point in the argument of Hadj Abdou (2019) is the accusation that immigration integration scholars- many of whom are migrants themselves- are biased and have sentiments in favour of immigrants. In other words, migration scholars' criticism of host countries and campaign for equality and migrants' well-being emanates, first, from self-interest. I must state that I do not necessarily have a pro-migrant outlook. I have not travelled extensively. I have spent most of my years in Lagos, Nigeria. My migration has always been within the African continent. So this work is not a direct attack and criticism of the host countries (US and UK). My work focuses on the narrative, experiences, impression and expectations of Nigerian migrants in the US and UK

Klarenbeek (2019) reckoned with Schinkel's argument that the concept of integration is problematic and represents a neo-colonial term to portray the superiority of the whites. Its current use in public discourse and research has the tendency to make migrants and nationals see themselves as different from each other. However, Klarenbeek disagreed with Schinkel's pessimism that the concept should be abandoned. As an alternative way to analyse the concept of integration and conduct research therein, Klarenbeek (2019) proposed the idea of "relational integration", which resonates in many ways with this PhD work, as I will show later in this thesis. Relational integration is:

> the process of boundary change towards more relational equality… Relational integration does not primarily concern the decrease of objective difference, but rather the meaning of perceived difference. The two are not unrelated: they mutually affect each other. Yet, objective differences are not necessarily a problem for relational integration; they only become so if they are perceived as a reason to ascribe people lower or higher social standing (Klarenbeek, 2019).

The idea of relational integration resonates with responsible research and focuses less on objective inequality and more on perceived barriers/differences. In other words, actual differences between nationals and migrants only exist if they are perceived as such. This is one strength of the view of immigrant integration in this work. Rather than using national data to compare migrants and nationals, immigrants' perceptions of inequality between them and nationals are important indicators of integration in this study. In addition, the mixed methods approach embraced in this study will elicit narratives from migrants about perceived (in)equality between them and nationals.

In his response to the criticisms against his ideas, Schinkel (2019) remained tenacious and argued that the concept of immigrant integration is not defensible. He maintained that immigrant integration and the field called "migration studies", under which the concept of integration is usually discussed, are both impositions. To him, integration is a concept used to portray "we" – the civilised, cosmopolitan, white, modern – and "them", who represent the direct opposite of the former and must be brought up to speed with the nationals. He argued that we can not discuss alternatives to immigrant integration without reproducing the superiority of whiteness and reinventing modernisation theory. To Schinkel, seeing migrants as people who need integration means that the host country is better and perfect. It is migrants who are problems and need to be integrated. Perhaps Schinkel's position may help understand why most studies on immigrant integration are conducted in the Global North, portraying migrants from the Global South as "people with problems" who need to be integrated. We hardly hear or read about the integration of migrants from the West into African countries. In the first place, movers from the West are often not regarded as migrants but as "expatriates".

While Schinkel raised some valid points about the problems of immigrant integration as a concept, I maintain, like a few scholars who reacted to his work, that his campaign for abandoning immigrant integration as a concept will do more harm than good for a few reasons. First, jettisoning "integration" could mean abandoning or overlooking the inequality and discrimination that migrants face in their respective host countries. Second, while it is true that discourses and research

on immigrant integration may reinforce oppressive narratives, they often call the attention of policymakers and sometimes lead to friendly immigration policies. Third, we are left with two options. We can choose to ignore talks about "immigrant integration" and allow migrants to continue to suffer and be discriminated against since no one will be interested in mentioning "integration", or we can continue to expose the precarity and experiences of migrants through studies on immigration integration with the hope that migrants' wellbeing will be gradually improve. I have chosen the second option.

While I recognise that no single idea of integration is perfect, my conception of the idea in this thesis goes beyond cultural notion of integration (but it recognizes it as important because it is germane to the first research question) to include the idea of "relational integration" from the perspectives of employment, health and access to social amenities. My conception of integration rests on the idea of a positive migration experience and objective and perceived equality between migrants and nationals. My mental picture and view of integration resonates with some of the ideas discussed in the multiple dimensions of integration in the next subsection and the differences between integration and disintegration discussed in subsection 2.2.4.

2.2.4 Immigrant integration as a multidimensional concept

As one may see from the previous section, the concept of immigrant integration is replete with debates but needs more agreement on how the concept should be defined, used and measured. When issues of clarity of definition emerge in social sciences, what follows is the development of different dimensions and perspectives on that concept. Immigrant integration is a multi-dimensional concept spanning educational, cultural, economic, political, cultural and social aspects (Di Bartolomeo et al., 2015; Dustmann & Frattini, 2011; Masinda et al., 2014; Penninx, 2005; Schneeweis, 2011). Integration is "the process of becoming an accepted part of society." (Penninx & Martiniello, 2004, p. 4) In a later exercise, Penninx and Garcés-Mascareñas define integration as the "process of settlement, interaction with the host society, and social change that follows immigration." (Penninx & Garcés-Mascareñas, 2016, p. 11). This process includes finding accommodation, a job and accessing health facilities. This suggests a movement from a culturalist view of integration to a broader understanding of the concept. The definitions show that two parties are involved in the processes of migrants' well-being: the migrants and the host country. Later, Penninx and Garcés-Mascareñas (2016) recognised the role of the country of origin, leading to

the idea of integration as a possibly three-way process. However, the host country is more important than the country of origin (Penninx & Martiniello, 2004). This reinforces the role of the structure of receiving society and state policies in determining the extent of migrants' (dis)integration, as the terms and conditions of migrants' acceptance is determined by the host country often through state policies. Therefore, Penninx and Martiniello (2004) argue that an individual migrant, and their achievements, such as education and employment, do not exclusively determine their integration. I agree. However, I should add that individual-level factors may be equally crucial in migrants' integration. In critical terms, one would expect that the migration experience of people of the same nationality in a host country should be the same or similar since they live under the same policies of the receiving country, in which case integration becomes a constant and not variable. Migrants are often not treated the same by people of the host country. While some Nigerians may be treated well by their employers and medics in the hospital, others may experience the opposite. This shows that individual-level factors may not be discarded in explaining migrants' experiences. Studies have shown that individual-level factors such as ethnic name, religion, country of education and even accent may determine migrants' experiences (Kogan et al., 2021; Penninx & Martiniello, 2004; Rynderman & Flynn, 2016).

Di Bartolomeo et al. (2015) identified three dimensions, acknowledging the importance of looking at integration from a multi-dimensional perspective. The first, labour market integration, includes employment/unemployment, overqualification, and activity rates. The second dimension, education, comprises the level of education of migrants, their school enrolment across different age groups, and the proportion of migrant students. The third dimension, citizenship, comprises the proportion of naturalised citizens and the rate of citizenship acquisition.

Regarding socio-economic integration, Dustmann and Frattini (2011) opined that it comprises educational attainment, employment rates and wages, and they categorised marriage behaviour, civic engagement, belonging, and fluency in the host country's official language as non-economic integration. According to Penninx (2005), questions in this regard include: "Do they have (equal) rights to accept work and to use such institutional facilities to find it? Do they have the same rights as indigenous workers? Do they have access to work-related benefits, such as unemployment benefits and insurance, as well as to state-provided social security provisions, such as social housing, social assistance and welfare and care facilities?" (Penninx, 2005, p. 139). Similarly,

socio-cultural integration refers to how much migrants' religion, ethnicity and culture are accepted and the extent to which they can meet together as religious and cultural groups.

Penninx (2005) sees integration as having three broad dimensions: legal/political, socio-economic and cultural/religious dimensions of integration. Legal/political integration asks the extent to which migrants are "fully-fledged member of political community" (Penninx, 2005, p. 139). Legal integration could also be seen as the extent to which migrants have equal access as the nationals to facilities in the criminal justice system. Quantitative studies in Europe that use the term "political integration" measured the in terms of participation in demonstrations, being a member of a political party, trust in political actors and institutions, signing a petition, contacting a politician in the host country, and voting in national elections (Bartram, 2016; Dollmann, 2022). The two studies used secondary data (the European Social Survey and Children of Immigrants Longitudinal Survey, respectively), so their measurement can be said to be based on and restricted to what is available in the data set they explored. However, not everyone (including nationals) participates in the activities that Bartram (2016) and Dollman (2021) used as indicators of political integration. Is it correct to say these nationals are not politically integrated in their country? In fairness, this resonates with the issue raised by Schinkel that it is not only migrants who need integration; nationals need it too. This setback shows the limitation of reducing immigrant integration solely to quantitative analysis without narratives from migrants. In this regard, Erdal (2013) cautioned about reducing the notion of integration to a mere quantitative comparison between migrants and nationals of the host country and suggested a multi-layered approach to the study of integration. An essential aspect of this approach is migrants' own narration of the notion of integration.

Although studies on integration have different typologies for areas of life that migrants are exposed to, they have some commonalities. One, the studies presented in this section focus on social inequality; that is, they implicitly see integration as the extent to which migrants are equal to nationals in various areas (education, employment, wages, access to facilities, etc). Two, they place little emphasis on the health domain of integration, which will be included in this study. In other words, inequality in access to health has not been well documented in immigrant integration studies. Of course, I would have been guilty of the same thing since the initial conception of this study focused only on employment. However, Covid-19 and its effects on the experiences of migrants called my attention to the need to include health dimensions in migrant integration (Kluge

et al., 2020). In fact, Di Bartolomeo et al. (2015) argued that integration is multidimensional and education and labour market are the two most important domains or dimensions. This suggests that health has not been a priority in integration literature until recently. This does not mean that there are no studies on migrants' access to health services, but such studies are not situated within sociological literature on migrant integration but broadly within health in(equality) studies (Hennebry et al., 2016; Hesketh et al., 2008; Vedio et al., 2017). Health is required for other aspects of integration. For example, even if migrants have the same access to education and employment as nationals, they cannot participate like the nationals unless they are equally healthy and have equal access to health facilities. In addition, the extent to which migrants are integrated in other domains may affect their health – the disappointment and mental breakdown that come with experiencing discrimination at work and unequal access to education, for instance, may impact migrants' health outcomes. On this note, "health is both a prerequisite and an outcome of successful migration and integration processes." (Trummer & Krasnik, 2017, p. 590)

MIPEX (the Migrant Integration Policy Index)[9] recognises eight dimensions of immigrant integration. One, access to nationality refers to the ease with which migrants may become citizens of the host country. Two, anti-discrimination asks whether migrants are discriminated against based on race, gender, religion and nationality. Three, the education dimension investigates whether the host country's educational system accommodates immigrant children and responds to their needs. Four, family reunion refers to how easy it is for migrants to reunite with their families. Five, the health dimension answers whether migrants have access to health services and whether the health system is responsive to their needs. Six, labour market mobility refers to equal opportunities and rights between immigrants and nationals to access jobs, move upward on the ladder and improve their skills. Seven, permanent residence is related to the first dimension (nationality) and refers to how easy it is for immigrants to become permanent residents in their host country. Eight, political participation addresses equal opportunities between migrants and citizens to participate in the political community and political life.

[9] https://www.mipex.eu/

As one can see, immigrant integration is broad, and it may be difficult for a PhD work to capture all the different dimensions of integration. This PhD work is related to the fifth and sixth dimensions of MIPEX 2020.

2.2.5 Unintegration, disintegration and de-integration of migrants: a conceptual clarification

The three concepts of unintegration, disintegration and de-integration stem from the fact that migrants are often believed to have increasingly positive migration experiences with increasing duration of stay. What if the opposite happens? What concept is suitable to refer to those who have never had a significantly positive experience since they arrived in the host country? What do we call those who have previously been "integrated" but experience the opposite as a result of unfriendly migration policies of a new government such as that of Donald Trump or due to national or global crises such as Covid-19? The idea of healthy immigrant effect suggests that migrants are usually healthier when they first arrive, but their health and quality of life deteriorate with the increasing length of stay (Lubbers & Gijsberts, 2019); what concept encapsulates migrants who fall into this category? What do we call migrants who have been perennially culturally subjugated? These questions show that migration experience may be negative at one point or another, and they suggest the importance of shifting focus from the exaggerated positive connotation of immigrant integration, which governments of host countries often try to promote, to include the opposite and undesired experiences that migrants face in the host country.

It is important to note that writers often use them interchangeably. For example, Schinkel (2013) used the word "non-integrated" to refer to those who are in "outside society". In his 2017 book, he used the word "unintegrated" in some passages. In his 2018 article, Schinkel noted that the idea of "integration" is weird because the antonym of it is "disintegration". Can "non-integrated", "unintegrated" and disintegrated" be considered to mean the same thing? Are there differences worthy of note in our usage of these terms in immigrant integration research?

Baier and Pfeiffer (2008) use disintegration in two ways. First, like Schinkel, they use it to mean the opposite of integration. Second, they use it to refer to those who have never been integrated. However, I argue that if integration is a conscious and continuous process by the migrants and host country to accept and appreciate each other's culture, if integration is the process of attaining equal

access to opportunities for employment and health, if integration refers to the process through which migrants become part of the political system, then the opposite (disintegration), as used by Schinkel and Baier and Pfeiffer, ought to mean the process of rolling back acceptance, equal access to opportunities and being part of the political community. In the opinion of Meissner and Heil (2021), "disintegration is not integration gone wrong", and it is not the opposite of integration (Meissner & Heil, 2021, p. 745). The authors did not perceive disintegration in negative terms. Instead, they encouraged researchers to use and see the term as an opportunity for reconfiguration and "to appreciate differences in relational space" (Meissner & Heil, 2021, p. 748). However, I distance myself from the authors' perception of "convivial disintegration" as a people's recognition of their differences from other people and learning how to resolve, reconfigure and renegotiate them. This is not my own notion of disintegration, as it takes the focus away from the many ways and processes through which migrants experience negative changes in their host country.

My argument here is that "disintegration" (or its proposed synonym "de-integration") does not appear to capture migrants who have never been integrated in the first place. Instead, disintegration, if it must be used as an antonym of integration, should mean the process by which migrants are exposed to negative migration experiences after some initial positives. Hinger (2020, p. 19) noted that "disintegration measures as part of the policy repertoire of states to attempt to control immigration and (post-)migration social relations." In other words, disintegration happens when barriers and hindrances are installed to migrants' access to resources and opportunities after initial unhindered access (Hinger, 2020). This could be because of a sudden perceived fear that migrants will render nationals unemployed by "stealing their jobs" or will overwhelm and dominate the host country culturally, politically and economically. It could also be a consequence of the emergence of an anti-immigrant government in the host country.

The host country or migrants themselves could trigger disintegration. Some examples on the part of the host country include (1) rolling back birth-right citizenship; (2) stopping migrants from voting and contesting elections when they previously had the constitutional rights to do so; (3) mandating local and foreign businesses in a country to ensure that a significant proportion of staff members are nationals as opposed to the previous freedom of employers to determine who is employed; (4) state laws stopping or reducing migrants' ease in gaining employment, remaining

in employment permanently, having access to health facilities, and becoming permanent residents; (5) hatred for migrants by nationals, given that there was previously a cordial relationship between the two groups. On the part of migrants, it could be a decision to reduce or stop being a part of the host country by living parallel lives and to stop using economic, health, legal and social resources or facilities owned by the government or nationals of the host country.

Disintegration or de-integration is a process of change from being "deserving" to "undeserving"; from being included to being excluded; from feeling among to feeling like "outsiders"; from being loved to being hated in the host country. Earlier studies that share this sentiment include Jones (2014), who described family disintegration among migrants partly as "physical separation of family members" (Jones, 2014, p. 6). This implies that the family once lived together as an entity (integration) before disintegrating. In addition, my argument is supported by the view of Collyer et al. (2020), who saw disintegration as a process and aftermath of deliberate policies that create hindrances to migrants' participation in the social system of the host country.

Unintegration or non-integration should be used to refer to those who have not been integrated in the first place, and this is a common use of the term in immigrant integration literature. This could be as a result of migrants choosing to live parallel lives from the outset of their arrival or the absence of access to resources and opportunities for migrants in the host country. If initially unintegrated, and migrants begin to have positive experiences in the host country, that can be said to be a change process from unintegration or non-integration to integration. When migrants start to have negative experiences after initial positive ones, that is a change process from integration to disintegration or de-integration. When migrants begin to encounter positive experiences after disintegration, that is a reintegration process.

Disintegration cannot be said to be the first state of migrants' experience. If their experience has not been positive since their arrival, they are unintegrated but not disintegrated. They become disintegrated when they encounter negative experiences after some initial positive ones – owing to possible reasons already discussed. To use the analogy of organic functionalism, the arm can be said to be a functional and integrated part of the body. Detaching the arm from the body means disintegration, and re-attaching it means re-integration.

2.3 PRECARITY OF AFRICAN MIGRANTS IN THE WEST

This broad section focuses on the second project (wellbeing) of the thesis and discusses mostly on employment and health matters. The broad section has five sub-sections. The first sub-section discusses the challenges of employment among African migrants in the West, while the second documents health concerns of migrants. The third sub-section focuses on factors associated with the experiences and integration of migrants in line with the second research question. The fourth section discusses some differences between the US and the UK specifically in the areas of employment and health. The fifth section introduces the concept of japa and how foreign exchange fuels emigration of Nigerians to the West.

2.3.1 Employment issues among African migrants in Europe and North America

Here, I engage with studies conducted among African migrants in the Global North, emphasising Europe and North America.

Over the years, the number of African migrants in the diaspora has increased steadily. Bear in mind that a reason for migrants' movement from their countries of origin to their host countries is the quest for better employment opportunities.

Abdelkerim and Grace (2012) attempted a review of studies on the challenges facing African migrants (from Sudan, Ethiopia, Somalia and Eritrea) who had been in Australia for more than ten years. Some issues hindering access to employment of migrants were identified. One, those who spoke English fluently had higher work hours and easier access to employment than those who could not speak fluently. Unlike the countries investigated in the study by Abdelkerim and Grace (2012), the first language of Nigeria is English, so one may wonder whether English language proficiency will be a barrier for Nigerian migrants who are educated up to the tertiary level. The second challenge to employment is public discrimination against people of specific origins, including Africans, followed by migration trauma, the third. The fourth challenge is the lack of recognition of academic certificates from African countries, which prevents refugees and immigrants from securing jobs directly related to their course of study. Instead, they resort to entrepreneurship. This resonates with the finding of Rynderman and Flynn (2016) that there were professional African migrants who had resorted to driving cabs and working in less-skilled occupations owing to the non-recognition of certificates. Also, employers preferred migrants who

had work experience and local knowledge of Australia, such that migrants who had newly arrived did not stand a chance. This suggests that the migration experience may become positive with increasing length of stay.

Mendy and Hack-Polay (2018) investigated failed businesses among self-employed African migrants in the United Kingdom. The study found that migrants did not initially intend to be self-employed. However, they resorted to it due to prolonged unemployment, underemployment, and difficulty adapting to the workplace environment. Also, the quest for independence, inspiration and encouragement from successful immigrant business owners, and the belief that self-employment increased wealth more served to motivate African migrants to engage in self-employment. However, their businesses failed due to factors associated with the host country and African immigrants. Factors associated with the host country include racial segregation, where businesses of black migrants are usually not supported or patronised by the white community. Next, lack of access to credit constituted a challenge. On the part of migrants, tenacity to ways of life and business models from the country of origin did not work in the host country, leading to the collapse of migrants' businesses. There was also a lack of awareness, access to relevant information, and a failure to diversify the business focus. These failures often resulted in ill health and mental issues for migrants. However, some recovered through training, operations diversification, community partnerships, and the like. It is important to add that having one's own business in countries such as the UK and the US may not be so easy for newcomers from Nigeria unless they have saved enough money before emigrating. Newcomers may need to work in underemployed conditions to save up for their establishment.

Andemariam (2007) discussed the challenges faced by skilled African migrants in the US. One, African migrants, even when skilled and highly educated, are misperceived by Americans as less educated with poorer English skills than those who emigrated from Europe and Asia three decades ago. This wrong perception created a structural barrier for African migrants in the US labour market. Misperceptions of migrants have been identified in recent studies as counting against migrants (Herda, 2015; Lutz & Bitschnau, 2023). The misperception that migrants are too many (over-estimating the immigrant population) may create a sense of cultural threat for host country nationals (Herda, 2015). There is also a wrong perception of the effects of immigration and the activities of migrants in the host country (Lutz & Bitschnau, 2023). All these create systemic

barriers to securing lucrative employment in the host country. Wali et al. (2018) reported language issues, non-recognition of certificates and skills earned in Africa and lack of local experience as barriers facing migrants in Australia.

However, McKay (2008) reckoned that language barriers are common in low-skill and low-pay sectors. How migrants speak the host country's language (accent and so on) is as important as whether or not they understand the language. Migrants are usually more educated, skilful and qualified than the nationals, but the former experience social exclusion (or barriers at best), which places them beneath the latter in the labour market. Describing a summary of the chapter written by Sharma (2008), Mckay succinctly stated that:

> where one migrates from, how that location is situated in the broader geopolitical concerns of the US, as well as how that location fits into the broader global capitalist economy; how one's formal educational qualifications are judged within the US; how one is racialised and gendered; and, last but by no means least, how one is classified and positioned by the state in its hierarchy of differential statuses (citizen, permanent resident, refugee, temporary "guest worker" or "illegal") all have enormous consequences for the labour market experiences of migrant workers. (McKay, 2008, p. 5)

This quote is instructive and shows the interconnection of state policies, structural barriers and characteristics of individual immigrants as factors in the labour market experience. The quote also reinforces the importance of public and state perception of particular groups of migrants for how the host country receives those migrants. This explains why a British, German or Canadian may have migration experiences in the US different to a Nigerian's. Sharma (2008) was critical of referring to the US as a land of migrants where everyone, regardless of their nationality and identities, has equal opportunities. The author writes about how the strength of the US currency in the global political economy pulled skilled migrants from less developed countries and installed policies that limited their employment to low-skilled and low-paid jobs in the US labour market.

Olliff et al. (2022) documented the role of social networks and the notion of "who you know" (p. 8) in the employment experience of African migrants. Migrants (especially newcomers) may be new to the terrain of the host country; knowing the "right people" will allow them access to information and connection as to which jobs to apply for, where and when. These "right people" may not necessarily be fellow immigrants who have been in the host country for some time. It could also be host country nationals (especially whites) who have the connections to "push you in" (Olliff et al., 2022). This shows the importance of social capital in securing jobs that are

commensurate with skills and education among migrants, and it resonates with the studies of Barker (2018), cited earlier, regarding local referees. Employers may be afraid to recruit new migrants whose character they do not know, especially when such migrants are from certain countries that are perceived in a negative light in the host country. In this case, reliable connections and recommendations by a local referee who is a well-placed national in the host country may serve as a huge support for migrants (Olliff et al., 2022).

According to Kabuiku (2017), one of the most pressing issues among African migrants in the diaspora is the issue of acculturation stress when it comes to successfully integrating into the place of employment. As a result, some African migrants struggle with new ways of economic and social life, thus affecting interpersonal workings with their employers. The repercussion of such conditions often involves forgone wages or even a job loss. In the UK, for instance, African migrants sometimes abandon their "old" cultural practices and embrace new ways to adapt to the new country and economy. In fact, within this environment, there are situations where African migrants are most qualified to occupy vacancies that require little or no professional skill, thus leading to underemployment and a negative labour market situation because they cannot get qualified jobs (Simms, 2017).

Collins (2013) reported that black African migrants are discriminated against in the labour market based on their immigration status and skin colour. Thus, the author noted that black Africans undergo greater setbacks and disadvantages, higher unemployment and underemployment and lower full-time employment than others. Drawing from this perspective, the common assumption amongst whites is that many Africans work as cleaners, taxi drivers, factory workers, etc. Employers are beclouded by the negative mindset that Africans are incompetent to do skilled jobs (Udah et al., 2019). As a result, this negative mindset has integrated the spirit of discrimination into some people's sense of thought against black African applicants, thereby making it highly dicey for Africans to get lucrative and stable employment unless they are in a position where they can connect with someone who may be willing to speak on their behalf. On account of her plight, Morris, a participant in the study by Udah et al. (2019), stated that:

> They are many Africans now, they have finished their schooling, but they don't have jobs…This is the thing. Unless I have my friend, a white friend, who knows me and who works there, who can actually support my case and who will say, "give her the job," I will

> not get the job. The job I am getting is not because of my qualification, it is because my friend gave me space. (Udah et al., 2019, p. 66)

Again, the quote resonates with the idea of social networks as social capital, with local referees and the notion of "it's who you know not what you know" and "knowing the 'right' (white) people" as factors in migration experience (Oliff et al., 2022, pp. 8-9).

2.3.2 Health concerns of African migrants in Europe and North America

Health is wealth. Health is important for everyone (migrants and nationals). However, the health needs of migrants may need to be taken seriously, considering the precarious conditions some of them are exposed to in their employment. Sharing this sentiment, Bener (2017), in an empirical study, reported that, in preparation for the 2022 World Cup, Qatar opened its borders to migrants from North Africa and South Asia, who worked as artisans in the proposed World Cup stadiums. The workers had no health insurance, worked in hazardous conditions, and were poorly paid.

African migrants face various barriers when accessing health care in the host country (Pérez-Urdiales et al., 2019). Khosla et al. (2018) noted that a factor contributing to migrants' worse health records in the diaspora might be connected to the clinician's racial biases in diagnosing and treating black people's health problems. The worse health outcomes of African migrants may also be related to the fact that undocumented migrants avoided seeking health care as they feared that, by providing their data to the health centre, they could be reported to the authorities, and this could eventually lead to their deportation. Regarding this view, being undocumented in the host country may bring anxiety and depression due to the fear of being arrested by the authorities, particularly among men (Pannetier et al., 2017). An issue related to this is the labelling of migrants (especially black Africans) as illegal and always committing fraud. The consequent treatment that comes with this labelling by citizens of the host country and the state can affect migrants' mental health (Castañeda et al., 2015).

Mbanya et al. (2019) discussed the health challenges facing African migrants in Norway under two broad themes: pre-access barriers and challenges within the health system. Pre-access barriers include (1) lack of access to information and knowledge of specific healthcare services, such as preventive and mental health services; (2) preference for immigrant doctors whom migrants believed would treat them better; (3) unaffordability of healthcare; (4) clashes between hospital

appointment time and family or job responsibilities. These challenges relate to the barriers migrants face within the health system. For instance, their preference for an immigrant doctor is connected to the language and expression barriers migrants face when discussing with non-immigrant doctors. Also, maltreatment by doctors and other care providers was reported, as migrants perceived that they were treated less fairly than nationals and people of a different race. Like the study of Mbanya et al. (2019), Manirankunda et al. (2009) also reported that little or no access to information and a lack of preventive health measures constituted barriers for African migrants in Belgium. When participants were asked about their perception of voluntary HIV tests, many declined and said that "it is better not to know" (Manirankunda et al., 2009, p. 585). By implication, those who have HIV and other illnesses such as cancer may not be aware of it until it gets to a deadly stage where little or nothing can be done. This shows that, sometimes, lack of access to healthcare services may be the doing of the immigrant and not necessarily the host country's attitude.

In the US, Omenka et al. (2020) did a scoping review of the experiences of African migrants when accessing healthcare. The authors found that culture plays a role in the utilisation of healthcare services by African migrants in the US. By implication, certain diseases are perceived as being caused by spiritual factors, which diverts them from visiting the hospital for medical attention. Instead, some consult traditional healers and spiritualists at home to seek a cure. Does science provide answers and solutions to all sicknesses? Are there indeed elements of spiritual forces in some illnesses? Do these African migrants get cured after visiting spiritualists? These are sociological questions, but the answers transcend the focus of this study. In addition, the stigma of being diagnosed with certain diseases, such as HIV/AIDS and cancer, deters African migrants from using healthcare services. While all these factors are associated with the participants themselves, the study also reported some barriers related to the host country, and these include the complexity of the healthcare system in the US, an unfriendly attitude from healthcare providers, and the high cost of healthcare (Omenka et al., 2020).

A growing idea in the area of migration and health is the idea of the healthy immigrant effect, which states that migrants tend to have better health status than nationals when newly arrived, but their health deteriorates with increasing duration of stay, although empirical evidence shows that these vary across destination countries (See Constant et al., 2018; Kennedy et al., 2015; Moullan

& Jusot, 2014). However, these studies use national surveys and take migrants as one homogenous group. Beyond the scope of this study, I ask: are migrants from Africa healthier (at least upon arrival) on average than the nationals? As studies have shown in previous paragraphs, many African migrants use traditional medicines and patronise spiritualists to cure sicknesses; if such acts are considered barbaric, how come barbarism yields better health status for African migrants compared to nationals in the West who uphold science for medical treatment? How come the health of migrants deteriorates with length of stay in the host country?

Here, I will dodge the first two questions and give two possible answers to the last question. Nyamnjoh (2018) noted that food is a form of identity among migrants. Many indigenous African foods are prepared from less fatty food items and are well-cooked compared to fast foods in many host countries in the West. This may explain why migrants may have better health than nationals of the host country upon arrival. However, with the increasing length of stay, they may begin to imbibe the fast-food lifestyles of the host country and eat the indigenous food only occasionally, as indigenous food items are expensive in the host country (Nyamnjoh, 2018). The exposure to the fast-food culture of the host country may partly account for the deteriorating health of migrants over the years. In Nigeria, a study found that southern Nigerian women who are more exposed to fast-food culture and Western dietary lifestyles have a higher proportion of overweight and obesity than women from the North, where traditional dietary lifestyles reign (Alabi & Badru, 2021). A second explanation revolves around work. It is not news that migrants may work more jobs to save enough and send remittances home with little or no time to rest. In some of these jobs, migrants may be exposed to precarious conditions that may affect their health as some of them carry the burden of needs in the healthcare sector (Willie & Garba, 2020b).

2.3.3 Factors influencing the experience and integration of migrants

Here, I discuss the literature on factors that may influence the employment and health of migrants. Such factors (in line with the research questions of this study) include gender, religion, ethnic names, duration of stay, migrant status, education and country of education.

There is evidence of gender differences in labour market integration, participation and health of migrants in the host country. The fact that male migrants record better employment outcomes and higher labour market participation rates than their female counterparts has been established in the

literature (Barslund et al., 2017; Manhica et al., 2015). When construction and engineering companies hire migrants, it is usually limited to men, while women find jobs in service industries. Although these gender gaps may not be new to African migrants, as they could have experienced something similar in their country of origin, they could be disappointed to know that gender gaps in employment also exist in the West. Why would employers prefer to hire male migrants than their female counterparts? A possible answer can be gleaned from the motherhood penalty, fatherhood bonus hypothesis, which states that women's chances of securing formal employment reduce as they have children (mothers earn less and are less likely to secure jobs than non-mothers). However, the reverse is the case for men (Perry-Jenkins & Gerstel, 2020). Capitalists accumulate wealth from surplus profits and by reducing the number of benefits that employees get. Since women may be entitled to maternity leave with pay while not working full time, an employer may want to avoid such a situation by preferring a male migrant.

Since there are differences in jobs that male and female migrants find themselves in, one should expect dissimilarity in their health outcomes and access to health. Brabete (2017) noted that health differences between male and female migrants reflect the different gender roles they play in society. Men may be susceptible to occupation-related hazards and injuries, while women may suffer reproductive health issues and other health problems (such as depressive symptoms) associated with inferior status, low wages and job dissatisfaction (Del Amo et al., 2011). For many female migrants from African countries, the culture of being responsible for domestic chores continues in the host country. After work hours, women engage in unpaid domestic chores to care for the home and children, and the stress from the multiple tasks may impact their health. Hence, Brabete (2017) states that while the stress level of women migrants increases after working hours, their male counterparts experience reduced stress after work. This reinforces the view that women (wives, mothers, sisters and other female relatives) absorb the shock and stress that men go through at work. This phenomenon partly paved the way for the Wages for Housework movement in the 1970s (See Gotby, 2019), which stipulated that women should not only be paid for domestic work but should also be recognised as contributors to the success of modern capitalism. In other words, the movement opined that the hard work men put up to make capitalism thrive is made possible by women who massage their egos at home. In an interesting study conducted among African migrants, Afulani et al. (2016) show that women migrants who have children abroad are likely to suffer from chronic diseases. However, the association is not significant for men migrants. This

may be due to women's emotional attachment and worry for the well-being of their children abroad.

Aside from gender, other identity factors include religion and ethnoreligious names. The influence of religion has also been well-established in the literature, and the typical findings are that Muslims are less likely to be integrated compared to their non-Muslim counterparts (Breton, 2012; Di Stasio et al., 2021; Dilmaghani, 2011; Guo, 2009; Valfort, 2020). Two concepts are commonly used to describe discrimination targeted at Muslims. The first is the Muslim penalty (Di Stasio et al., 2021; Guo, 2009; Valfort, 2020). The second, the hijab penalty, is an intersection of religion, gender and appearance (Abdelhadi, 2019; Choi et al., 2023; Lindemann, 2021). In their experiment in Germany, Choi et al. (2021) found that discrimination against Muslim migrants was motivated and reinforced by the perception that Muslims were conservative. Hence, discrimination was unlikely when Muslims declared that they held "progressive" views as regards gender roles. In the UK, a study by Sweida-Metwally (2022), which analyses a nationally representative survey, gives evidence for the existence of a Muslim penalty. In addition, the study showed that being white was not enough to protect Muslims from experiencing the Muslim penalty unless they were white British. However, white Muslim migrants from other nationalities (such as Arab countries) were not protected. This shows the power of the intersection between nationality, race and religion in the experience of privilege/discrimination. In the United States, Abdelhadi (2019) reported that Muslim women who do not wear a hijab and non-Muslim women have equal chances of employment. However, Muslim women who wear a hijab have a significantly lower likelihood of employment than the two other groups. Could it be that the use of a hijab is equated with holding conservative views? Could it be that using a hijab is perceived as a non-corporate way of dressing by employers?

Similarly, the adverse effects on migrants' integration of having a non-Western name have been established. Studies have shown that job applications submitted with white-Anglo-sounding names in the West are more likely to be called for interviews than those whose names appear unfamiliar (Bertrand & Mullainathan, 2004; Booth et al., 2012), and migrants with non-Western names may have challenges finding jobs in the formal sector (Rynderman & Flynn, 2016; Udah et al., 2019). In Udah et al.'s study, one of the participants said that:

> writing applications and you put your name, and it sounds African, you will be judged on that. I have sat in some of these interview panels. A lot of times, people are complaining about names. A lot of times, people will pass over potential interviewees based on names without actually reading the things therein, especially any complicated name. I have heard a friend who said to me, the best thing is to change the name and put another name. (Udah et al., 2019, p. 66-67).

Similarly, 50% of the unemployed interviewees in the study by Rynderman and Flynn (2016) cited their ethnic names as a perceived reason for their unemployment, and one of the participants had been advised by nationals to change their name to boost their chances in the labour market of the host countries. This may have implications for loss of identity and origin.

Migrants' religious identity may be gleaned from different indicators, including country of origin (such as Somalia), name (Jacob, Sulaiman) and way of dressing, among others. An interesting issue here is to understand the fate of a Nigerian migrant who is Muslim but does not have a Muslim name or dress like one. For example, is a Muslim migrant whose name is Tunde likely to be integrated as much as a Muslim migrant whose name is Muhammed?

It is important to add that discrimination based on ethnic names may be subtle and may go unnoticed, as migrants are not often told why their applications for jobs are not successful; some of them may guess that their name is a factor, and some may not even believe in discrimination based on names. Some of those who guess may resort to changing their name. In February 2022, a famous blogger in Nigeria reported the case of a man who said he had submitted many job applications but was never called for interviews, let alone getting a job until he changed his first name to an English one.[10] His full name is Inein Victor Garrick. He said his job applications were unsuccessful until he changed his first name from Inein to Victor. He said in an interview with *mirror.co.uk* that:

> I never seemed to get past the first application stages even though on paper, I had all the necessary requirements for at least an interview…In addition, the few calls I had, the recruiters had an issue in saying my first name correctly…..With comments like "your name is difficult or hard to pronounce". I always felt I was on the backfoot and sent some unconscious bias…The moment I changed to my middle name Victor on my CV, within a week, I had multiple calls for interviews….But when I got to the interview stage, I'd answer

[10] https://www.lindaikejisblog.com/2022/2/i-couldnt-get-a-job-in-the-uk-until-i-removed-my-native-name-from-my-cv-nigerian-man-shares-his-experience.html

> when they call out my name and I'd be asked again, almost like, 'Are you sure that's you?... So it got me through the first stage but then there was an uphill battle.

Victor noted that employers would think that he was British when they saw his first name, Victor, but they disqualified him after realising that he was an immigrant from Nigeria. He eventually got a job in the transportation sector in Wales, but he reverted to his native name Inein after feeling guilty for hiding his real identity. The only reason Inein was able to confirm his ethnic name as a factor in integration was that he experienced more positive feedback after he changed his name, and he was "dumped" after prospective employers realised he was not British. Many migrants do not know why their job application was not successful. They do not receive any positive feedback. Studies have resorted to experimental research where they submit multiple job applications with different names to uncover this subtle discrimination based on ethnicity as perceived via first name and patronymic (surname/father's name). The consistent finding across different countries in Europe is that applications submitted with English names receive more positive feedback than those with immigrant and non-English names (Ahmad, 2020; Arai et al., 2016; Liebkind et al., 2016; McGinnity & Lunn, 2011).

Regarding education and country of education (class factors), it makes sense to think that those who are more educated will be more integrated (that is, find better jobs, have access to health services, and enjoy health positive health outcomes) than those who are less educated. However, there is evidence that those with high qualifications and skills may be more disadvantaged (Rynderman & Flynn, 2016). This may be so because working in the informal sector (such as driving a taxi) may go in tandem with being a migrant with little or no education. However, such work constitutes occupational deskilling for a migrant who has a master's degree and professional experience in the country of origin prior to emigration. It is no news that qualifications from developing countries are not as respected as much as those from the West, and migrants who are qualified in a regulated profession (such as medicine and engineering) may suffer a heavy blow (Banerjee & Phan, 2014; Gomez et al., 2015). It can be surmised that (1) cultural similarity/dissimilarity between the migrants' country of origin and place of destination plays a major role in determining whether a highly skilled migrant will experience occupational downgrading or upgrading after migration; (2) a latent issue relates to the categorisation of countries as "developed" and "developing/underdeveloped" because it creates a sense of "we" versus "them". The description of African countries as developing may suggest to employers in

the host country that certain professions in developing countries do not meet the standards of practice in the developed ones. Going further, this may explain why a Nigerian whose country's official language is English and who was taught and assessed in English throughout their university education may be required to take a test in English before migrating to places such as the UK and the US, but an American or British person who does not have a high school certificate is not required to take the same test.

Higher education has also been reported to be associated with better health outcomes (Raghupathi & Raghupathi, 2020). It is essential to add that, aside from education and country of education being possible predictors of integration in the host country, they also aid the emigration of Nigerians in the first instance. Mbah (2017) noted that many Nigerians in the US and UK travelled intending to work and make money, but they did so through student visas because these are easier to obtain than work and visiting visas. In many instances, these emigrants apply for postgraduate degrees such as master's and PhD after obtaining their first - and sometimes a second degree- in Nigeria. Hence, having a first degree from Nigeria gives them the motivation and opportunity to plan emigration.

It is generally believed that integration takes time. Hence it is logical to think that the extent of integration and positive experience may increase steadily with the length of stay. For instance, a migrant who has spent decades in the host country is expected to have stable employment and be more familiar with the social terrain of the host country than one who has only spent a few months (Wachter & Fleischmann, 2018). However, in what ways does the length of stay impact the health outcomes of Nigerian migrants? A theory that provides an answer in this regard is the healthy immigrant effect (already discussed earlier), which suggests that the health of an immigrant deteriorates with the increasing length of stay in the host country.

Similar to the length of stay is the legal/residential/migrant status. It is not news that categories, including residency status, are used as indicators of (un)deservingness (Bauder, 2003). A call for a special issue in the journal "Ethnic and Racial Studies"[11] did recognise that categories in migration studies are loaded with the idea of who deserves what. And as I have indicated earlier in this chapter, concepts and categories are not neutral. They are markers of "good migrants" and

[11] https://think.taylorandfrancis.com/special_issues/contested-categories-migration/

"others". McKay et al. (2009) have documented the effect of migration status on the employment of migrants in seven European countries.

2.3.4 On differential integration experiences in the United States and the United Kingdom

Table 2.1 Integration scores for the US and UK (100%)

		2011		2013		2015		2017		2019	
S/N	**Indicator**	**US**	**UK**	**US**	**UK**	**US**	**UK**	**US**	**UK**	**US**	**UK**
1	Access to nationality	88	73	88	61	88	61	88	61	88	61
2	Anti-discrimination	97	94	97	94	97	94	97	94	97	94
3	Education	83	43	83	43	83	40	83	40	83	40
4	Family re-union	71	55	71	29	71	29	71	29	62	29
5	Health	X	X	X	X	79	75	X	X	79	75
6	Labour market mobility	63	54	63	48	69	48	69	48	69	48
7	Permanent residence	75	77	75	58	75	58	75	58	63	58
8	Political participation	40	45	40	45	55	45	40	45	40	45

Source: compiled from MIPEX data (https://www.mipex.eu/)

Table 2.1 compares integration scores for the UK and the US. To represent the comparison graphically, I present the scores in figures 2.1 to 2.5.

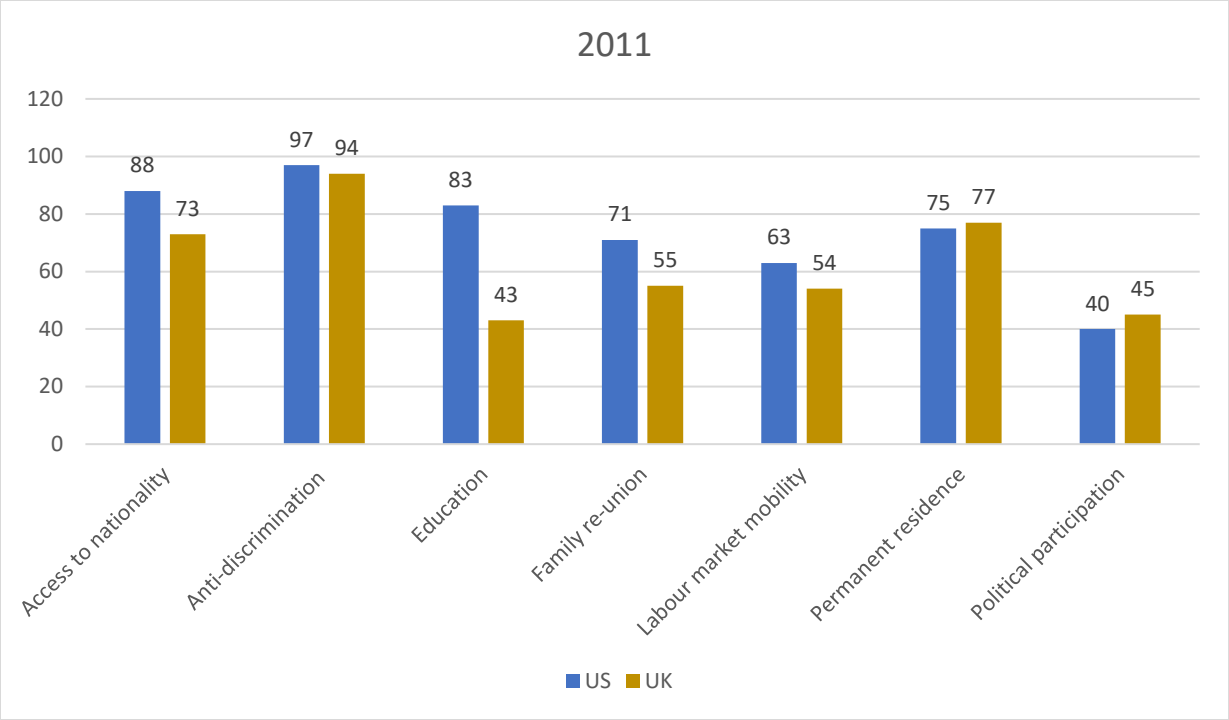

Figure 2.1: Immigrants' integration scores in US and UK in 2011

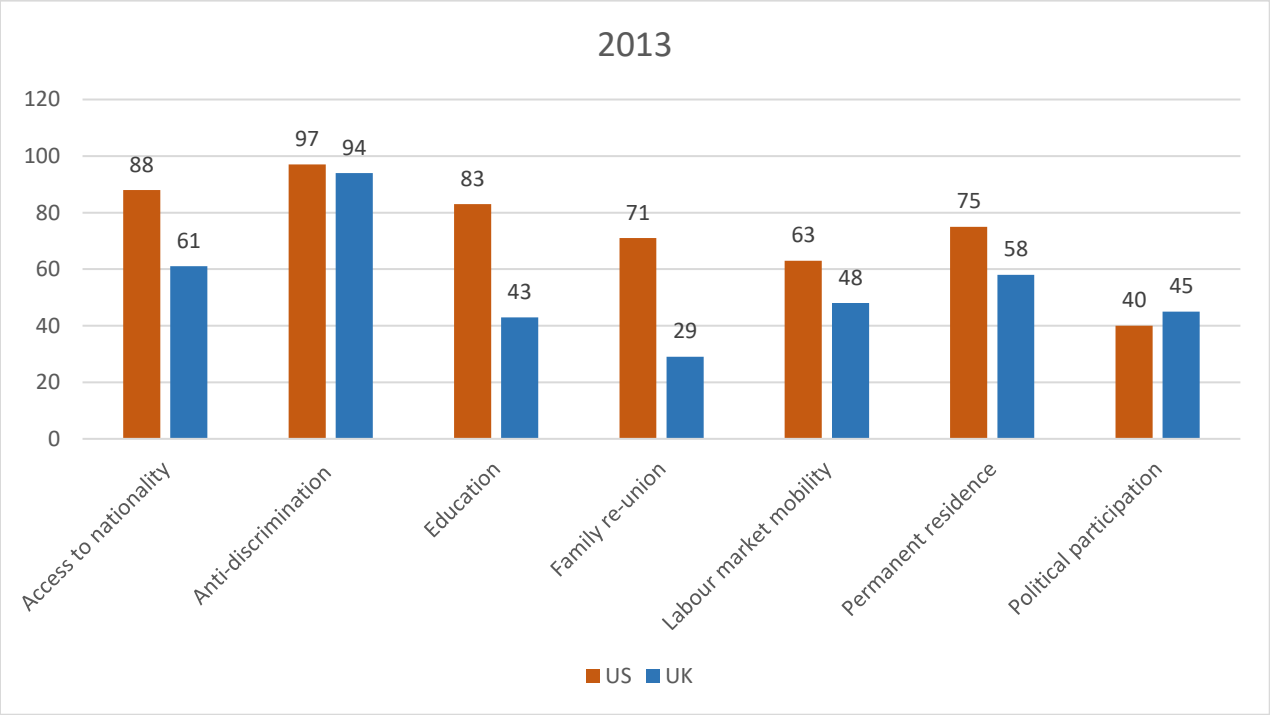

Figure 2.2: Immigrants' integration scores in US and UK in 2013

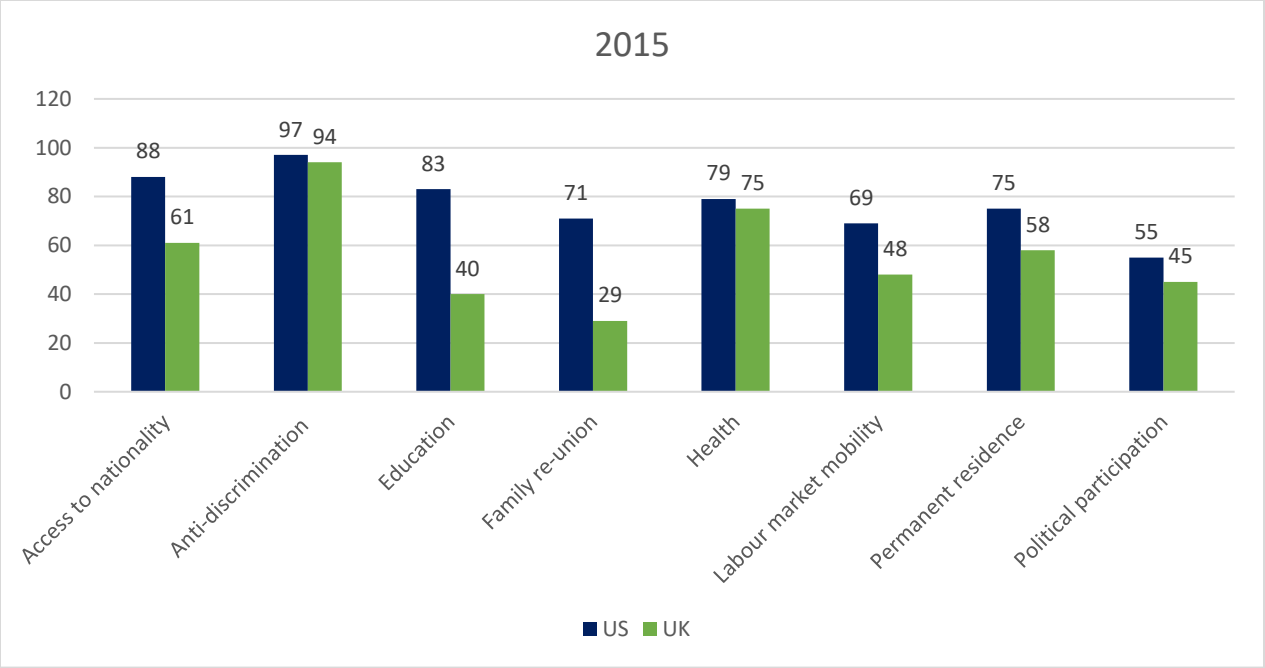

Figure 2.3: Immigrants' integration scores in US and UK in 2015

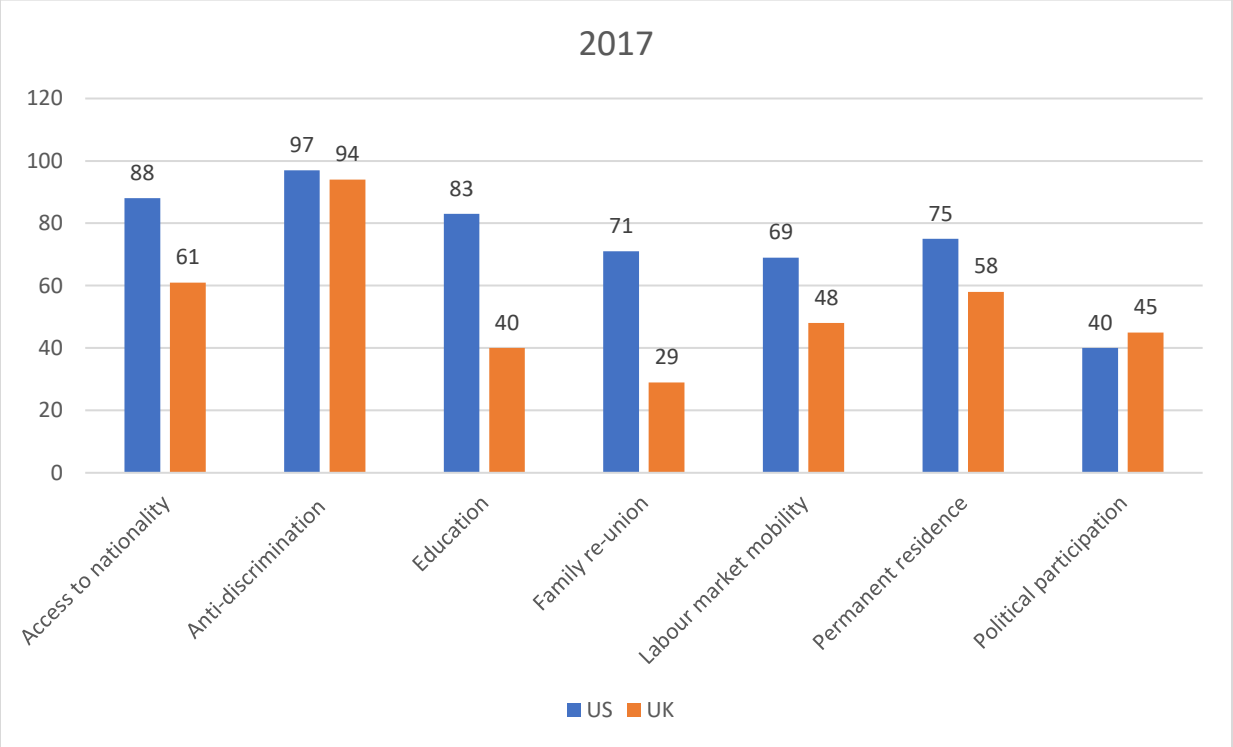

Figure 2.4: Immigrants' integration scores in US and UK in 2017

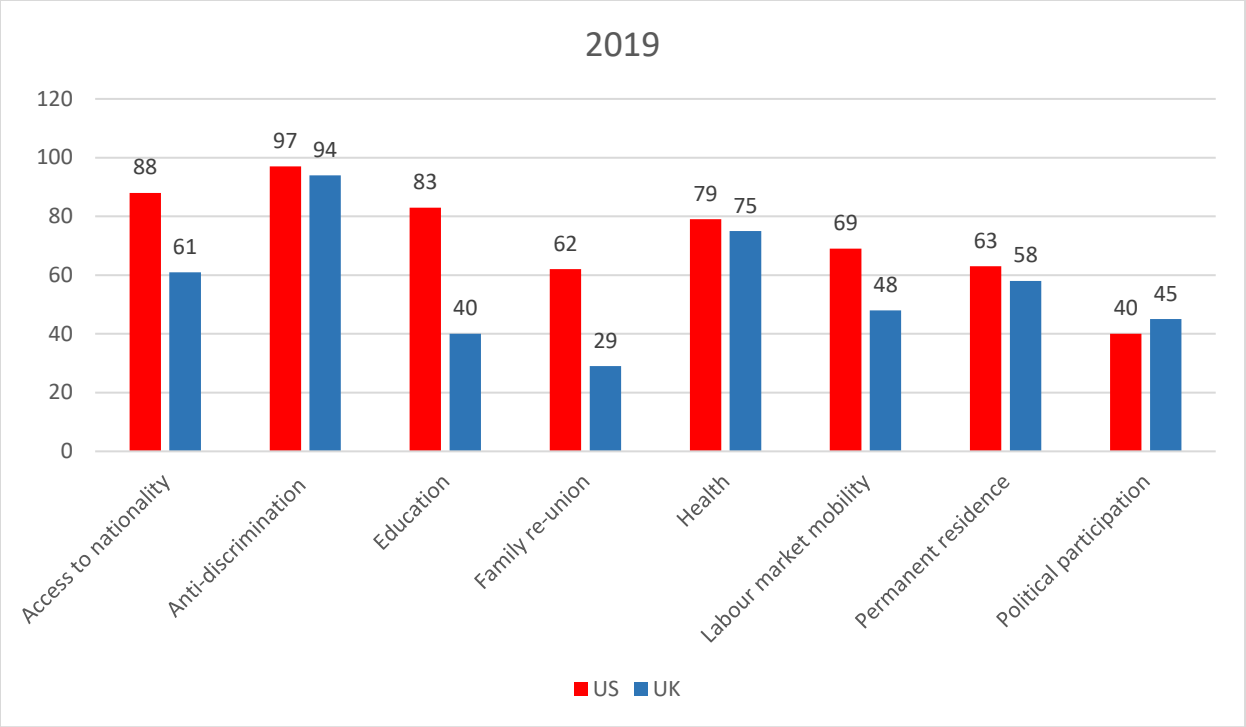

Figure 2.5: Immigrants' integration scores in US and UK in 2019

The MIPEX shows that, in 2011, the US outscored the UK in five of the seven indicators for which scores were recorded, and in the area of education, the US scored almost twice as high as the UK. The UK outscored the US only in the areas of permanent residence (75% and 77% for US and UK, respectively) and political participation (40% and 45% for US and UK, respectively). In 2013, the US scored 17% higher than the UK in the area of permanent residence, and the US maintained higher scores in the five other areas where it was leading the UK in 2011. Scores for political participation in the two countries for 2013 remained the same as in 2011. By 2015, the US had outscored the UK in all eight indicators, including political participation, where the latter had previously scored higher than the former. However, the US dropped by 15% in immigrant political participation (from 55% in 2015 to 40% in 2017 and 2019) but continued to lead the UK in other indicators. Figure 2.6 shows the average scores for each year. One can see that the US had a higher score on average than the UK across all the recorded years, and the least difference between the two countries was approximately 11% in 2011.

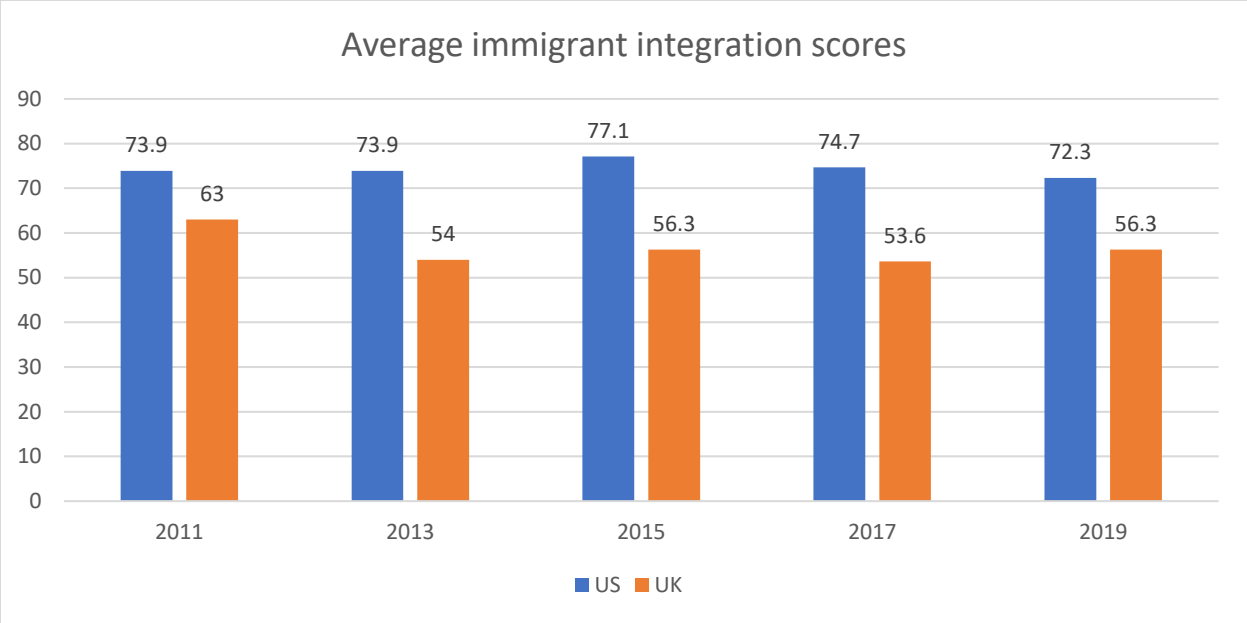

Figure 2.6: Average integration policy index in the US and UK across years

This suggests that the US has friendlier immigration policies than the UK and that migrants in the former would be more integrated than their counterparts in the latter. Some studies that compare migrants' experiences in the US and UK give credence to MIPEX data. Imoagene (2012) did qualitative interviews with Nigerians in London and New York. The author sampled 75 second-generation Nigerians from each study location and investigated the extent to which the participants identified as citizens of the host country (being British or American) or retained their original identity (being Nigerian). The author found that, although multiculturalism is an official policy in the UK, more participants in the UK identified as Nigerians rather than as British than participants in the US, who identified as Americans. The author attributed their finding to memories of colonialism and racism and institutional responses to them. The fact that more participants in the US identified with the host country (as Americans) than their counterparts in the UK may suggest that migrants in the former feel more at home than those in the latter.

In their comparison of immigration of skilled labour migrants to the US, UK and Canada, She and Wotherspoon (2013) reported that the UK is a "reluctant labour importer" (She & Wotherspoon, 2013, p. 4) whose population holds mainly negative attitudes towards migrants and which only engages in liberal immigration policies when it has a shortage of labour. However, even such liberal policies put migrants (especially students) in the position of temporary visitors rather than

people who permanently stay, and the policies mostly favour migrants from European countries, not those from outside Europe. However, the study shows that the US is the most attractive to international students, allowing them to explore the country for economic opportunities during and after their studies. In addition, the US is more open to entry for international students than the UK (She & Wotherspoon, 2013). The assertion that the US gives migrants more opportunity to explore than the UK can also be gleaned from the work of Ecer and Tompkins (2013), who reported that migrants in the former send more remittances home than those in the latter. While the authors stated that the reasons for the differences in the amount of remittances sent are unclear, it makes sense to assume that the amount of money left after migrants pay their bills will determine how much they send home. In other words, they may send more money home if they earn well and have enough left after paying their bills. However, other factors, such as their relationship with the original country or the financial well-being of family members therein may also determine how much is remitted home.

Waters (2014) recognised some differences between the US and the UK. The author stated that the US is known for a high number of African Americans while the UK is known for a high number of Muslim migrants. Second, the US has been a significant destination country for migrants for centuries, while the UK began to receive migrants in the mid-20th century, mainly from former colonies. Being an immigrant from former colonies may guarantee integration, according to Waters (2014). Going on this, one may expect migrants from Nigeria (a former colony) to be more integrated in the UK than migrants from other African countries (such as Libya and Morocco) that Britain did not colonise. Secondly, and interestingly, African migrants practice intermarriage with and live residentially closer to white Americans than black Americans, even though both black and white Americans have lived together in the same country for hundreds of years and have the same nationality on paper. This shows that levels of separation appear to be different in the US and the UK as regards migrants: White Americans are differentiated from Black Americans, who in turn differentiate themselves from African migrants. This black-on-black discrimination was reported by Imoagene (2018), who noted that second-generation Nigerians experienced discrimination from African Americans. White employers prefer African migrants over Black Americans, as white bosses exhibit positive behaviour towards Nigerians upon hearing their Nigerian name or seeing their biography at work. This is because they perceive African migrants to be hardworking and less confrontational than African Americans. The point here is that such

differentiation as “White British” vs “Black/African British” is not as pronounced in the UK as in the US. This may affect the hierarchy and different levels of discrimination between the two host countries.

Regarding healthcare, Adeniran (2004) stated that healthcare is expensive in the US because the states commodify it, but in the UK, healthcare is part of welfare programmes. The universal health care system (in the form of the National Health Service, NHS) practised in the UK allows equality in access to healthcare, more than the money-based and profit-based health insurance system in the US. However, in the US, there is a “safety net” which allows access to healthcare for the poor and undocumented migrants. However, it is not free, as they must devise a plan to pay the cost of healthcare later after they are treated. Another difference is that, in the UK, the GP (general practitioner) refers patients to district nurses. However, in the US, patients have control and choice as regards their preferred care agencies. Further, the US had better quality healthcare than the UK, and the latter emphasises equity of access, while the former preaches quality of healthcare.

Nora Groce and Nancy Groce are identical twins who have been treated for breast cancer. Nora is a London-based university professor and received treatment in the UK healthcare system, while Nancy works in the public sector in Washington and was treated in the US. The duo shared their experience on a health blog (*BMJ* blog). While Nora in the UK did not pay for treatment or drugs, Nancy in the US had 60% of her healthcare insurance paid by the employer while she paid the remaining 40% ($3500 per year). Due to complications, Nancy paid additional costs, over $10 000, for three years of treatment (Groce & Groce, 2020). By implication, employment status and the employer’s generosity may determine healthcare in the US, but in the UK, healthcare is not a privilege but a right (Groce & Groce, 2020).

To Ham (2005), the NHS in the UK performs better than, or at worst equal to, the healthcare system in the US even though the latter spends more on health than the former. Also, the cost of healthcare is more of a barrier in the US than in the UK, which is why millions of people in the former do not have health insurance. Like Adeniran (2004), Ham (2005) also reported better quality of health in the US than in the UK, but there are doubts regarding whether the quality of care is worth the thousands of dollars people pay in the US. Migrants’ experience of barriers when accessing healthcare in the US and UK was studied by Llano (2011). The author reported that the US healthcare system is complex, and variations in health insurance policies vary across states.

This explains why migrants report more barriers in the US than in the UK. However, immigration status (documented or undocumented) plays different roles in access to healthcare for migrants. Although there is federal-funded Medicaid in the US for low-income nationals and citizens, some medical specialists are unwilling to see people who rely solely on Medicaid because the insurance scheme pays only half of what some states are paying. Consequently, unemployed and self-employed migrants and those in the informal sector may have limited access to specialist healthcare. In addition, undocumented migrants may access healthcare at federally-qualified health centres, but these centres are usually located in states with many migrants. In the UK, however, documented migrants may have access to complete NHS care depending on some conditions (such as whether or not they are students, or their length of stay). However, undocumented migrants do not have such access (Llano, 2011). Hence, greater barriers in access to healthcare exist for undocumented migrants in the UK, according to Llano (2011).

What can be gleaned from this section is that the US seems to have better opportunities than the UK in terms of employment and occupational mobility for migrants, but the reverse is the case for healthcare.

2.3.5 The "japa" phenomenon: A note on foreign exchange and increasing emigration in Nigeria

"Japa" is contemporary slang in Yoruba. It literarily means to run away or migrate to escape hardship, unpleasant experiences and uncertainties (Alabi & Olajide, 2023). The concept of "japa" is now being used by Nigerians to indicate their achievement or the desire to leave Nigeria with the aim of long-term migration – relocation. As I indicated in my recent work, the slang became popular on social media after a hip-hop artist released their song and music video titled "japa". In the music video, the artist used the slang to depict escaping police arrest and running into different cities and countries (Alabi & Olajide, 2023). Literarily, the slang is used to depict a narrow escape from unpleasant situations. In the context of migration, "japa" means escaping from Nigeria's hardship and unpleasant situations. A search for "#japa" on Twitter shows how the concept is being used in contemporary times in the context of migration.

The emergence of a concept such as japa indicates the increasing urge of Nigerians to emigrate to the West. Unlike the pre-independence era, when Nigerians emigrated to the West for educational

purposes, people now emigrate as a show of status, even though postgraduate education is the route through which they emigrate due to the ease of obtaining a study visa (Mbah, 2017). A participant remarked in a study: "In Nigeria everybody, if you come from here [the United States], everybody is like 'ooh'! They respect you, they fear you, they follow you around [and] you feel big!...Everybody wants to stay in line and talk to me...so we, that are there [before emigration], we thought it is going for him, if I can go over there it will go for me" (Mbah, 2017, p. 253). This shows that some Nigerians emigrate even when there are no severe economic reasons to do so. Furthermore, there are cases where some countries, such as South Africa and China, among others, are used as transit countries to migrate to Europe and North America (Akintola & Akintola, 2015; Haugen, 2012). While some Nigerians successfully reach their destination in Europe and North America, many are stuck in the transit countries in the face of precarity (Akintola & Akintola, 2015; Haugen, 2012).

However, the mass emigration of Nigerians to the West is not unconnected from the global foreign exchange and the power of American dollars and British pounds. There is evidence that people emigrate intending to earn more due to the significant difference between wages in Africa and the West and that the more a country's currency falls against the US dollar, the more people of that country will be willing to emigrate to another country with a relatively stronger currency value against the dollar (Keita, 2016; Solomon, 2010). Dollarisation in many parts of Africa makes people compare what they earn in their home country to what people in similar professions earn abroad. The UK (pounds) and the US (dollars) are two countries with relatively strong currencies globally. The Nigerian naira has fallen consistently over the years against these two currencies.

Consequently, Nigerians in the skilled sector earn less than those in the unskilled sector in the US and UK. For example, Nigeria's middle-level lecturers and health workers earn below US$1000 monthly. However, Uber drivers in the US earn far more than that. The salary of a sales representative in the US is higher than that of a university professor in Nigeria – although people in the former pay far higher rent than those in Nigeria. However, that is less of a concern to many intending migrants in Nigeria.

The implication is that skilled and highly educated migrants from Nigeria and other African countries would be glad to work in the unskilled sectors in the US and UK because of what they earn relative to Nigeria. This suffering and smiling phenomenon is known as occupational

deskilling, which I discussed earlier. From the point of view of rationality and economics, is occupational deskilling of migrants (un)desirable for the receiving countries? If professional migrants find jobs in the unskilled sectors in the host countries, can they be said to be integrated? Suppose highly educated and skilled nationals find lucrative jobs, but migrants with similar education and skills find themselves in the unskilled or semi-skilled sector. Can the latter be said to be integrated even if they now earn more than what they earned in their home country? It is important to add that whatever the answers to these questions are, the political class in Nigeria are culprit in the mass emigration from the country and the occupational deskilling that Nigerians face in the West.

2.4 COVID-19 AND PRECARITY OF MIGRANTS

The focus here is on how Covid-19 affected the health and employment of migrants.

Following the outbreak of the Covid-19 pandemic, migrants have had myriad constraints in adjusting to the new order in destination countries, which have disrupted the health and livelihoods of many migrant workers. Due to Covid-19, citizens and migrants have lost their jobs. However, migrants encounter additional difficulties due to nationalistic tendencies in administering and distributing relief packages in many host countries (See Crawley et al., 2022; Willie & Garba, 2020a, 2020b). With recent shutdowns, border and business closures have further increased these hardships and have limited migrants' earning opportunities. Because of the pandemic, many migrant workers have struggled to keep their jobs, thus experiencing sudden job loss, pay cuts, or other economic hardships, as well as discrimination due to fear of Covid-19 (Bhandari et al., 2021; Che et al., 2020; International Labour Organization, 2020; Suresh et al., 2020).

Bearing in mind that the economic and health impacts of Covid-19 are unprecedented, neither migrants nor citizens have been spared the dire consequences of rising infection rates, economic downturn and lockdowns imposed by governments. The imposed lockdowns, social distancing, and travel bans have further aggravated the world economy. The United Nations Economic Commission for Africa (UNECA), in its recent report, estimates that Africa's economic growth could contract by 1.4% in 2020, a rate which may push nearly five million people into poverty level (Aidi et al., 2020).

Realistically, it was obvious that before the advent of the pandemic, many migrants were already marginalised (as I have shown earlier) and experienced profound challenges in their respective host countries. Covid-19 has exposed and aggravated this social inequality. Often, migrants (especially undocumented ones) are not eligible for insurance coverage and national health insurance schemes, which has added to their health and economic vulnerabilities due to the pandemic (Willie & Garba, 2020b).

An ILO report reveals that about 25 million people might have become unemployed worldwide due to the effects of Covid-19 (ILO, 2020). Similarly, a report from India states that millions of migrant workers had already lost their jobs by March 2020 due to the lockdown imposed by the Indian government (Khanna, 2020). Besides, the self-employed also tended to find themselves in this category, being vulnerable and tending to have smaller capital stock. In Thailand, migrant workers were among the first set of people who lost their jobs as their workforces were downsized. About 700 000 migrant workers, mainly in the construction sector, industries, tourism, and services, have lost their jobs since the commencement of the lockdown in March 2020, thus leaving the migrants with limited options.

On the other hand, those fortunate enough to remain employed face employment-related issues, ranging from abuses such as the inability to work during the lockdown and being pushed to take unpaid leave to the threat of contract termination (Organisation for Economic Co-operation and Development & Development (OECD), 2020a). Within this trend, OECD (2020a) noted that "migrants are potentially in a more vulnerable position in the labour market due to their generally less stable employment conditions and lower seniority on the job." (OECD, 2020a, p. 2). This crisis has presented a profound challenge which has been particularly hard for lower-skilled migrant workers, especially those who are undocumented.

In Lebanon, the ILO (2020) reports that most migrant domestic workers who do not possess professional skilled jobs work as freelancers and are unable to earn an income due to the effect of the Covid-19 pandemic, which has caused many employers to stop seeking their services. Given the effects of the pandemic, coupled with the seasonality of agriculture, migrants' shortages posed a concern for food security (World Bank, 2020). In some southern European countries and Austria and Ireland, migrants were particularly affected by the pandemic and experienced a 5% decrease in employment rates, a rate which was twice as high as for their local counterparts (OECD, 2020b).

Recounting the experience of migrant workers in meat-processing factories in Germany, the United States and Australia, Reid et al. (2021) noted that these migrants constituted what the state government described as essential workers and were employed precariously without entitlement to social security or sick leave. By implication, migrants may be affected from two angles: some lose their jobs, while others experience increased precarity. A German online news outlet, Deutsche Welle (DW), reported this double precarity. The outlet reported that German meat plants such as Tönnies had become coronavirus hotspots. A migrant said: "We work at Tönnies and we've been quarantined. Nobody is looking after us!" (Deutsche Welle, 2020), leading to some migrants fleeing their jobs.

Aside from the effect of Covid-19 on employment, there are also empirical reports that a significant proportion of immigrants are exposed to Covid-19. Hargreaves et al. (2021) raised concerns that in Canada, Sweden and Norway, at least one in three persons who tested positive for Covid-19 were migrants, and a number of them were from Africa (mainly Somalia and Ethiopia). In addition, migrants work and live in congested and unhygienic areas where it is challenging to observe Covid-19 prevention protocols such as social distancing and regular hand-sanitising (Orcutt et al., 2020; Willie & Garba, 2020b). This may partly explain why migrants account for many Covid-19 cases. Despite migrants' exposure to conditions that may increase their likelihood of contracting Covid-19, they are more likely to refuse Covid-19 vaccines even when they are readily available (Crawshaw et al., 2021). This may be due to a lack of trust in the host country's health system, as Omenka et al. (2020) reported. The adverse effects of Covid-19 on migrants' health are not limited to the physical health dimension; there is also evidence of a mental health burden among migrants (Bernardi et al., 2021; Liddell et al., 2021; Palit et al., 2022; Spiritus-Beerden et al., 2021).

Aside from the employment and health-related challenges that migrants face due to Covid-19, there is also a tendency to neglect the immigrant population in response to Covid-19. For example, Maldonado et al. (2020) reported how migrants are not usually considered when information related to Covid-19 is disseminated. In Europe, about 64% of the messages sent online about Covid-19 were translated into at least one other language in addition to the official one. But only in 6% of the cases were healthcare and testing benefits translated into migrants' languages (Maldonado et al., 2020).

2.5 WHAT HAVE WE LEARNT AND WHAT IS MISSING? SOME CONCLUDING REMARKS

In this chapter, I attempted a review of the literature on issues surrounding the experience and integration of migrants and social inequality between migrants and nationals and within a migrant group.

I discussed a the fluidity of immigrant identification and the fact that migrants, naturally, are bound to embrace at least two dinstints ways of life. I also presented a brief history of immigrant integration and contemporary debates around the concept. Integration is broad and cuts across different dimensions. I argued that, although integration is a political concept and it is theoretically loaded, it should not be scrapped. I disagreed with Schinkel's call for "social science against immigrant integration" as it may take the focus away from the inequality that migrants face. The intention of immigrant integration research is not to reinforce the narratives of oppression (though it might be a latent consequence). The intention is to inform the public about social inequality and consequently call the attention of policymakers to bridge the gap. I called attention to the need to be careful in using "unintegrated" and "disintegrated" in migration research.

In the section on precarity, I show barriers to employment and health of African migrants in the West. In addition, possible factors (such as gender, religion, ethnic names, education, country of education, duration of stay and migrant status) that may influence migrants' experience in the host country were discussed. Later, possible differences between the US and UK, as regards migrants' experiences, are discussed. Against the MIPEX data, which suggests that the US outscores the UK in terms of employment opportunities and healthcare access for migrants, literature shows that the UK has a somewhat classless healthcare system compared to the US. However, the latter has better employment opportunities than the former. I also introduced the concept of "japa" and how it relates to the global political economy regarding foreign exchange

The effects of Covid-19 on the existentiality of migrants are also discussed. However, neither how Covid-19 affected Nigerian migrants in the US and UK nor the variation between the two host countries has been well established in the literature.

CHAPTER THREE. THEORETICAL ORIENTATIONS

3.1 INTRODUCTION

This work revolves around a few theories, some of which have been mentioned in the first and second chapters. Hence, a detailed discussion of the theories will not be attempted here.. In this chapter, the theoretical orientation of each research question is presented. How each of the theories is used and the assumptions or hypotheses that emanated from each one is also discussed. Later, how the results of the fieldwork advance our knowledge of the theoretical orientations is discussed in the results and conclusion chapters.

Five theoretical orientations are discussed. The first revolves around the question of migrants' identification and addresses the first research question. In the second theoretical orientation, I discuss different theories around factors that are associated with migrants' experience in terms of health and employment, addressing research question 2a and 2b. The theories discussed in the section are hypothesis-driven. The third theoretical orientation addresses how two or more factors may jointly predict migrants' experiences. The fourth theoretical orientation focuses on the third research question and emphasises the social and institutional structures that can explain differential outcomes between the US and the UK. The last theoretical orientation focuses on the last research question- issues of Covid-19.

3.2 THE DYNAMICS AND MANY IDENTIFICATIONS OF MIGRANTS

How will Nigerian migrants self-identify in the host countries? To which country (Nigeria or abroad) will Nigerian migrants have a sense of belonging? Migrants' identification in a specific way has been an interesting area of research leading to the categorisation of migrants into assimilation, separation, (un)belonging, integration, multiculturalism, hybrid identity, etc (Berry, 2001; Boland, 2020; Imoagene, 2018; Patel, 2012; Wagner, 2016). Even if we assume that these categories are mutually exclusive, which is absolute untrue, an important issue to address is why migrants self-identify with one country and not the other.

One, as discussed in the previous chapters, the Nigerian political class has fallen short of expectations to the extent that the politicians themeselves travel to the West to seek healthcare and education. The poor performance of the political class raises hopelessness and is responsible for

the idea of japa discussed in the literature review. Hence, if a Nigerian japa (i.e runs away to escape further hardship) to another country with better development indicators, do we expect him or her to plead allegiance to Nigeria? Allegiance to the host country based on the opportunities it offers can be regarded as "instrumental attachment" (see Imoagene, 2012). However, as Imoagene stated, instrumental attachment does not necessarily translate to emotive affection to the host country. And even if Nigerian migrants are truly emotionally attached to the host country for instrumental reasons, what happens to the material and non-material components of the Nigerian culture like food, mode of dressing, music, names, etc? Do Nigerian migrants change all those cultural components to reflect identification with the host country? Imagine a Nigerian migrant identifying as "British" but (s)he eats the Nigerian food and glued to the Nigerian music and attire. This incongruity was reported in the doctoral thesis of Onukogu(2018), where some second generation migrants aged 11 to 14 identify as "Nigerians" and "South Africans", but there feelings of belongingness did not match their identification. Similarly, Imoagene (2012) found that some second generation Nigerians in the US and UK have the British and American citizenship, but they self-identify as "Nigerians.

A second reason for the Nigerian migrants' identification in a specific way may be related to the immigration policies of the host country and attitude of the host communities. Recall that the literature review has shown that some nationals have fear of being emasculated by migrants. In such cases, outright identification with the homeland may attract negative attitude from the host communities. For example, a study by Onwukwe and Gibson (2023) found that Nigerian migrants in Cape Town primarily identify with Nigeria and speak the Nigerian language, but they inculcate IsiXhosa as a way of navigating the economic terrain and increasing the chances of acceptance by the host communities. The authors reported that "In the suburbs, menus and signs in restaurants are written in a range of languages, including Igbo, isiXhosa, and English. While the use of Igbo expresses and affirms their Nigerian identity, isiXhosa is used to avoid identification as 'foreigners' against a backdrop of xenophobic violence" (Onwukwe & Gibson, 2023, p. 794).

The lesson from the above is that identification is dynamic and complex and that there are factors that make it difficult to fit into one category of identification highlighted by scholars such as Berry (2001). Hence, Berry's model is useful, at best, at the level of analysis and does not necessarily showcase the realities of migrants' cultural navigation in a world of super-diversity, because

migrants have contact with unlimited number of people and cultures beyond the nationals of the host country (van der Zee & van Oudenhoven, 2022). For this reason, Onukogu (2018) submits that identity and identification are shaped by factors including "host country's immigration or integration policies, attitudes of the host commuity members…. socialisation process, and exposure to migrant networks and media influences" (p. vii). In addition, performance of and activities in both home and host countries may trigger a moderation in migrants' self-identification and emotional attachment. If Nigeria wins the football world cup, if a Nigerian wins the music Grammy Award, if Nigeria makes progress in development indicators, there is tendency for Nigerian migrants who claim to be British/American to remember home and moderate their allegiance. Similarly, it may be unrealistic for a migrant to say that they are 100% Nigerian while their daily activities are shaped by material and non-material components of the host country's culture. Consequently, I posit that like culture, self-identification changes because, migrants may switch allegiance between homeland and host country depending on several factors already discussed. In reality, migrants' daily activities suggest connection to both original and host countries. The topic of discussion should be the extent to which they identify with and are connected to each country.

3.3 PREDICTORS OF MIGRANTS' EXPERIENCES AND (UN)DESERVINGNESS

This section discusses theories that address factors associated with migrants' experiences in the host country. I situate all the theories used in this section within the concepts of "deservingness" and "undeservingness".Un)deservingness explains how different categories of migrants experience privilege and precarity based on different characteristics, including nationality, migration status, etc. (Dhaliwal & Forkert, 2015; Kootstra, 2016; Sales, 2002). The idea of deservingness and undeservingness is mostly based on subjective evaluations of people, and the outcome, which could be negative or positive, may be fuelled by politics and public discourse about immigration (Kootstra, 2016). The implication is that migrants may not be fixed in one category forever; their situations may change from "deserving" to "undeserving" and vice-versa depending on policy changes in the host country and the extent to which migrants embrace ways of the host country so that they can be seen in a positive light by nationals therein (Piracha et al., 2023). Examples here include changing one's name, forcing an accent, changing dressing style,

marrying a national, learning a language of the host country, and living in specific neighbourhoods to increase access to opportunities and privileges in the host country.

In this work, I am concerned about how characteristics such as gender, religion, ethnic and religious names, duration of stay, education, and country of education expose Nigerian immigrants to privileges/deservingness and precarity/undeservingness. Each of the factors have theoretical underpinnings, which are discussed below.

Gender

Two theories are relevant to discussing how gender may influence people's migration experiences. The gender socialisation theory (GST) discusses how men and women are raised differently from childhood and how these societally assigned roles remain ingrained in people's minds and reflect what opportunities and privileges are available to each gender (Alabi & Ramsden, 2021; John et al., 2017). Gotby (2019) mentions how women are traditionally limited to housework while men work in the paid sector. Alabi and Ramsden (2021, p. 2) wrote that "while males are expected to be independent, strong, assertive, take risks and always be in control, females are socialised to be submissive, warm, muted and always assisting the men." The GST may also explain why women immigrants in STEM (science, technology, engineering and mathematics) face challenges getting employment and are perceived as less employable than their male counterparts (Grigoleit-Richter, 2017; Ricci et al., 2021), leading to the frequent occurrence of brain waste among female migrants (Elo et al., 2020). In addition, male migrants experience better earnings than female migrants (Zaiceva, 2010). Furthermore, a man may access lucrative employment opportunities and occupational mobility than a woman of equal qualifications and skills. Consequently, I hypothesise that male migrants will report significantly higher positive labour market experiences than their female counterparts.

A second theory as regards gender is the motherhood penalty and fatherhood bonus (MPFB). While the GST focuses on women in general, MPFB focuses on childbearing and explains how mothers may earn less or not earn at all during the first few months after childbearing, and by the time women who manage to retain their job after childbearing resume work, they may become less productive compared to non-mothers and fathers (Miller et al., 2020; Wang & Ackerman, 2020). In addition, fathers may experience an increase in pay while mothers experience the opposite. Also, in Western capitalism, some behaviours are perceived as pro-work. In contrast, others, such

as breastfeeding at work, are perceived as anti-work or "unprofessional". A previous study reported that some women work in organisations that do not allow breastfeeding at work (Alabi et al., 2020). Consequently, some women may resign, while others may go on unpaid leave from the third trimester until a few months after birth. Meanwhile, their male colleagues will continue to come to work and get a promotion. This shows how childbearing comes with some stigmas in Western capitalism. A common phenomenon among Nigerian couple migrants is birthing children in the host countries like the US, UK and Canada to "secure" the future of their children. African migrants procreate in the host country because it is believed to "secure better furture for their children", "acquire the citizenship of the host country and associated benefits" (Allotey & Kandilige, 2021, p. 49). In the process of procreation, women are more likely to stay at home without pay than men. Hence, I expect that immigrant women who reported having had kid(s) in the host country will experience significantly less favourable labour market outcomes than fathers and women who were not mothers

How do these theories explain gender issues in health status and access to healthcare? There is evidence that migrant women have poorer health status than men (Tian et al., 2023; Trappolini & Giudici, 2021).WI use the concept of "double precarity" to explain how being a woman and being a migrant make women more vulnerable than men as regards healthcare. Earlier studies have shown that migration affects men's and women's health differently. Women are likely to be more susceptible to the double disadvantage of being a migrant and being a woman (Llácer et al., 2007; Smith et al., 2016). Secondly, gender-based discrimination which women experience at work may affect their health. Thirdly, there is evidence that women may need to consult their health provider more often than men (Hunt et al., 2011), partly for reproductive reasons. This means that, where discrimination or unequal access to healthcare exists, it is women who will be more vulnerable because they have a greater need for healthcare than their male counterparts. This leads to the hypotheses that female migrants will report poorer health status more than their male counterparts, and that female migrants will experience discrimination in the healthcare system more than men.

Religion and names

Regarding religion and cultural/ethnic names, the Muslim or hijab penalty has been put forward earlier in this work. There is evidence that Muslims are more likely to be tenacious to their religious values while in the host country, more than non-Muslims. As Bagasra and Mackinem, (2019, p.

1) reported: “Muslim migrants demonstrate a strong adherence to their Islamic identity and low levels of conformity to American social norms.” Given that governments of host countries will always prefer that migrants embrace the cultural values of the new country, it makes sense to think that Muslims may be penalised for their tenacity to Islamic identity to the detriment of the new culture. Hence, I hypothesise that non-Muslim migrants will report higher positive migration experiences (in terms of employment and health) than Muslim migrants.

Names (first name and surname) may indicate one’s religion and nationality. Consequently, they send a message of belongingness (we) or otherness (them). Names of migrants may suggest to nationals (employers, health workers, etc.) the extent of cultural dis(similarity), as seen in the case of Inein Victor Garrick, discussed earlier in literature review, and deservingness and undeservingness may be consequently subjectively evaluated based on migrants’ names. Since one may be motivated to favour members of the in-group, and names serve as preliminary pointers in that regard, I hypothesise that migrants whose first name is English will experience better labour market outcomes and better access to healthcare than those whose first name is ethnic/cultural.

Education and place of education:

Education and where one is educated may also be pointers of deservingness and undeservingness. Concerning education, the human capital theory suggests that education is a form of investment and that highly educated people will be more productive, which will make them get lucrative jobs and earn higher than those with little or no education, all things being equal (Marginson, 2019). By implication, the level of education is assumed to determine the level of (un)deservingness. In the first instance, if host countries are calculative and may prefer to choose the highly educated over those with little or no education, it is logical to assume that highly educated migrants will be better placed in the labour market of the host country, more so than those with little or no education. Hence, I hypothesise that the level of education will be positively associated with the extent of labour market integration and labour market outcome.

Country of education may also signal cultural (dis)similarity as well as serve as an indicator of (un)deservingness. Some host countries hardly recognise certificates from Africa, and previous work experience in Africa is not often regarded. Hence, they prefer migrants who are educated and have local experience in the host country or another country with similar environment and development (Barker, 2018). Some countries (such as the UK, the US, Canada, Germany, France,

and Switzerland) have similarities in terms of standards of education, such that a Nigerian migrant in the US or UK who received education in the host country or another country perceived to have an equivalent quality of education may be well placed in the labour market. Consequently, I hypothesise that receiving education in the host country or another country in the West will be an advantage for Nigerian migrants in the US and UK

As regards health, the social determinants of health model suggests that education is one of the determinants of health status and access to healthcare. Education affects income, knowledge and self-care skills which are required to maintain healthy living (Raghupathi & Raghupathi, 2020; Zajacova & Lawrence, 2018). This again reinforces the power of human capital theory in that education affects not only employment and earnings but also knowledge of how to live a better life in broad terms. Hence, I hypothesise that migrants with higher levels of education and those who have received education in the host country or similar country will have better health status and will have better access than those with less education.

Duration of stay

Two competing ideas explain the influence of duration of stay on migrants' employment and health statuses. The first, which for analysis I call the "time-income hypothesis", suggests that migrants' socioeconomic status (especially income) increases with time as they further their education in the host country and secure better employment afterwards (Gruber & Sand, 2022; Sow et al., 2019). This resonates with the idea of "e go better" (meaning things will get better soon) phrase that is commonly used in Nigeria. Length of stay may influence migrants' experience in different ways. Miglietta and Tartaglia (2009) noted that understanding the language(s) of the host country (linguistic competence) will increase the chances of migrants' acceptance and that lingusitic competence is likely to increase with length of stay. Similarly, other studies have reported a positive association between duration of stay and different indicators of immigrant integration (Kearns & Whitley, 2015; Martinovic et al., 2009). Hence, I hypothesize that there will be an association between migrants' duration of stay in the host countries and their experiences in the area of employment.

Contrarily, the second theoretical explanation revolves around the healthy immigrant effect, discussed earlier, which states that migrants' health status decreases with increasing length of stay. I call this the "paradox of time effect", because one would expect health status, as Sow et al. (2019)

rightly argued, to improve as the socioeconomic status increases. However, it makes sense to think that many African migrants work multiple shifts and longer hours to earn more money considering the high expectations from families and friends in the home country. The argument here is that in the process of trying to climb the socio-economic ladder, migrants experience a deterioration in their health. As Bae (2017) reported "foreign-born female workers who reported poor health worked longer hours than did their U.S.-born counterparts" (p. 478). In line with these theoretical argumentI hypothesise that length of staywill be negatively associated with migrants' health status.

3.4 THE INTERSECTION OF FACTORS IN MIGRANTS' EXPERIENCES

While section 3.3 discusses theories that address research question 2a and b, this theoretical orientation addresses how those factors may intersect to predict an outcome. Each of the theories discussed in the previous section focused on a particular factor that may be related to migrants' experience and integration in the host country. However, there is evidence that one factor may not suffice to explain migrants' experience as one of more factors may come together to determine (un)deservingness.

The notion of intersectionality explains different levels of deservingness and undeservingness, as it shows how a combination of differentvariables (such as gender, religion, names, and place of education) may expose migrants to privilege and precarity. The notion of intersectionality is credited to the work of Crenshaw (1997). The theory, which first emerged as a pure race theory and later metamorphosed into Black feminist theory, is now being expanded with more concepts or variables being included in the analytical framework. Meer and Müller (2017) wrote about the expansion of intersectionality in Africa and how different identity factors are included in the intersectional framework to understand issues in different African contexts.

The basic tenet of intersectionality theory is that overlapping social and cultural identities (such as gender, race and class) create an avenue for the experience of privilege (deservingness) and discrimination (undeservingness). In addition, the theory shows the different levels or hierarchies of privilege and disadvantage that an individual may be exposed to based on their different forms of identities. Hence, David French was quoted explaining intersectionality thus: "An African American man is going to experience the world differently than an African American woman... Somebody who is LGBT is going to experience the world differently than somebody who is

straight… Somebody who's LGBT and African American is going to experience the world differently than somebody who's LGBT and Latina" (Coaston, 2019).[12]

Intersectionality was primarily a theory in black feminism that gained popularity in theoretical humanities (Syed, 2010) and later spread to qualitative enquiries. (Bauer et al., 2021). In recent times, however, the utility of intersectional has been recognised in quantitative research and has been applied differently to understand confounding factors and moderating effects of variables in predicting an outcome (Guan et al., 2021). In quantitative research, there is an emphasis on understanding not only how one factor is related to a particulat outcome (dependent variable) but also how a combination of factors may explain changes in an outcome. It is for this reason that quantitative researchers talk about building a statistical model -that comprises many explanatory variables- to explain an outcome. The underlying idea of this practice is intersectionality. However, intersectionality may not necessarily apply to all explanatory variables because the theory focuses on social positions and identities. Hence, some scholars have cautioned on the mis-application of intersectionality in quantitative research in a way that takes the focus away from the central argument of the theory, which is social hierarchies that produce inequality (Guan et al., 2021; Rice et al., 2019). However, the application of the intersectionality is expanding from humanities to the natural sciences especially in the area of health (Bauer et al., 2021; Guan et al., 2021; Mena et al., 2019).

In this study, intersectionality is in empirical terms and from a mixed methods perspective. Empirical migration studies have indeed used intersectionality as an analytical framework. To show the intersectional influence of gender and age on migrants' earnings, Stypińska and Gordo (2018, p.1) reported that "there are large gender differences in hourly wage at younger ages, and these differences are maintained over the life course." Also, Ressia et al. (2017) show how an intersection of ethnicity, gender, having children, country of education, and local work experience influence job-search outcomes among migrants in Australia. Similarly, Viruell-Fuentes et al. (2012) advised that individual cultural variables may not sufficiently explain migrants' health outcomes and therefore advocated for an intersectional approach towards understanding migrants' health. In a similar vein, Bauer et al. (2021, p.1) wrote that "intersectionality is a theoretical

[12] https://www.vox.com/the-highlight/2019/5/20/18542843/intersectionality-conservatism-law-race-gender-discrimination

framework wherein consideration of heterogeneity across different intersections of social positions is integral to understanding health and social experiences." This shows that intersectionality applies not only to matters of migrants; employment but also to their health.

The theory of intersectionality is relevant to this study in many ways. It goes beyond limiting the explanation of integration or discrimination to just one factor. It shows how two or more variables interact to determine migrants' likelihood of integration and experience of discrimination. For example, the Muslim penalty hypothesis has been discussed earlier, the hijab penalty two different variables (gender and wearing hijab) to the argument. In the first instance, it is difficult to tell a migrant's specific identity such as nationality or religion from their look, other characteristics such as names and appearance may signal people's social positions.

3.5 CHOOSING BETWEEN THE US AND UK: PLACE AND MIGRANTS' EXPERIENCE

This section addresses research question 3 (variations between the US and UK) with focus on the issues of employment and health and related factors.

Some variations in the experiences of migrants between the US and the UK have been discussed in the literature review. Hence, it is not news that spatial variability is a common phenomenon in migration experiences. However, what is more important here is understanding institutional and structural issues that produce different experiences for migrants across locations. In other words, it is important to understand why those differential experiences happen, thereby pointing to the relevance of the concept of place in migration experience (Phillips & Robinson, 2015). Place is beyond a geographical location; it is a social construct. Places are made and influenced by economic and social realities. Places are also felt, imagined and interpreted (Easthope, 2004), reinforcing the notion of social imaginaries gleaned from the work of Anderson (2006) and Schinkel (2017). Hence, some scholars talk about place identity, place attachment and sense of place (see Najafi & Shariff, 2011); others draw connection between the concepts of place and home (Easthope, 2004). Directly relevant to this study is the work of Imoagene (2012) who studied how and why second-generation Nigerian migrants are attached to differenly places (the US and UK). The author found that despite the fact that the UK has an official multicultural and diversity policy, Nigerians in the UK identify as Nigerians, while those in the US identify as Americans.

However, the focus here is structural and institutional policies in the two countries that can result in different experiences for migrants in the area of health and employment.

An important factor in place and migration experience is the size of the host country. The US is over 30 times bigger than the UK. Infact, eleven states in the US are bigger in size than the entire UK[13]. What does this mean for migrants' health and employment in both countries? There is evidence that bigger countries may do well and have better economic opportunities than small countries. As Yuki and Cen (2018, p. 21) submitted, "…other things equal, countries that are large in population size or economic size generally grow faster and have higher per capita income than smaller countries." Hence, it is no coincidence that countries (such as the US and China) with the largest landmass and population in the world are also the largest economies. Geographic, population and econonomic size may further explain people's interpretation and construction of the US as the land of opportunity. This also reflect in the MIPEX scores presented in chapter two for both countries. However, size may affect health differently. Related to size is the fact that the US comprises fifty somewhat independent states, while the UK comprises four regions. Hence, one may not expect a large country as the US to have uniform policies on specific issues. Perhaps, this may explain why earlier studies reported complexity and variations in the healthcare system in the US but homogenous NHS system in the UK (Llano, 2011). In summary, the existence of relatively fifty independent states makes it difficult for US to have a uniform health policy across states.

In addition, the two host countries have somewhat different economic systems, which have implications for how health is handled in each country. The US is believed to be practising a capitalist economy that preaches hardwork and exchanges workers' hardwork for money, while the UK has some welfare programme integrated into its economy- a number of enterprises in the UK are state-controlled. This reinforces the submission of Adeniran (2004) that health in the UK is a welfare programme but a commodity to be be bought in the US.

Another point of difference worthy of note is the history of colonialism and subjugation perpetrated by both countries. Britain colonised a number of countries in the world including Nigeria, while the US is known for the historical enslavement of black people. However, in modern

[13] https://www.dailymail.co.uk/travel/travel_news/article-4857126/The-11-U-S-states-bigger-UK.html

times, there is tendency to perceive the US as more racist than the UK. In fact, a survey conducted by an institute in London claimed that the UK is among the least racist countries[14]. How possible is it that a country known for history of colonialism and looting of artefacts is one of the least racist? However, other institution-based research have countered this claim and found that about 33.3% of minority people in the UK experienced racism[15]. Imoagene (2012) argued that both countries have a history of domination and injustice, but they have responded to it differently. The author noted that:

> The policies and structures the USA has put in place to address its racist past have conferred increased opportunities and a more welcoming environment to contemporary non-white immigrants, especially black immigrants and their children… Contrastingly, frequent assertions that the UK does not have entrenched and significant ethnic minority issues have prevented the UK from aligning national rhetoric of immigrant inclusion to practice, which has led to scepticism about its national myths (p. 2170).

To be critical, cases of racism are reported in both countries. However, while it may be true that the US has structures in place to reduce the occurrence of discrimination as evident in the recent speeches of Joe Biden, intersectional discrimination exists in the US. One level of discrimination is the one experienced by Black Americans, another is black-on-black discrimination perpetrated by Black Americans towards African migrants (see Okonofua, 2013). Perhaps, the effort to reduce racism in discrimination in the US is why it is often reported in the media. In the UK, however, racism is systemic and institutional and may be unnoticed and unreported, according to the United Nations[16].

Aside from the implications of these differences for migrants' experiences, migrants are bound to evaluate these differences when deciding where to migrate to. Consequently, different places could mean difference things to migrants. As Imoagene (2012) noted, a host country could mean a place of mere advantage to some migrants; it could mean home to some; it could mean a temporary

[14] https://www.standard.co.uk/news/world/most-racist-countries-survey-study-discrimination-uk-b1077399.html
[15] https://www.standard.co.uk/news/uk/research-st-andrews-the-guardian-manchester-roma-b1073179.html
[16] https://www.ohchr.org/en/press-releases/2023/01/uk-discrimination-against-people-african-descent-structural-institutional

abode or a transit country to others. All these construction of a place can be a function of the perceived opportunities that the host country can offer, migration policies, the purpose of travel, location of family and friends, etc.

3.6 THEORISING COVID-19 AND IMMIGRANT (DE)INTEGRATION

The effect of Covid-19 on the exacerbation of existing inequalities has been discussed earlier. In addition, I have explained the two concepts of deintegration and relational integration. An important question here is, how is Covid-19 related to the two concepts?

Covid-19 brought about uncertainty that was followed by nationalistic dispositions. There was the tendency to perceive migrants as carriers of diseases (Von Unger et al., 2019) given the role of mobility in the spread of diseases. As Sitas (2023) noted, Covid-19 came unexpected and many countries responded to it differently and took different paths. The phenomenon of "every man for himself" was evident in the response of some countries. For example, the UK's Health and Care Visa during the peak of the Covid-19 pandemic attracted many health workers from Nigeria- a country with an existing shortage of healthcare workers (Muanya & Oyebade, 2020). The UK government did not care much about the shortage the of staff in the sending countries; it was concerned about having more health staff in the UK. It makes sense to ask whether the UK forced health workers to apply. Of course, no one was forced. However, the inducement of critically skilled workers from a country already experiencing a shortage of health personnel by a country such as the UK forces one to question the "humanitarian" claims that major receiving countries put forward in their migration discourse and policies.

Addressing the connection between Covid-19 and (de)integration, the existing theory is that, all things being equal, migrants experience with become positive with increasing duration of stay. However, Covid-19 was a game changer; it showed that this assumption is not linear, because migrants might have negative encounters after initial positive experience (i.e deintegration). In fact, Covid-19 rolled back migrants' progress, as evident in the cases of reverse remittances during the peak of national lockdowns (De Vries et al., 2021). However, Covid-19 may not necessarily be negative for all and sundry. There were pandemic profiteers and dictators, the manufacturers of face masks and vaccines, producers of technology (such as Zoom, Teams), logistics companies that control the movement of goods and services. As Sitas (2023, p. 2) remarked "the injunction

to wear masks was fascist, Zoom was a Silicon Valley concentration camp strategy". Similarly, health professionals became indispensable and some jobs were regarded as "essential" while others were "less essential" or "non-essential" (Caldwell et al., 2020; Che et al., 2020). The category where one's job falls was a determinant of increased income during Covid-19 (i.e integration) or the reverse (i.e deintegration).

Across many countries, there were instances where migrants were neglected in responses to Covid-19. What does this mean for relational integration? Recall that relational integration deals with perceived (in)equality as opposed to real or objective (in)equality. In addition, the perception of (in)equality is connected to migrants' experiences before emigration and the state of affairs in their home country. One may expect that British migrants in the US will perceive injustice if they were not included in the Covid-19 responses because their home country would have supported them if they were at home, but the case may be different for Nigerians and Nigeria, where politicians looted and hoarded Covid-19 relief packages that were sent by the federal goovernment and those donated by private individuals (BBC News, 2022). Consequently, a Nigerian migrant in the US and the UK may complain less considering the irresponsibility of the government of the home country. The argument here is that home government's performance is related to migrants' perception of (in)equality in the host country. Despite the challenges of insecurity, unemployment and electricity in South Africa, many Nigerians (including myself) see it as a place of better opportunities considering the worse situation at home.

3.7 CONCLUDING REMARK

This chapter has presented the theories that address each of the research questions stated in the first chapter of this thesis. I posited that, while categorising migrants based on their identification is relevant for analysis, the reality is that the categories are not mutually exclusive and that identification is not permanent. How migrants identify can change over time depending on changes in the home and host countries. I also discussed some factors that may influence migrants' experiences in the host countries while recogising the power of the intersection of two or more factors. I show that the concept of place is important and that the US and UK have structural differences that can produces different migration experiences for migrants. I demonstrated that Covid-19 was a game changer; its effects were related to the concept of deintegration and the

dynamics of its response has implications for relational integration. Later, I will show how these theoretical orientations address the findings of the study in the results chapters.

CHAPTER FOUR. RESEARCH METHODOLOGY

4.1 PRELUDE

This study investigated the experiences and integration of Nigerian migrants in the US and the UK from the perspectives of three projects: identification and the meaning of integration, wellbeing (labour market and health) and associated factors and Covid-19. The first research objective deals with how Nigerians identify themselves and understand the notion of immigrant integration. The second research objective was to understand factors that explain the experience and integration of Nigerian migrants in the US and the UK. Specific research questions in this regard include: What is the role of gender, ethnoreligious names, length of stay, education, place of education, generation, and religion in labour market outcomes, and the extent of labour market equality? How do these factors influence health outcomes and experiences in access to healthcare? How do different factors intersect to determine migrants' integration in terms of health and labour market experiences?

The third research objective was to investigate variations in the integration experience of Nigerian migrants across the two countries. Here, I asked: Do Nigerian migrants in the US have better labour market outcomes and higher levels of equality than their UK counterparts? Do Nigerian migrants in the US have better health outcomes and experience healthcare access than their UK counterparts? The fourth research objective deals with the impact of Covid-19 on migrants' experiences regarding employment and health.

This chapter documents how data were collected and analysed to address these research objectives. The chapter begins with a statement on philosophical stance – the worldview that shaped the research process. This is followed by a discussion of the different steps and approaches used in the quantitative and qualitative aspects of the research.

4.2 PHILOSOPHICAL STANCE

Why is a philosophical stance critical in social research? Two people could be interested in the issue of migration intention. One person may be interested in understanding who is likely to intend to emigrate and where (Alabi & Olajide, 2023). The other may be concerned with why people want to emigrate and the social processes involved, from the conception of emigration intention to

the last stage before actual emigration (Dako-Gyeke, 2016). The two issues revolve around migration intentions, but they are motivated by different philosophical outlooks, which are expected to inform different data collection and analysis approaches. These differences in views and outlooks on the same issue are situated in ontology, epistemology and methodology in social research.

It is important to state that research methods do not exist or operate in isolation. They are shaped and also shape theories; the relationship is symbiotic. I agree with Patterson (2021) that empirical research often begins with some conceptual and theoretical thoughts because "'bare empiricism' leads nowhere and can create 'chaos in practice'" (Patterson, 2021, p. 1). When empirical research is motivated by conceptual or theoretical thoughts, it, in turn, shows the weaknesses and strengths of such theories and concepts and suggests areas for improvement. The conceptual and theoretical ideas that motivated the study often determined what data were required and how the data were collected and analyzed. A quick look at the theoretical orientations of this study in the previous chapter and Figure 1.2 in the first chapter may hint at the outlook(s) of this work.

Ontology, in simple terms, deals with the nature of reality (Shah & Corley, 2006). In more precise terms, Ansari et al. (2016) explain ontology as viewpoints and perceptions of human existence and society and the connections between them. Two common viewpoints in this regard are (1) objectivism: the belief in a single objective reality; (2) subjectivism: the belief in the existence of possible multiple realities and that people create and interpret their realities. In simple terms, the first perspective draws primarily from core sciences such as physics and mathematics and opines that human behaviour can be regulated and predicted, which means that when you give a specific stimulus (be it policy, social support programmes, etc.), it will yield similar results across groups, *ceteris paribus*. Contrarily, subjectivism opines that people are exposed to different cultures and realities, and a stimulus that brings about desirable results in one culture may bring the opposite in another.

The debate as to whether or not there is a single objective reality in studying human society is a perennial one in sociology. Hence, Auguste Comte defined sociology as the scientific study of human society. Similarly, Emile Durkheim adopted scientific principles in his study of suicide in Europe using secondary data. The two scholars assumed the existence of a single objective reality.

Contrarily, Max Weber emphasised meanings and interpretation of events in understanding human behaviour (assumption of multiple realities). My task here is to refrain from arguing which of the two assumptions is superior. Instead, I will show how they complement each other.

Epistemology is the study or theory of knowledge. It refers to how we know or determine reality (Ansari et al., 2016; Shah & Corley, 2006). The two primary epistemological schools of thought are positivism and interpretivism. Researchers and thinkers who tilt towards the views of Comte and Durkheim mentioned above are regarded as positivists. Such scholars apply scientific principles to study human behaviour and claim to be independent of the studied groups. Conversely, those who embrace the idea of subjectivism are regarded as interpretivists at the epistemological level. Interpretive scholars emphasise meanings and people's interpretations of events in their studies.

Methodology refers to the ways and processes of gathering data about what we know or want to know. Consistent with the ontological and epistemological levels, adherence to the views of objectivism and positivism results in the adoption of quantitative data collection and analysis methods, while the emphasis on subjectivism and interpretivism necessitates adopting a qualitative research approach. The simultaneous adoption of both approaches in a study is known as mixed methods. Some writers call it "critical realism". In the words of Downward and Mearman (2007), "mixed-methods triangulation can be understood as the manifestation of retroduction, the logic of inference espoused by critical realism" (Downward & Mearman, 2007, p. 1). This study adopts both approaches (quantitative and qualitative).

4.3 RESEARCH METHODS

A mixed methods of data collection was adopted in this work for a few reasons. One, the framing of the research questions may already suggest to readers that this study would adopt mixed methods. While the second and third research questions are framed in an associational manner (that is, they seek to understand a statistical relationship between X and Y), the first and last research questions are framed with an interpretive focus in mind. For example, in the second and third research questions, this study is interested in what factors are significant predictors of integration (employment and health experience) and where (whether in the US or the UK) Nigerian migrants have positive migration experiences in terms of employment and health. Such framing

requires some statistical analyses, which resonates with the quantitative approach. However, while the quantitative aspect may show what factors are significantly associated with integration, how and why those factors are associated may only be adequately understood with some qualitative narratives. For instance, some migrants have been advised by formal and informal sources to change their names to increase their employment chances (Rynderman & Flynn, 2016). It is important to know how and why migrants change their names and what happens afterwards.

In the first research question, the need to understand how and why migrants identify themselves in specific ways and how they understand the concept of integration calls for an interpretive approach. In the fourth research question, my desire to enlist detailed narration of migrants' experiences during the Covid-19 pandemic may not be satisfied by the quantitative approach. For example, how migrants worked and earned money for their upkeep during the lockdown may not be well captured by the quantitative aspect. Also, their health conditions and coping strategies during the weeks of lockdown are better captured using interviews.

Two, I am aware of the challenges of having a larger sample size when sampling an immigrant population, especially when circumstances do not allow for physical contact between the researcher and the migrants.

One research approach should not be viewed as merely supporting the other. Instead, the two approaches should be viewed as complementary. Moreover, data from both quantitative and qualitative studies were used to address the four research questions. However, some research questions require more quantitative or qualitative data than others.

4.4 QUANTITATIVE METHOD

4.4.1 Research design

This study adopted a cross-national online survey. The same research instrument and protocols were used in the two countries where data were collected. Online survey design offers the advantage of collecting data reasonably representative of an immigrant population in the host countries. An online survey is cheap, requires less staff and paperwork, and is fast to achieve (Toepoel, 2017). Online data collection allows a researcher to reach people across different locations, as I will show later. This would have been highly unlikely if I had used a paper-based physical survey. An online survey ensures efficient use of resources and maximises the coverage

of the data collected. The online survey also has other benefits, including cost reduction, ease of reminding potential respondents, and a built-in feature that makes data cleaning easy and reduces the stress of entering thousands of paper-based questionnaires (Monroe & Adams, 2012; Pötzschke & Braun, 2017). Despite the benefits of an online survey, it has its limitations, some of which are discussed later in this chapter.

4.4.2 Study location and population

The study locations were the UK and the US. The study population comprised Nigerians living in the UK and the US regardless of when they migrated or their age, gender, generation, migration status, etc. The eligibility criteria include (1) previously living in Nigeria; (2) having a state of origin in Nigeria; (3) currently living in the US or the UK. The subsection on data cleaning discussed later in this chapter shows some exclusion criteria and procedures.

The population who participated in this study comprised Nigerians whose states of origin back home cut across 21 of the 36 states in the country. Many of them are originally from the southwestern parts of the country (Ogun, Oyo, Osun, Ondo, Ekiti, Lagos). Some are from the south-east (Ebonyi, Abia, Imo, Anambra). South-south states are also represented (Rivers, Bayelsa, Delta, Edo). Some respondents are from north central (Benue, Kogi, Kwara, Nasarawa). Surprisingly, none of the respondents hailed from the northwest, and there was only one respondent whose state of origin was Bauchi (northeast). This reminds me of my supervisor's remark during the proposal stage of my work that I am unlikely to find core northerners (those from the northwest and some northeastern areas) living in the US and the UK. They prefer culturally similar places such as Saudi Arabia, United Arab Emirates, and North African countries. This suggests that indicators of cultural similarity (language, religion, dressing) is sometimes considered by migrants when determining migration destination (see Alabi & Olajide, 2023).

The study population also comprised 6.3% of people who stated that they were born in one of the host countries. Most participants are educated, as approximately 48% had a master's degree. This resonates with the argument in the literature review that education provides opportunities for Nigerians to travel (Mbah, 2017). In other words, the furtherance of education is a central manifest claim of Nigerians travelling abroad. The age of the study participants ranges from 18 to 82 years old. The sample was 55.1% women, 63.3% Christians and 32.8% Muslims, and 3.9% of people

who did not practice any religion. The majority (70.3%) of the population were married; 22.3% were single, and the rest were separated, divorced or widowed.

4.4.3 Pilot study and methodological lessons

The pilot study for the quantitative aspect was conducted among Nigerians in South Africa. Data were collected online, and the survey instrument was deployed on the Kobo toolbox.[17] I contemplated which online platform to use for my data collection. After consultations, the best options were the Kobo toolbox or Survey Monkey. Since the Kobo toolbox is free, it was used for the pilot study. The survey was designed and deployed on the Kobo toolbox on 10 February 2022. The questionnaire was modified accordingly to meet the specifics of the pilot study location (South Africa). A survey link was generated, which I began to share on different platforms, including with individuals and on WhatsApp groups and Facebook pages of different associations of Nigerians in South Africa. A total of 62 complete responses were received (see Figure 4.1). The pilot study lasted approximately three weeks.

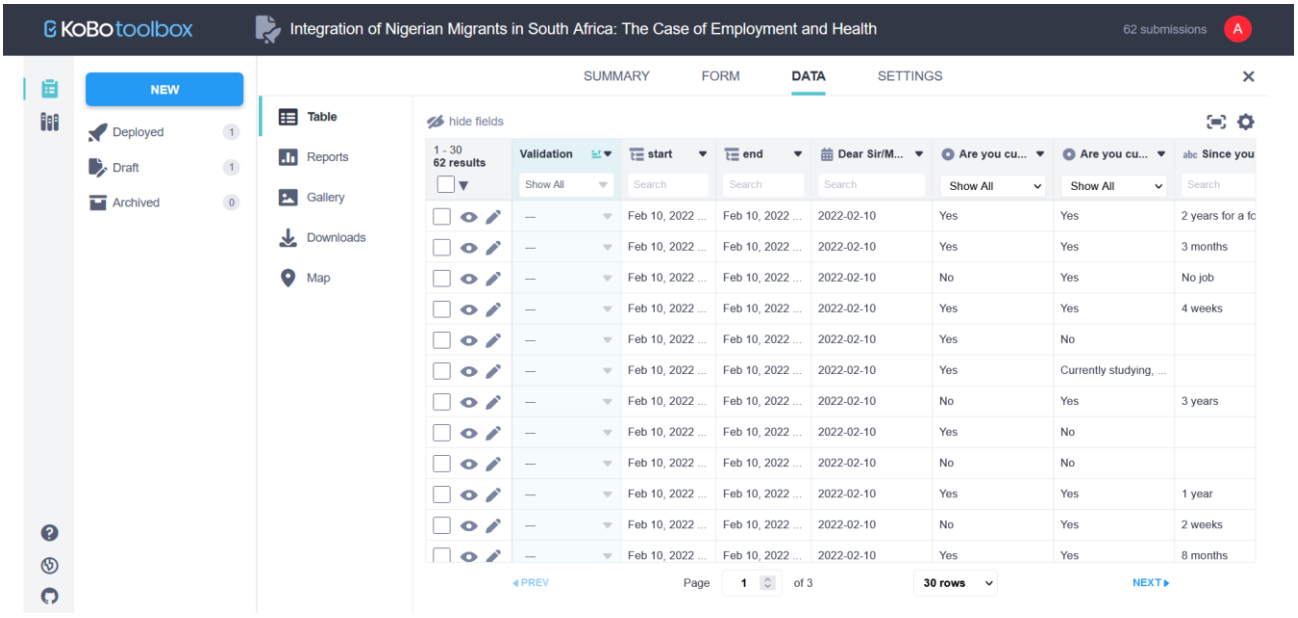

Figure 4.1: Snapshot of data from Kobo toolbox

I reviewed the data to check which questions needed to be revised and how suitable the Kobo toolbox was for my data collection. Calls were put through to some of the respondents with

[17] https://ee.kobotoolbox.org/single/1dfd4222a7157de937f5cce66caeb710

whom I was familiar for suggestions before the main data collection. The following lessons were learnt:

- Some questions needed to be clarified to the participants. Such questions were noted and reworded.
- Kobo toolbox did not show incomplete responses – respondents who started the survey but did not complete it – or the point where they stopped.
- As seen in Figure 3.1, some respondents were not in South Africa when they completed the survey. However, it was not to ascertain their location as the Kobo toolbox did not show the device's specific internet protocol (IP) address or internet connection used to complete the survey. An ethical way of ascertaining the city or country from which the survey was completed became necessary. An IP address is a set of numbers that allows one to determine the location of participants when they complete a survey.

Each question and response option had to be carefully designed and pasted on the platform for the Kobo toolbox. Survey Monkey is more flexible in that regard.

Some univariate analyses were run on the 46 complete responses to be sure that the questions were suitable to address the quantitative components of this Ph.D work. However, a decision to use Survey Monkey for the main data collection was made.

4.4.4 Approaches to main data collection, sampling and representativeness

The main data for this PhD were collected online through Survey Monkey for a monthly fee. Survey Monkey has different pricing plans.[18] However, the most affordable one for the researcher at the time of the study was a Standard Monthly plan, which is US$35 a month. With this plan, a subscriber may insert an unlimited number of questions on the platform and receive up to 1000 responses per month (the free version does not have this opportunity). One advantage of Survey Monkey is that the researcher is notified of the number of attempts and responses to their survey every day.

Data collection spanned five months. The first day of subscription was 5 March 2022, and the last day was 4 August of the same year. The first attempt or response was received on 5 March, while

[18] See https://www.surveymonkey.com/pricing/individual/?ut_source=pricing-teams-summary

the last was on 2 August 2022. The dataset was exported from Survey Monkey on 4 August 2022 into a Microsoft Excel spreadsheet because the Standard Monthly plan does not allow direct exporting into advanced data analysis software such as SPSS. Only advanced and more expensive subscription plans allow that.

The total number of complete, eligible and usable responses was 256 (129 from the US and 127 from the UK). The sub-section on data cleaning (discussed later in this chapter) shows the procedures through which a total of 436 attempts was reduced to 291 complete responses (67% completion rate) and to 256 eligible and useable responses.

As stated earlier, one of the advantages of an online survey is its broad reach, which helps to achieve some level of representativeness. The survey represented 29 of the 50 states in the US (see Figure 4.2). In the UK, more than 20 counties across the four regions were represented (see Figure 4.3). The idea of representativeness here does not imply that an equal or high number was achieved in every sampled state or county. It means that at least one complete response was received from a state or country. In the US, more than 30 responses were received from Maryland compared to six from Georgia, four from Florida, and one from Iowa. Also, in the UK, far more complete responses were received from counties in England than those in Northern Ireland, Wales or Scotland. Table 4.1 shows how states or regions in the host countries were represented in this study.

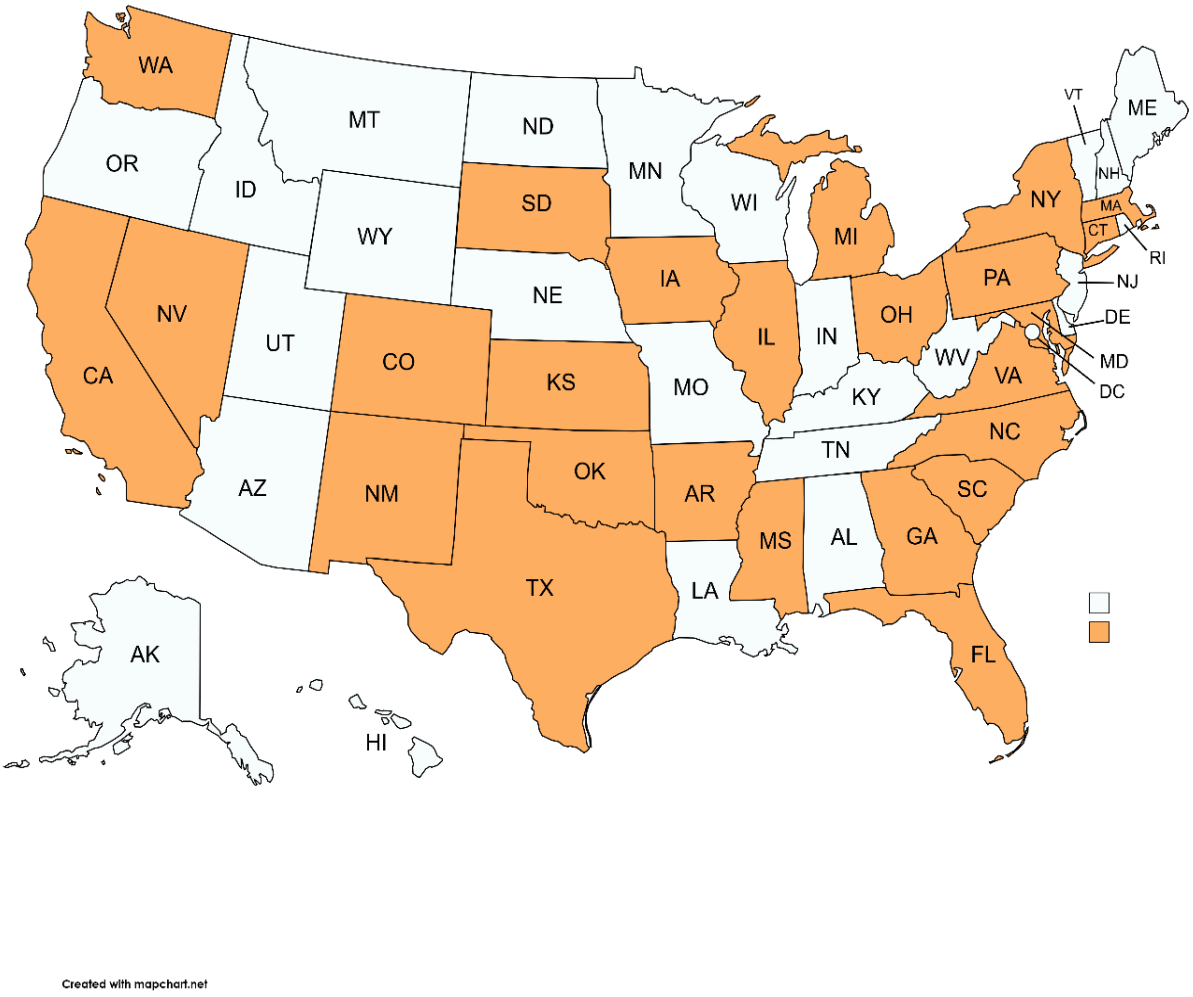

Figure 4.2: Map of United States of America showing states that are represented in the survey.

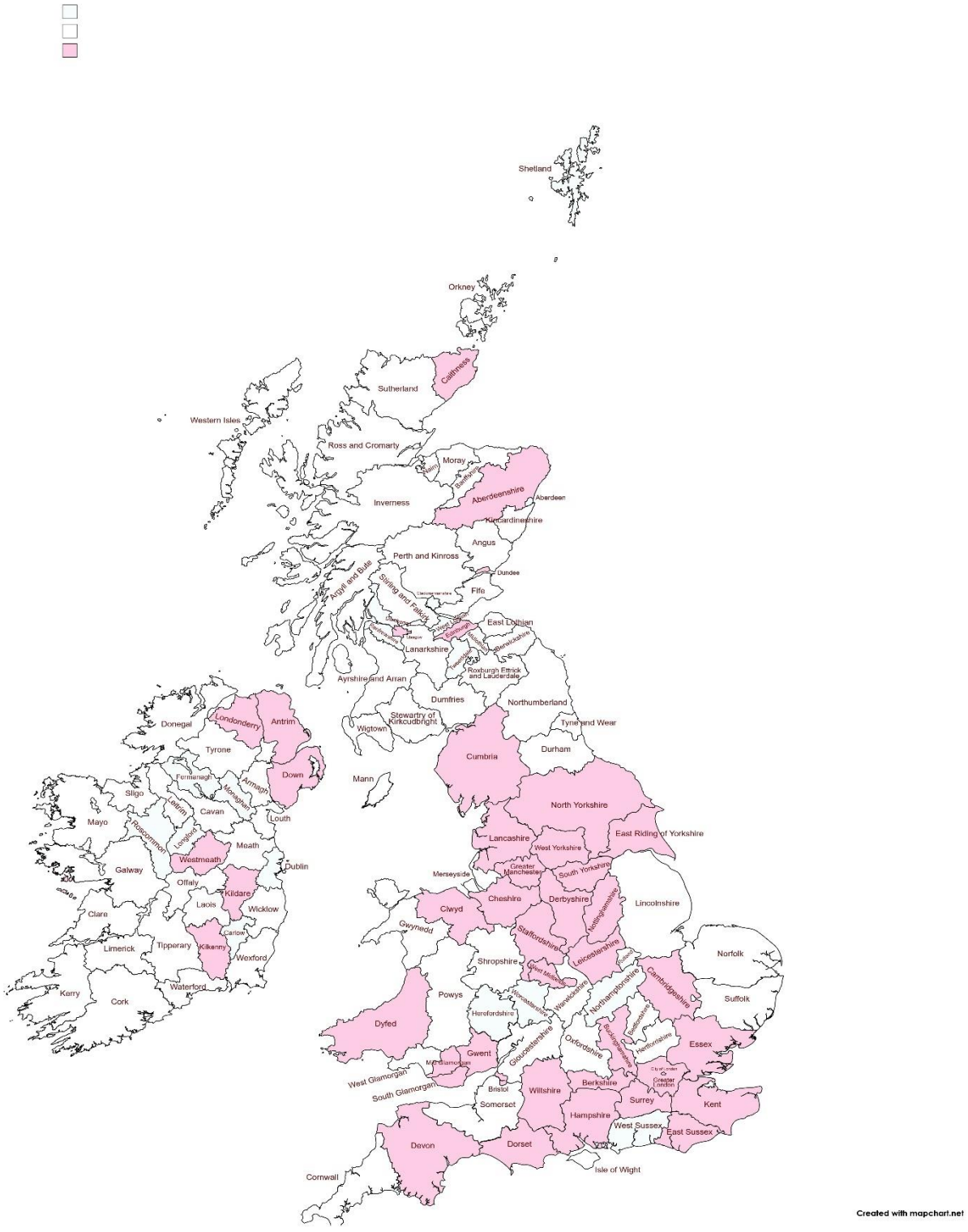

Figure 4.3: Map of United Kingdom showing counties that are represented in the survey.

Table 4.1. Distribution of complete responses across states/regions in the host countries

	UNITED STATES		**UNITED KINGDOM**	
S/N	**STATES**	**Complete response**	**REGIONS**	**Complete response**
1	Arkansas	1	England	104
2	California	8	Northern Ireland	8
3	Colorado	2	Scotland	7
4	Connecticut	1	Wales	8
5	Florida	4		
6	Georgia	6		
7	Illinois	4		
8	Indiana	1		
9	Iowa	1		
10	Kansas	2		
11	Maryland	35		
12	Massachusetts	6		
13	Michigan	2		
14	Mississippi	1		
15	Nevada	1		
16	New Jersey	1		
17	New Mexico	1		
18	New York	13		
19	North Carolina	1		
20	Ohio	3		
21	Oklahoma	1		
22	Pennsylvania	1		
23	Rhode Island	2		
24	South Carolina	1		
25	South Dakota	1		
26	Texas	17		
27	Virginia	3		
28	Washington	8		
29	West Virginia	1		
		129		**127**

Multiple sampling strategies were adopted. One, a snowball sampling technique was adopted. Parker et al. (2019) provide a summary of snowball sampling thus:

> …The researchers usually start with a small number of initial contacts (seeds), who fit the research criteria and are invited to become participants within the research. The agreeable participants are then asked to recommend other contacts who fit the research criteria and

> who potentially might also be willing participants, who then, in turn, recommend other potential participants, and so on (Parker et al., 2019, p. 1).

The survey link was shared with initial contacts who are friends (Nigerians living in the US and the UK). However, I found a fundamental error in the "procedures" usually laid out in textbooks regarding snowballing. The idea that the "initial contacts" or "seeds" must fit the research criteria did not work well for my study. In fact, Nigerians living in the US and the UK, after they had completed the survey, were often unwilling to share the survey link with fellow migrants who met the eligibility criteria. Most of the "initial contacts" I utilised in my research were Nigerians living in Nigeria but who had families and friends living in the two host countries. In other words, the friends and colleagues live in Nigeria, but they have networks (former classmates, students, friends, families, and so on) of people who were abroad, including in the US and the UK at the time of data collection.

Intermittent communication for a few days ensued between me and my friends and colleagues over the progress of the survey in terms of the number of responses. I also recall that a Nigerian in Canada was instrumental in sending the survey links to their family and friends in the two study locations. However, some respondents who met the eligibility criteria also assisted in sharing the survey links further with more people who also completed the survey. On this note, the idea of "initial contacts" in snowball sampling needs to be revisited.

Two, I also shared the survey link on social media. Some social media platforms connect Nigerians across the globe. Such platforms include blogs, Twitter, Facebook, Instagram and WhatsApp groups. The idea of sharing the link on social media was to help reach different categories of respondents rather than having only specific categories or groups represented in the survey. The link was also shared on professional online platforms such as LinkedIn. In addition, some potential respondents asked that I send the survey link to their email. Potential respondents on these platforms were also encouraged to share the link with Nigerian migrants who met the eligibility criteria.

Of all these online platforms, the survey link travelled the fastest via WhatsApp, as the platform seems to be the most accessible and easy for respondents. Respondents were asked to indicate how they received or heard about the survey in the survey instrument. The responses in Figure 4.4 show that 70.7% of the participants received the survey via WhatsApp. Few participants stated that they

received the survey link via other platforms like Instagram, Facebook, Email or Twitter. A little over 20% indicated “others”, where they specified responses such as “a friend sent me the link”, “family friend referral”, “friend of survey originator”, “my sister”, “secondary school alumni WhatsApp group”, “through a former colleague”, “uncle”, etc. This shows how much this study benefitted from online snowballing.

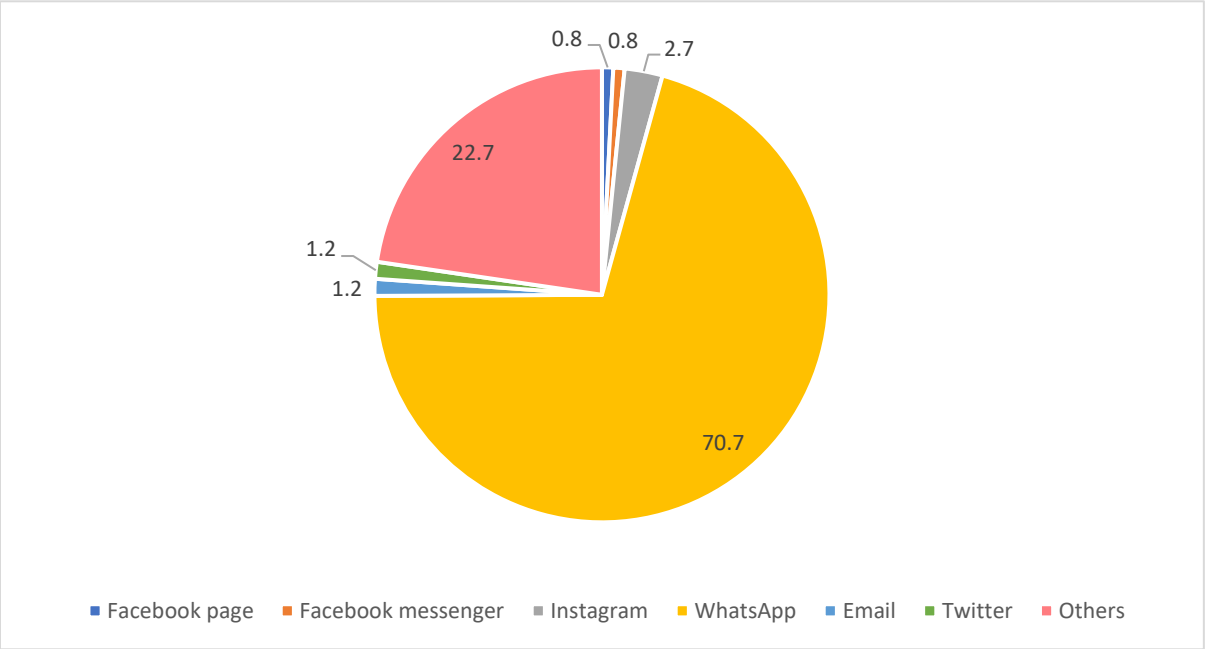

Figure 4.4: Chart showing how respondents received the survey link

4.4.5 Research instrument and operationalisation of variables

A structured questionnaire was used to collect quantitative data from the respondents. The questionnaire contained mainly closed-ended questions with few open-ended ones, where the variables were at the ratio level of measurement or where the respondents needed to specify further information. The questionnaire contained 11 sections and 47 questions.

It will be recalled that this study focuses on migrants’ wellbeing from two perspectives (employment and health). Each broad perspective had at least two indicators. For employment, the dependent variables were (1) labour market outcomes and (2) labour market (in)equality or discrimination. The health aspect has (1) health outcomes, (2) access to healthcare and (3) experience of discrimination. Each of these indicators was measured by carefully visiting earlier studies and modifying the measure (the questions) where necessary to suit the current research.

- **Labour market outcomes**: this was measured using three questions: (1) current employment status (employed or unemployed); (2) being fired from a job: "have you ever been terminated from an employment since you have been living in this country?"; (3) (mis)match between education and employment. The first two questions had "no" (0) and "yes" (1) response formats, while the third question had three options: (a) "my level of education/qualification is higher than the job I do"; (b) "my level of education/qualification is at par with the job I do"; (c) "my level of education/qualification is lower than the job I do". The three questions were combined into a composite measure to mean "labour market outcome". Current employment status was allocated one point ("1" for employed and "0" for unemployed). Being fired from a job was also awarded one point. The mismatch between education and job was awarded two points because it was considered a more important indicator of labour market outcomes. The literature review has shown that for many migrants in developed countries such as the US and UK, getting something to do may not be a problem; it is getting a job that matches the education and skills that matters. Hence, those who said their job was at par or higher than their qualification had a score of "2", while those who reported otherwise had a score of "0". The total score for each respondent ranged from 0 to 4. A score of 3 or above meant "positive labour market outcome", while a score less than 3 meant "negative labour market outcome".
- **Labour market (in)equality**: this was measured by whether the immigrants were equal to citizens in terms of five indicators related to work conditions and remunerations. The scale measures were adopted from an ILO-sponsored survey and modified to suit the current study (see Schachter, 2007). The questions are as follows: (a) "For the type of work you do, how do your workplace conditions compare with nationals (original citizens) doing similar work?" (b) "For the type of work you do, how do you compare your promotion with nationals doing similar work?" (c) "For the type of work you do, how do you compare your employment requirements (education, certificate and skills) with nationals doing similar work?" (d) "For the type of work you do, how do your wages compare to that of nationals (original citizens) doing similar work?" (e) "For the type of work you do, how do your work hours and overtime provisions compare with nationals (original citizens) doing similar work?" The five questions had three response options: "1=not equal", "2=somewhat equal", and "3=equal". The reliability score using Cronbach's Alpha was

0.850. The five questions were used in a composite measure later. Each respondent had a score between five and 15. A score of ten or less meant “little or no equality”, while a score of 11 or above meant “higher equality”.

- **Health outcomes**: here, three measures were used, including feelings of loneliness, self-description of general health, and doctor-diagnosed ailments, in line with the measurement used in recent studies (Li & Wang, 2020; S. Wang & Mak, 2020). The question on loneliness, which was adapted and modified from the study by Li and Wang (2020), asks: “In the last 12 months, how often did you feel lonely in this country?” with four Likert scale options from “1=often” to “4=never”. Respondents were also asked, “How would you describe your general health currently?” with five Likert scale options ranging from “1=poor” to “5=excellent”. Lastly, a question asked respondents to compare their health status in the host countries to when they lived in Nigeria. This question was related to the healthy immigrant effect discussed earlier in previous chapters. The question has three options: (1) “poor (I have poorer health now than when I was in Nigeria)”; (2) “same”; (3) “better (I have better health now than when I was in Nigeria)”. The composite score ranged from three to 12. An outcome of eight or less implied a negative health outcome, while a score of nine or more implied a positive health outcome.
- **Access to healthcare:** two indicators were used: (1) “How easy is it for you to access healthcare when you need it in this country?” with four Likert scale options, ranging from “1=very difficult” to “4=very easy”. This was adopted and modified from an IOM migrant health survey (see Johnston, 2019); (2) “How would you describe your access to healthcare services compared with nationals (original citizens) in this country?” with response options “not equal”, “somewhat equal” and “equal”. A score of six or higher meant “easy access”.
- **Experience of discrimination**: the first question asked, “How would you rate your treatment during your last visit to a healthcare professional at a clinic, hospital or healthcare centre in this country?” with five Likert scale measures from (1) “poor” to (5) “excellent” (Johnston, 2019), while the second measure was modified from the study of Rivenbark and Ichou (2020). The question asked, “In the past 12 months, how often have you been treated with less respect or fairness than other people at the same hospital or healthcare settings?” with four options ranging from (1) “often” to (4) “never”. A score of six or lower meant

experience of discrimination. In other words, a lower score meant a higher experience of discrimination, while a higher score meant no experience of discrimination.

There were seven independent variables, namely gender, religion, name type, duration of stay, education, place of education, and residency status. Regarding name type, I asked respondents to indicate which categories their first name and last name belonged to with four options: “ethnic name”, “Islamic name”, “biblical name”, and “English name”. Examples of names under each category were stated in the options for easy identification. There was a question on how long respondents have lived in the host country. Respondents were asked to state their duration in months or years. For questions on education and place of education, respondents were asked to indicate their highest level of education (whether primary, secondary, pre-degree, bachelor’s, master’s or doctorate). They were also asked whether their qualifications were from Nigeria, abroad or both and whether they had any certificate education in their host country. Questions on other socio-demographic characteristics such as gender, religion and migration or residency status were also included in the questionnaire.

4.4.6 Challenges of data collection

A few challenges were encountered during the data collection. One, the respondents (Nigerian migrants) were usually busy, and some needed to be reminded multiple times about the survey. Understandably, some of them work in two or more jobs and have many engagements simultaneously. However, frequently sending reminders may violate an ethical conduct principle in social research (privacy). Hence, some potential respondents, as well as “initial contacts”, were left undisturbed after a few reminders. Two, there are influential Nigerians on Twitter and other social media platforms with many followers across the globe, including those who met the eligibility criteria. Such personalities were contacted with a request for assistance with sharing the survey link on their pages, but they never responded. Similarly, internet blog owners were contacted to ask them to advertise the survey on their pages for a fee, but they did not reply. My investigation reveals that some of them charge millions of naira for one advertisement. They could have perceived that a PhD researcher might be unable to afford their advertisement fee or that the nature of my advertisement did not fit the kind of products or events they advertise.

Three, some Facebook groups are programmed such that the administrator must approve every post before it appears on the group page. Some such groups never approved my post even though the administrators could verify my Facebook account, and they never responded to my request for assistance. Painfully, I was removed by the administrator of an academic group for sharing my post, which required the administrator's approval before it appeared to group members. Apparently, the administrator felt that it did not suffice to disapprove my post; I must also be taught a lesson. This led to an emotional breakdown for me at a point. In the same vein, many Nigerian associations in the US and the UK have websites and email contacts but never responded to my request for assistance with sharing my survey links with their members.

4.4.7 Limitations of data

The survey data has a few limitations. One, in online surveys, "the population to which they are distributed cannot be described, and respondents with biases may select themselves into the sample" (Andrade, 2020, p. 1). An example is when people outside the two study locations (US/UK) or non-Nigerians try to complete the survey questionnaire. This potential limitation was one of the reasons the researcher used Survey Monkey so that the location from which the survey was completed could be detected. And as one will see in the section on data cleaning, this feature of Survey Monkey was helpful in removing ineligible respondents. I am aware of the ethical issues of confidentiality and anonymity that the IP address may raise. The intention to use the IP address was just to distinguish eligible respondents from ineligible ones based on location (US or UK). The IP address was not used for any other purpose. Also, the survey contained questions on respondents' state of origin and where they had lived in Nigeria before emigrating. These questions are pointers that the study was meant only for Nigerians.

Two, the data are based on self-reported responses, which may be prone to biases or incorrectness. Three, the sample size of 256 may not suffice to generalize to all Nigerian migrants in the US and the UK. This limitation may be partly addressed and reduced with complementary data from qualitative research. In addition, some confusion and unclear findings in the survey responses were addressed through the qualitative research.

4.4.8 Data cleaning

A total of 436 attempts were made to complete the survey, but the total number of complete responses was 291 (see Figure 4.5). As stated earlier, Survey Monkey shows the IP address of the respondents. This allows the researcher to remove some ineligible responses. First, all 145 incomplete responses were removed. Some of them stopped halfway, while many of them stopped after answering one to five questions when they probably realised that the survey could only be correctly completed by those who met the eligibility criteria.

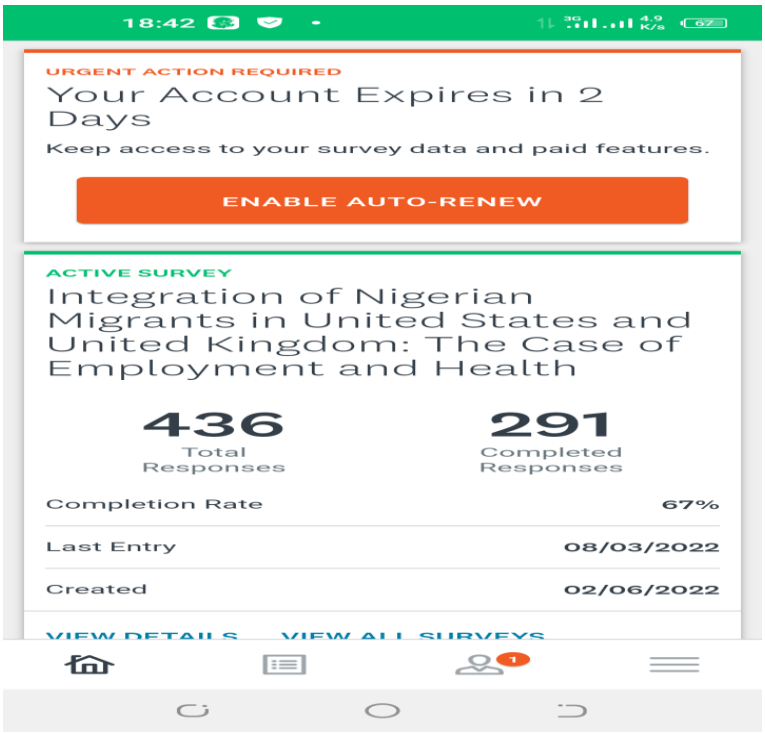

Figure 4.5: Snapshot showing the number of total and complete responses

Second, the IP address for the 291 complete responses was verified at https://www.iplocation.net/ip-lookup. The website helps to show the country, city and state of the IP address. Third, all the people who stated that they were outside the two study locations were removed after confirming that they were indeed not in either of the two countries. Eighteen respondents stated they were neither in the US nor the UK. Of this number, 12 stated that they were in Nigeria then. Two were in Canada. One was in Spain, and another was in Italy. One was in South Africa, and another in Ireland.

Of the remaining 273, 17 respondents were excluded due to contradictions between the location they stated in the survey and what their IP address revealed. In these discrepant cases, a second IP locator, https://iplocation.io/, was used to reverify the IP. Table 4.2 shows the contradictions. Consequently, 256 responses qualified for the data analysis.

Table 4.2: Location of IP address and stated location

S/N	Location stated in the survey	Location of IP address
1	United Kingdom	Lagos, Nigeria
2	United States	Nova Scotia, Canada
3	United Kingdom	Osun Nigeria
4	United States	England, UK
5	United States	England, UK
6	United Kingdom	Lagos, Nigeria
7	United States	Lagos, Nigeria
8	United States	Ontario, Canada
9	United Kingdom	Oyo Nigeria
10	United States	Alberta, Canada
11	United States	England, UK
12	United States	England, UK
13	United States	England, UK
14	United Kingdom	Galway, Republic of Ireland
15	United Kingdom	Lagos, Nigeria
16	United States	England, UK
17	United States	Ontario, Canada

4.4.9 Data analysis

The data from Survey Monkey were exported from Microsoft Excel to SPSS (Statistical Package for Social Sciences). Options such as “I don’t know”, “not applicable”, and the like were removed

where necessary. Data were analyzed at different levels. At the univariate/descriptive level, simple frequencies, percentages and charts were used.

I used the chi-square, T-test, ANOVA, logistic and linear regression models at the bivariate and multivariate levels. The conditions or rules governing the use of each statistical test – especially how they apply in SPSS – were considered and met (see Leech et al., 2014). However, I used the principle of parsimony in the presentation to ensure that the statistical analyses were clear to everyone, including those with little or no background in statistical analysis. In so doing, I presented chi-square results at the bivariate level. However, other statistical analyses were run to ascertain that the chi-square results did not differ from the outcomes of other advanced statistical analyses. At the multivariate level, I presented logistic regression models.

Recall that the second and third research questions dealt mainly with quantitative and associational analysis. For the first and fourth research questions, simple descriptive analyses (charts, frequency and percentages) that speak to the issues were presented. For the second and third questions, each of them was analysed as follows:

> RQ 2a: What is the role of gender, religion, names, duration of stay, education, place of education, and migration/residency status in labour market outcomes, and the extent of labour market equality?

The dependent variables are labour market outcomes and labour market equality. As explained in sub-section 4.5, each dependent variable was reduced to nominal categorical variables with two outcomes. Then the influence of the seven independent variables on the two dependent variables was tested using Pearson's chi-square test and bivariate logistic regression. To be sure, I also used the dependent variables in their scale/ratio form to compute ANOVA and regression analysis. However, only chi-square results and tables are presented for the sake of simplicity. Results from other statistical analyses are only discussed where necessary.

> RQ2b: How do these factors (above) influence health outcomes and experience in accessing healthcare?

The analysis here takes the same form as 2a above. But in this case, there are three dependent variables, namely, health outcome, access to health care, and experience of discrimination.

RQ 2c: How does a combination of different factors determine migrants' integration in terms of health and labour market experience?

Multivariate analyses were done to address this research question. Recall that research questions 2a and 2b have a total of five dependent variables and that there are seven independent variables. To answer research question 2c, five logistic regression models were fitted. A model was computed for each of the five dependent variables. All the seven independent variables were included in each of the five regression models. All tests were computed at a 95% level of significance. Hosmer and Lemeshow goodness of fit test was used to determine each model's fitness.

RQ 3a: Do Nigerian migrants in the United States have better labour market outcome and a higher level of labour market equality more than their counterparts in the United Kingdom?

The dependent variables of interest here are the two labour market variables: labour market outcome and labour market equality. The independent variable is the country of destination (host country). Two chi-square results were presented: one for each dependent variable. T-test analyses were also computed.

RQ 3b: Do Nigerian migrants in the United States have better health outcomes and experience in accessing healthcare than those in the United Kingdom?

This follows the same pattern as 3a above. The association between country of destination and each of the three dependent variables was analysed and presented in cross-tabulations.

4.4.10 Ethical considerations

The Sociology Department Ethics Committee of the University of Cape Town granted the approval to conduct this research in January 2022, with approval number SOC2022/1.

Earlier studies have called attention to ethical concerns with online surveys of this nature (Roberts & Allen, 2015; Singh & Sagar, 2022). One of the significant concerns raised by Singh and Sagar (2022) is that certain people sometimes use survey links to introduce and install dangerous malware into people's phones and other computer devices when they complete online questionnaires. It is for this reason that a random person who had not previously been told about

the survey by the researcher or "initial contact" may ignore the survey link. To avoid this, Survey Monkey ensures that the creator of the survey (the researcher) opens an account with a registered email address and password before creating the survey. In addition, the individual Standard Monthly plan that I subscribed to is for a single user. Hence, no other person besides the researcher had access to the account. None of the respondents complained of tracking, hacking, or suspicion of fraudulent acts while completing the survey.

Another concern in online surveys relates to informed, voluntary consent. Roberts and Allen (2015, p. 97) stated, "A basic standard of ethical research is that prospective participants are able to make informed choices about whether or not to consent to participate". In this study, prospective respondents had the right to ignore the survey message. An introductory text was included in the survey message before respondents opened the link to ensure that prospective respondents were adequately informed about the research. Figure 4.6 shows how, for instance, the survey link appeared when forwarded to Facebook groups or WhatsApp.

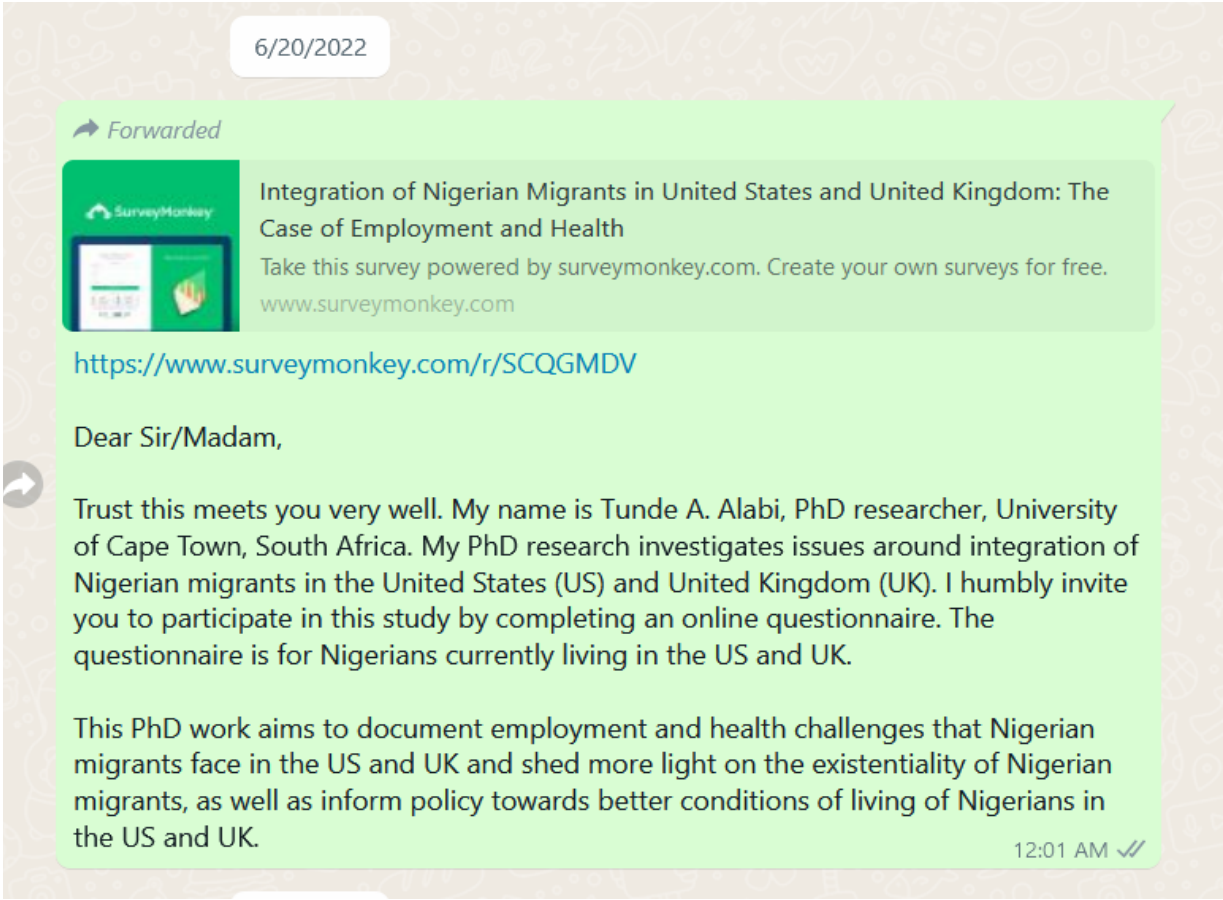

Figure 4.6: Snapshot of messages forwarded to prospective respondent

When prospective respondents opened the survey, they were again reminded about the focus of the survey, the number of questions therein and their right to terminate their participation at any point or refuse to participate at all. See Figure 4.7 . Besides, recall that this study benefitted greatly from a snowball sampling technique: prospective respondents were often informed informally by either the researcher or "initial contacts" or a referrer before the survey link was forwarded to them so that participation could be voluntary. In addition, the fact that more than 100 people started but did not complete the survey indicates that they exercised their right to terminate their participation at any point.

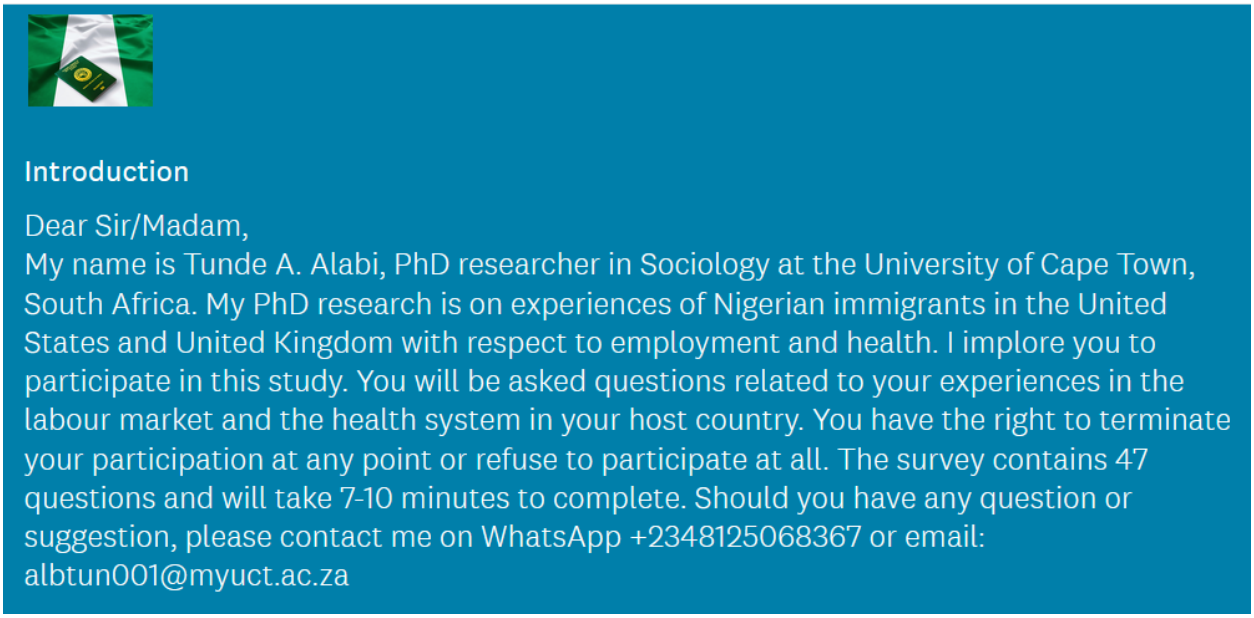

Figure 4.7: Snapshot of a brief informed consent note.

Privacy, anonymity and confidentiality are also ethical concerns with online surveys. Frequent and unsolicited requests to complete an online survey may breach or intrude on the privacy of individuals. To avoid this, reminders and follow-ups were done cautiously. Prospective respondents were often reminded only once, even when they were initially enthusiastic about completing the survey. Regarding anonymity and confidentiality, no personal information such as names or home address was collected. Respondents who provided an email address or phone number did so voluntarily so that they could be contacted later for follow-up.

4.5 QUALITATIVE METHOD

4.5.1 Research design

I had intended to conduct face-to-face interviews and ethnographic observation with Nigerian migrants in different locations in the US and UK. However, the UK embassy rejected my visa application, and the US embassy had a long waiting time for a visa interview. For this reason, I adopted online interviews with study participants. Online interviews are becoming popular since the mobility restrictions that came with the Covid-19 pandemic. Although online interviews have limitations and challenges (which I will address later in this chapter), they have proven helpful in recent migration studies (Gruber et al., 2021; Pszczółkowska, 2020). One of the advantages of online interviews is that they are cheaper, faster and allow interviewees from different locations worldwide to contribute to the study (Pszczółkowska, 2020), as I will show in the sub-section on sample size and recruitment strategy. In addition, migrants (especially Nigerians) are busy people who are always on the move in their host countries. It may be more challenging to track them down to one location for an interview as some of them work two or three jobs. However, online interviews make communication with the participants possible even while they are on the move. Also, interviews with one participant can occur at different times as communication can be paused to be continued later. This may be not easy in physical interviews, especially when the researcher lives far from the participant..

4.5.2 Study location and population

The interviews were conducted with Nigerian migrants across different states, cities and counties in the US and the UK. The specific study population was comprised of 48.4% women and 51.6% men, 54.8% of Christians and 41.9% of Muslims. The population comprised Nigerians who had temporary visa status, those who had been naturalised; those who were born in the host country; those who were labour migrants as well as those who were studying for postgraduate degrees; those who were recent migrants (who arrived in 2020 or later); those who had been in the host country for decades and those who went on a visiting visa, as well as those who went on business/investment visa. The inclusion criteria were open, and that included (1) identifying as a Nigerian; (2) having a place of residence and state or origin in Nigeria; (3) having lived in Nigeria previously.

4.5.3 Blessings from visa rejection: A note on sample size, representativeness and recruitment strategy

A total of 31 interviews were conducted with Nigerian migrants in the US and the UK. Seventeen of the interviews were conducted with participants in the US, and the remaining 14 were with UK participants. Sixteen women and 15 men were interviewed. The 31 participants consisted of 14 Muslims and 17 Christians. The sample size was motivated by what I choose to call "researcher fatigue", which is similar to what is usually called "theoretical saturation" in qualitative research. There is no agreement on how many interviews should be conducted before saturation is reached. For example, Guest et al. (2006) recommended that saturation may be reached after 12 interviews. Boddy (2016) also stated that a sample of 12 may suffice to reach saturation among a homogenous study population. Hennink et al. (2017) found that nine interviews and 16-24 interviews will reach code saturation and meaning saturation, respectively. In another study, Hennink and Kaiser (2022) stated that 9-17 interviews might be enough to reach saturation. I am aware of the criticism against studies that claim to have reached "theoretical saturation" before they stopped collecting more data. Hennink and Kaiser (2022) rightly noted that most qualitative studies merely mentioned saturation without adequately justifying their sample size or how they ascertained that saturation was actually reached. Regardless of which recommendation is followed, 31 interviews analysed in this study have surpassed what is required to reach saturation.

To be clear, "researcher fatigue", which is my own term, is a situation where the researcher realises that (1) the information gathered so far is sufficient to answer the research questions; (2) no new major insights are being provided by the participants, as consistent repetition is occurring, or the few new insights are outside the scope of the study; and (3) it is becoming increasingly challenging to get more people to participate in the study.

The initial plan was to interview participants physically in four locations across the two host countries (New York and Texas in the US; London and Cardiff in the UK). However, due to visa rejection, I adopted online interviews, which led to more states and counties being represented in the study. Ten states in the US and 13 counties in the UK were represented (see Figures 4.8 and 4.9).

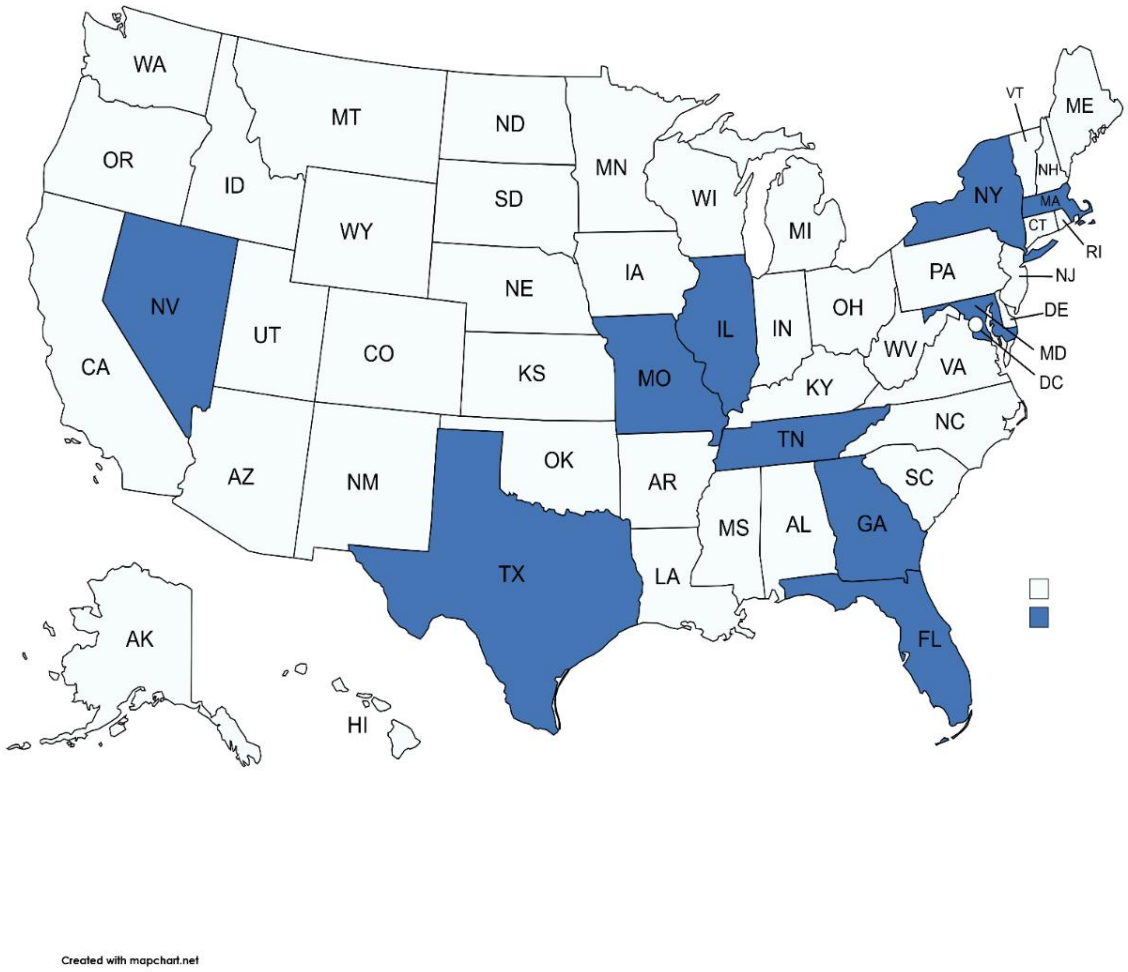

Figure 4.8: Map of USA showing states where interview participants were living (The blue sections are the represented states)

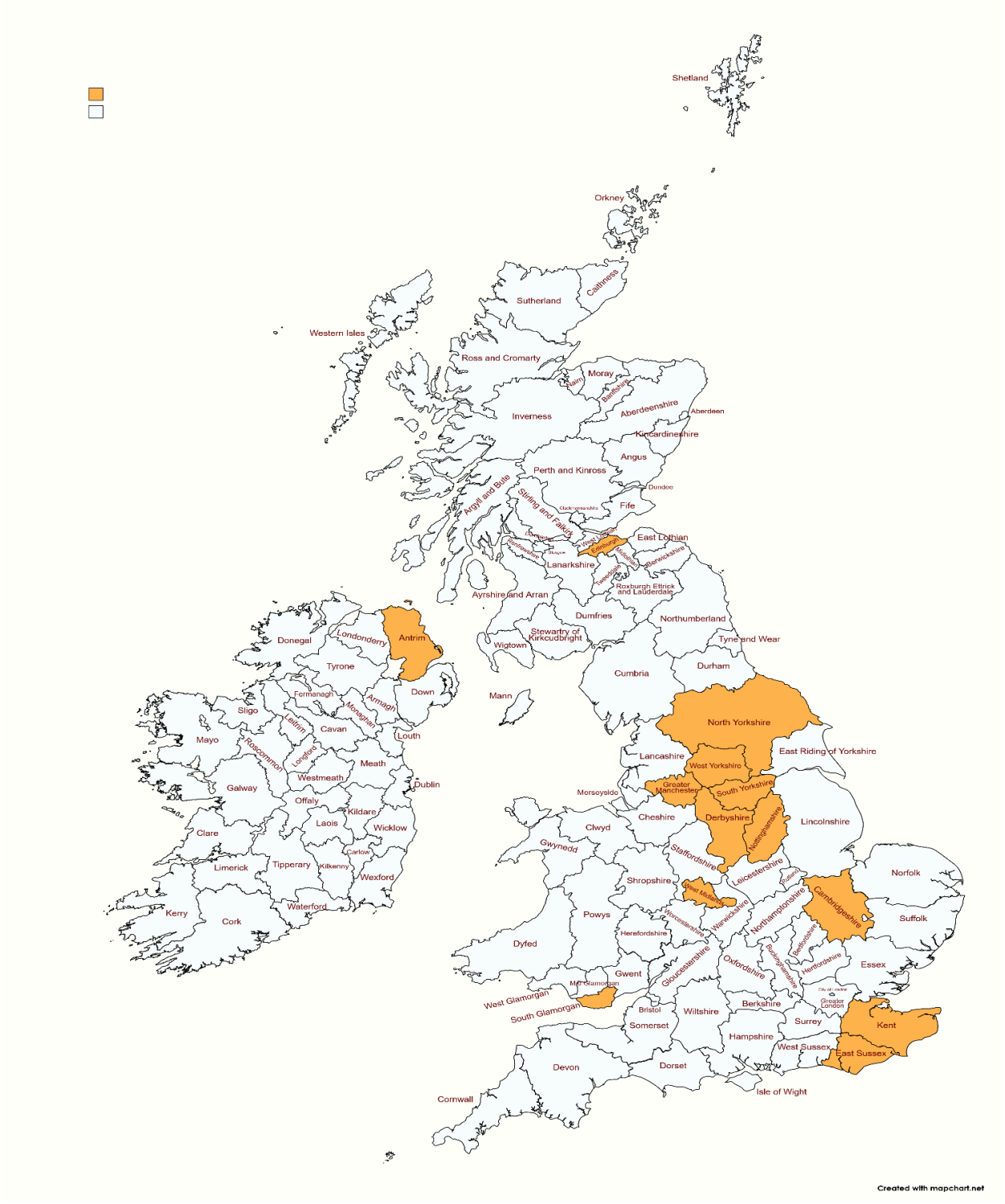

Figure 4.9: Map of UK showing counties where participants were living (The orange sections are the represented counties)

Regarding sampling and recruitment strategy, the researcher was aware of how busy migrants may be and the possible challenges of getting people to participate in the study. Hence, multiple strategies (non-probability sampling techniques) were adopted, with differing success rates. One, the snowball sampling technique was beneficial, as I will show soon in this sub-section. Two, towards the end of the survey questionnaire, participants were asked, "Will you like to discuss your migration experience with the researcher (online or face-to-face)?". Out of the 256 complete responses, 58 respondents (22.7%) indicated "yes", but only 54 left their contact details (email address or WhatsApp contact). The respondents were contacted, but only eight (five from the UK and three from the US) eventually participated in the interview. Three, purposive or judgmental sampling was also adopted at a point when the researcher realised that certain groups whose migration experiences may be relevant to the research had not been included. For example, the researcher realised that far more Christians had been represented in the research than Muslims, so there was a need to use judgmental sampling since religion was a key variable in the research questions. Also, the concept of the hijab penalty used in the theoretical framework necessitated interviewing Muslim migrant women who wear hijabs. Gender balance was also carefully considered in the recruitment process. However, judgmental sampling was not used in isolation.

Different groups of migrants were reached through referral (snowballing). Table 4.3 shows the location and gender of the participants in order of their participation in the research. For a better understanding of the recruitment strategy, it is important to discuss how each of the 31 participants was recruited briefly.

Table 4.3: Brief details of participants by their order of participation

S/N	Gender		Country	Current state/city of residence
1	Female		UK	Brighton
2	Female		UK	Cardiff
3	Female		UK	Derbyshire
4	Male		UK	Belfast
5	Male		UK	Manchester
6	Male		UK	Nottingham
7	Female		UK	Kent
8	Male		US	Texas
9	Female		US	Florida
10	Male		US	Maryland
11	Male		US	Nevada
12	Male		UK	Edinburgh
13	Female		UK	Manchester
14	Male		US	Texas
15	Female		US	New York
16	Female		US	Missouri
17	Male		US	Illinois
18	Female		US	Massachusetts
19	Female		US	Texas
20	Male		US	Massachusetts
21	Female		US	Tennessee
22	Male		UK	Middlesborough
23	Female		UK	Cambridge
24	Female		US	Maryland
25	Male		UK	Leeds
26	Female		US	Massachusetts
27	Male		US	Massachusetts
28	Female		US	Georgia
29	Male		US	Texas
30	Male		UK	Birmingham
31	Male		UK	Sheffield

The first two participants indicated their interest in participating in an interview while completing the online survey. They were contacted via email, and an agreement was reached as to the date and time of the interview as well as the preferred online platform for the interview. The third person is someone known to the researcher, and she voluntarily indicated an interest in participating in the interview when I advertised on WhatsApp status. The fourth interview was introduced to the researcher by a colleague (a Nigerian living in Nigeria) in a research project. He voluntarily

participated in the study and also referred the researcher to three other participants (serial numbers, 5, 6 and 22) via WhatsApp. The seventh participant was contacted via email after they indicated an interest in participating in the interview while completing the online survey.

The eighth, tenth and eighteenth participants were referred, via WhatsApp, by a friend who had never been to the US or the UK but had many friends who lived there. Participant in serial number18 further referred three participants (serial numbers 20, 26 and 27) who voluntarily participated in the research. The ninth participant is a known colleague of the researcher. The eleventh and seventeenth persons were referred by a friend who lives in Nigeria. The twelfth was introduced to the researcher by a Nigerian living in South Africa. The thirteenth was referred, via LinkedIn, by a Nigerian who had lived in Nigeria and South Africa but lived in Hong Kong at the time of the research. The thirteenth person eventually linked the researcher to other participants, including participants in serial number 16, 21 and 23, via LinkedIn. The fourteenth, fifteenth and nineteenth participants showed enthusiasm for participating in the qualitative research while completing the online survey. They were contacted via email, and an agreement was reached.

Someone living and working in Nigeria introduced the researcher to the twenty-fourth participant, whom I contacted via WhatsApp for an appointment and preferred medium for an interview. The twenty-fifth person indicated their interest while completing the online survey, and they inserted their WhatsApp contact, through which they were contacted later. The twenty-eighth and twenty-nineth participants were introduced by someone who lived in Canada but had networks of family and friends living in the US and the UK. The thirtieth is known to the researcher, and the participant voluntarily agreed to be interviewed. The last person was recommended by a friend who lived in Germany. All the referrals made by those who did not meet the eligibility criteria are indicators of the need to revisit snowball sampling and the idea of “seeds” or “initial contacts” in research methods textbooks.

4.5.4 Research instrument and approaches to data collection

An in-depth interview guide was prepared and used as a structure and direction to follow. The interview guide started with the migration journey of the participants to have a glimpse of how they left Nigeria and arrived at their present host countries. The second section contained questions that related to participants’ experiences – of discrimination, inequality etc. – in the labour market

of their present host countries. In the third section, questions relating to healthcare access and experiences were raised. In all these questions, the possible and perceived effects of the factors (such as gender, education, ethnoreligious names, and generation) listed in research question 2 were asked about during the interview. Questions on the effects of Covid-19 on the employment and health conditions of migrants were presented. The last section contained basic socio-demographic questions such as gender, age, religion and ethnicity.

The interview process was flexible, such that the exact 27 questions in the interview guide were not posed to participants similarly. For some participants, questions or issues in the fourth section of the interview guide were discussed first. In other words, some elements of grounded theory research were used in the data collection. New and relevant insights introduced by one participant were noted and included in discussion with subsequent participants. For example, a participant in the US shared an insight suggesting that they had experienced discrimination from African Americans more than white Americans. This layered and black-on-black discrimination resonated with what I had read earlier in the works of Imoagene (2018) and Okonofua (2013). Questions in that regard were included in the discussion with subsequent participants, especially those in the US.

Although general questions applied to everyone, the emerging issues and questions were not directed at all participants. The relevance and applicability of the questions to every participant was considered. For example, recall that one of the research questions of this thesis focuses on the effect of Covid-19. However, some participants emigrated during Covid-19, which made them unable to share their pre-Covid migration experiences. Also, issues of the Muslim/hijab penalty may not directly apply to Christian participants, even though they may have some insights to share in that regard, just as the experience of discrimination from African Americans may not directly apply to participants in the UK. The argument here is that relevance and applicability of questions to each participant were considered during the interview.

All the interviews were held online. Of the 31 interviews, 30 were held on Zoom with a licensed account, while the remaining one was held on Microsoft Teams. All the interviews were recorded with the permission of the participants. Showing video during the interview was left to the discretion of the participants. Those who chose to turn on their video were free to do so.

Participants were not persuaded to turn on their video during the recording as doing so might hamper their privacy and, consequently, how they respond to the questions.

Data collection lasted approximately three months, from May to August 2022. The average duration of the interviews was 66 minutes, ranging from 34 minutes to 106 minutes. Table 4.4 shows the date and duration of each interview. In order to allow the researcher some time to reflect, up to two interviews were held in one day. The primary language of the interviews was English. Pidgin English and Yoruba were used during some of the interviews.

The transcription features in Zoom and Microsoft Teams were used, which is supposed to reduce the stress of manual transcription. However, many errors were realised in the transcripts generated by Zoom and Microsoft Teams. Hence, a better-quality online tool (https://otter.ai/home) was used. Unlike Zoom and Teams, the online tool automatically recognises voices in audio files as "speaker 1", "speaker 2", and so on, which can be renamed automatically throughout each transcript file as "interviewer" and "participants". Like Zoom and Microsoft Teams, the online tool also got some pronunciation wrong. However, it allowed the researcher to listen to the audio file and make corrections on the transcript on a single screen without navigating between the transcript (Word) file and the audio file, thereby facilitating the transcription process. The researcher paid US$13 per month for using the online tool. However, the online transcription tool was not relied upon solely. Each transcript was read while listening to the audio file again to enhance correctness and ensure the right meanings were conveyed in the transcription process. In addition, a colleague who is neutral to this PhD work assisted with listening to the transcripts and ensuring that nothing important was missing.

Table 4.4: Date and duration of interviews

S/N	Date of interview	Duration
1	May 19, 2022	66 minutes
2	May 25, 2022	64 minutes
3	May 28, 2022	45 minutes
4	May 29, 2022	66 minutes
5	June 2, 2022	61 minutes
6	June 4, 2022	71 minutes
7	June 29, 2022	62 minutes
8	June 28, 2022	100 minutes
9	June 29, 2022	99 minutes
10	July 1, 2022	69 minutes
11	July 2, 2022	61 minutes
12	July 4, 2022	72 minutes
13	July 5, 2022	54 minutes
14	July 5, 2022	74 minutes
15	July 8, 2022	65 minutes
16	July 10, 2022	54 minutes
17	July 13, 2022	63 minutes
18	July 15, 2022	67 minutes
19	July 16, 2022	106 minutes
20	July 17, 2022	67 minutes
21	July 18, 2022	55 minutes
22	July 19, 2022	51 minutes
23	July 23, 2022	64 minutes
24	July 23, 2022	92 minutes
25	July 24, 2022	66 minutes
26	July 24, 2022	71 minutes
27	July 25, 2022	49 minutes
28	July 31, 2022	88 minutes
29	July 31, 2022	34 minutes
30	August 3, 2022	54 minutes
31	August 4, 2022	48 minutes

4.5.5 Limitation and challenges of data collection

Data from the qualitative study has a few limitations. One, only reported experiences were analysed because data were collected online. Two, in line with respect for participants' privacy, some of the participants preferred not to turn on their cameras, so it was impossible to understand non-verbal communication. However, the manner and tone of the response to specific questions served as a lead.

Regarding challenges, some Nigerian immigrants had a high level of scepticism. This was realised during discussions with some participants, and it explains why some potential participants have yet to respond to follow-up emails. Some of the participants said that they were afraid that the follow-up emails could be fraudulent. In addition, cases of poor internet connectivity were observed during some of the interviews. Third, there was also a challenge of time as some participants were time-conscious and had other engagements. This led to skipping some questions and the inability to probe much into certain issues.

4.5.6 Data analysis

Nvivo (version 12) was used to analyse qualitative data. All 31 transcripts were imported into Nvivo. The analysis began with open coding. Open coding was not used in a strict sense because the study had preset research questions and, subsequently, preset themes. However, new relevant themes other than the ones motivated by the research questions were introduced when they were discovered in the coding process. After the open coding, all parent and child nodes were read carefully and synthesised.

Recall that the first and fourth research questions mostly speak to interpretivism and qualitative data. There was a parent node on "cultural identification" for the first research question. There was another parent node on "the meaning of integration". Each of the parent nodes has child nodes. For the fourth research question, there was a parent node on "Covid-19", which has two child nodes, namely, employment and health. Each of the child nodes has other child nodes that speak to the different effects and issues of Covid-19.

In addition, all the variables in the quantitative analysis also had nodes. For example, a node called "labour market issues" contained employment-related information supplied by the participant, including the perceived influence of different factors (such as gender, ethnic names, place of education, etc.) discussed in the quantitative analysis. There was also a node titled "health", where health-related responses were coded.

As stated earlier, each participant was given a number (#1 to #31). #1 to #14 for participants from the UK and #15 to #31 for those in the US. In addition, pseudonyms were allocated to each participant (see Table 5.1b). The nature of their original name was considered in allocating pseudonyms. For instance, if a Muslim participant bore Olayinka, which is an ethnic (Yoruba)

name, another ethnic (Yoruba) name was allocated to that participant instead of a Muslim name. This was done to avoid confusion and mis-association of pseudonyms with their religious and cultural identities.

4.5.7 Positionality

Positionality refers to the researcher's socio-cultural background and identities and how they could have affect some aspects of the research (Qin, 2016). This is essential in migration studies. As cited in the second chapter, Hadj Abdou (2019) believes that migration scholars (many of whom are migrants) are not necessarily neutral and that their positionality- as migrants who want to be recognised and have access to social, economic, and legal amenities like the nationals- is what drives their argument and the kind of research they do. I position myself not as a migrant in the US or UK but as an international student in South Africa who is keen to document the experiences of Nigerian migrants in two of the largest destination countries for Nigerians.

I acknowledge that my positionality could have affected specific aspects of my research. For example, my discussion is based on participants' narration and not direct observation of migrants' daily lives in the host countries. In addition, most of my survey respondents and interview participants were Yoruba. This could have resulted from my identity as a Yoruba person and my social network. Recall that the snowball sampling technique, which I utilised so much in this study, is connected to social networks. In addition, my interest in certain factors, such as name type and religion, could have been motivated by my positionality.

However, I managed my identities and did not allow them to affect my results. For example, despite being a quantitative researcher for most of my career, I avoided placing one research method over the other. Instead, I demonstrated that the two methods are complementary, not necessarily antithetical. My positionality as a researcher in UCT sociology could have pushed me to appreciate interpretivism, which I combined with my positivistic outlook, leading to my appreciation of the strengths of each epistemological stance. This further strengthened my capacity to integrate quantitative and qualitative methods and use them complementarily. Notably, my systematic approach to data analysis assisted with managing my positionality. Using qualitative data analysis software (Nvivo) to manage the qualitative interviews helped me maintain some level

of neutrality in my reportage. With the different levels of coding and theme development, my reportage was based more on the participants' reported experiences rather than my hunches.

4.5.8 Ethical consideration: Implication for responsible research

Migration is a politically charged topic, and there are ethical issues around how host governments should treat migrants. These issues become more glaring in studies that focus on refugees and those seeking asylum. All participants were adults, and they all agreed to participate in the study. The participants chose the time and date that was most convenient for them. No participant was asked to turn on their camera during the interview. However, some participants voluntarily turned on their cameras during the interview. No participant was forced to answer any question. The results are written in an anonymous style.

Aside from the conventional ethical issues of informed consent, privacy, non-maleficence and the like that were carefully observed, other deeper ethical issues – some of which are related to the three mentioned above – are worth mentioning here. One, Sixtensson (2021) rightly discusses the issue of power as it relates to informed consent. As stated earlier, this study benefitted immensely from snowball sampling. Some participants were recommended by older adults, friends and benefactors whom they highly esteem. Although they voluntarily agreed to participate in this study, did they have a choice? Could they have said no? Some of the participants averred that they would not have granted the interview if not for the respect they had for the person who recommended my research. What is the implication of this for “informed consent” and the quality of information participants provide? On the positive side, the participants were free to share their experiences because they felt they were in safe hands courtesy of the person who recommended the research. Some participants might not have shared part of their experiences had the researcher met with them directly without a link from someone they respect. On the other side, it violates the free will of the participants to decide on their own whether they wanted to participate in the study. The researcher reminded every participant of their right to refuse to participate, answer specific questions, or terminate their participation at any point. Therefore, researchers need to consider these power dynamics and how they may indirectly force participants to agree to participate in a study. Power between the researcher and participants and any person serving as a link between them should be taken seriously.

Another important issue relates to the ethics of representation, anonymity and non-maleficence. As stated earlier, no question of harm to the participants was asked. But some participants, out of honesty, provided some information that may harm the participants and immigrants in general. Such information relates to unlawful strategies immigrants adopt to obtain visas and to survive in the country of arrival. Where such information is reported in the results, it is deliberately not linked to any participant; the identification number is not included in such reports/quotes. It may be easy for readers to have some basic ideas (such as gender, religion, or host country) of who said what - see Kolankiewicz (2021) on the challenges of protecting the identity of some participants, even with anonymisation. For this reason, anonymised means of identification were completely removed from some quotes.

CHAPTER FIVE. DESCRIPTIVE ANALYSIS OF THE EXPERIENCES OF NIGERIAN MIGRANTS IN THE US AND THE UK

5.1 PRELUDE

This is the first of five chapters that document the results of this research. The chapter contains a descriptive discussion of selected experiences of Nigerian migrants in the US and the UK in terms of employment and health. The subsequent chapters address specific research questions.

In this chapter, quantitative and qualitative research findings are presented in descriptive and integrative form. This chapter is divided into five sections. The first section deals with the socio-demographic characteristics of the sample. The second section focuses on the labour market, and the participants' experiences across the two broad indicators (labour market equality and labour outcomes) are discussed. The third section discusses health issues, where health status and outcomes, access to healthcare and experiences of discrimination are highlighted. The fourth section deals with a descriptive report of names and citizenship. The last section offers concluding remarks.

SOCIO-DEMOGRAPHIC CHARACTERISTICS

Table *5.1a: Frequency distribution of socio-demographic characteristics (survey)*

Country	**Frequency**	**Percent**
United States	129	50.4
United Kingdom	127	49.6
Gender		
Male	107	41.8
Female	141	55.1
Prefer not to say	8	3.1
Age	Mean: 41.79; SD: 11.405	
Religion		
Christianity	162	63.3
Islam	84	32.8

None	10	3.9
Marital status		
Single	57	22.3
Married	180	70.3
Separated/divorced	16	6.3
Widowed	3	1.2
Ethnicity		
Hausa/Fulani	2	.8
Igbo	31	12.1
Yoruba	205	80.1
Others	18	7.0
Duration of stay		
Less than 5 years	96	37.5
5-10 years	50	19.5
More than 10 years	110	43.0
Level of education		
Secondary	6	2.3
Pre-degree	2	.8
Ordinary/Hgher National Diploma (OND/HND)	14	5.5
Bachelors	95	37.1
Masters	122	47.7
Doctorate	17	6.6
*Place(s) of education**		
Nigeria	235	91.8
US	72	28.1
UK	87	34.0
Others	10	3.9

*Categories are not mutually exclusive

Table 5.1b: Frequency distribution of socio-demographic characteristics (interviews)

	S/N	Gender	Pseudonym	Age	Religion	Duration of stay	Education	Place (s) of education
#1	P1UK	Female	Rachael	49	Christian	2 years	Master's	Nigeria
#2	P2UK	Female	Omolara	50	Christian	10 years	Master's	Nigeria
#3	P3UK	Female	Sade	37	Christian	1 year	Bachelor's	Nigeria
#4	P4UK	Male	Simon	32	Christian	2 years	Master's	Nigeria and UK
#5	P5UK	Male	Adewale	32	Christian	2 years	Master's	Nigeria and India
#6	P6UK	Male	James	33	Christian	2 years	Master's	Nigeria and UK
#7	P7UK	Female	Zainab	34	Muslim	1 year	Bachelor's	Nigeria
#8	P8UK	Male	Mayowa	40	Muslim	1 year	Master's	Nigeria
#9	P9UK	Female	Maryam	25	Muslim	2 years	Master's	Nigeria and UK
#10	P10UK	Male	Gbenga	38	Christian	2 years	Bachelor's	Nigeria
#11	P11UK	Female	Sofiyyah	24	Muslim	3 years	Bachelor's	Sweden
#12	P12UK	Male	Olalekan	50+	Christian	15 years	Master's	Nigeria and UK
#13	P13UK	Male	Mark	28	Christian	3 years	Master's	Nigeria
#14	P14UK	Male	Sulaiman	42	Muslim	3 years	Bachelor's	Nigeria
#15	P1US	Male	Tunde	35	Muslim	7 years	Master's	Nigeria and UK
#16	P2US	Female	Bimbo	27	Christian	4 years	Master's	Nigeria and US
#17	P3US	Male	Ajibade	35	Muslim	7 years	Bachelor's	Nigeria
#18	P4US	Male	Kolade	28	Muslim	7 years	Bachelor's	Nigeria
#19	P5UK	Male	Jacob	Mid-30s	Christian	5 years	Bachelor's	Nigeria
#20	P6US	Female	Alice	44	None	2 years	PhD	Germany, Ireland and Italy
#21	P7US	Female	Fatima	24	Muslim	3 years	Bachelor's	Nigeria
#22	P8US	Male	Bolaji	35	Muslim	6 years	Bachelor's	Nigeria
#23	P9US	Female	Isabella	41	Christian	8 years	Bachelor's	Nigeria
#24	P10US	Female	Bolanle	38	Muslim	5 years	Bachelor's	Nigeria
#25	P11US	Male	Henry	30	Christian	6 years	Bachelor's	Nigeria
#26	P12US	Female	Khadijah	28	Muslim	2 years	Bachelor's	Nigeria
#27	P13US	Female	Atinuke	61	Muslim	21 years	Bachelor's	Nigeria
#28	P14US	Female	Hannah	41	Christian	9 years	OND	Nigeria
#29	P15US	Male	Tokunbo	36	Christian	6 years	SSCE	Nigeria
#30	P16US	Female	Catherine	55	Christian	2 years	Bachelor's	Nigeria

#31	P17US	Male	Chinedu	52	Christian	18 years	Master's	Nigeria and UK

Note: P1UK refers to participant 1 from UK; P1US refers to participant 1 from US

Tables5.1a and 5.1b show the basic demographic characteristics of survey respondents and interview participants. It was found that 55.1% of the survey respondents were women, and 41.8% were men. Sixteen interview participants were women, while the remaining 15 were men. The mean age of the survey respondents was 42. The oldest was 82, and the youngest was 18. The youngest interview participant was 24, while the oldest was 61. Their mean age was 38. More than 60% of the survey respondents were Christians, while 32.8% were Muslims. Only ten people (3.9%) reported that they did not practice any religion. A relatively fair balance was achieved in the qualitative study, where 17 participants were Christians, and 13 were Muslims. The remaining participant did not practice any religion. One of the exciting findings in the socio-demographics is the duration of stay. While the survey attracted more than one-third (43%) of Nigerians who had been in the host country for more than ten years, 15 of the 31 interview participants had spent less than five years in the country of arrival.

The finding on education shows that more than half of the survey respondents had at least a master's degree, and more than a third (37.1%) had a bachelor's degree. Only the degrees most recently obtained by participants at the time of data collection were recorded for the interview participants. For example, participants who were in the PhD program at the time of the research but had completed their master's program were assumed to have a master's degree at the time of the study; 12 (38.7%) of the interview participants had master's degrees. Two people did not complete their university degrees. One person had a PhD. The remaining 16 participants had bachelor's degrees. This finding corroborates an earlier argument made by Mbah (2017) that the need to further their education motivates many Nigerian youths to relocate abroad. This does not necessarily mean that education is the primary motive for emigration. The interviews reveal that the need for survival or the search for greener pasture is the primary motive for emigration to the US and the UK for many Nigerians, but education is the typical route used by many partly because a study visa is more accessible to obtain than a work or visiting visa. Writing for *MailOnline*, Wright (2022) reported that Nigerian students bring the highest number of relatives and dependants to the UK. (See Figure 5.1):

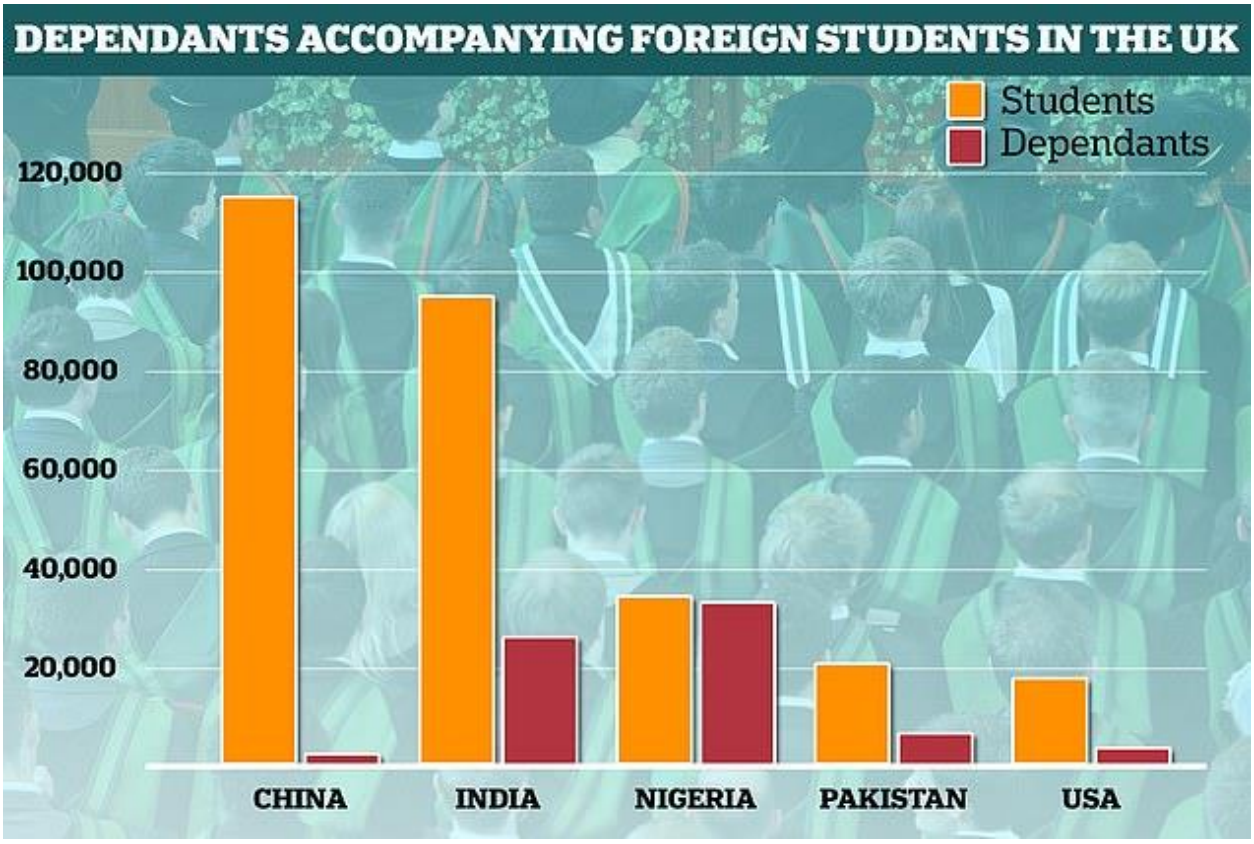

Figure 5.1: Number of dependants brought to the UK by international students

Source: MailOnline, 11 October, 2022

The argument is supported by a few participants who emigrated via the study route, but their stated primary reason for emigrating was not education. For instance, participants cited lawlessness, insecurity, unemployment and the search for a better life among the motives for emigration, but 58% of them emigrated on a study visa. Participants followed migration options that had easy visa processing and were affordable. The following two participants, Simon and James, said:

> So, the reason why I chose to do my masters in England was because the master's programme in the UK is actually about nine months. And again, the visa process for coming to the UK [is] seamless compared to the United States. So basically, I tried to apply to schools in America as well. For the UK, the process was a bit easier. So that was [why] I had to go with the UK option, and for the US, some schools require me to do some sort of GRE, I think. So, I did not want to go through that, so I decided to go to the UK. (Simon, #4)

> I have been on the issue of migration for quite a while. So, and what led to it was because when I had my first degree, I tried to see how best I can progress my career. So, when I finished my first degree, because I did my first degree in electrical engineering. So, I tried to migrate via the study route, then I was applying to the US and was applying to the UK as well…So, I decided to go for my master's degree in sustainable energy engineering. So, it has to do more of exploring different resources that we've got, and all of that. So, I came into the UK for my master's degree. (James, #6)

Both Simon and James were employed in the formal sector in the UK at the time of the research. However, there were those whose primary and underlying motive was to study rather than to work. Examples included participants who got fully-funded scholarships for their postgraduate studies. One participant, Mark stated: "It was just related to my education because I got the PhD funding. So, my trip to the UK was because of a PhD. So, in that regard, it was because I came here to study" (#13). Another participant, Sofiyyah said, "So I moved to the UK in 2019. Before then, I did my undergraduate degree in Stockholm, Sweden. So I did a bachelor's in biomedicine. So I think towards the end of my undergrad degree, I got a scholarship at Cambridge to do a PhD in oncology, basically. So I moved to the UK with that offer" (#11). While Simon and James worked while studying for their master's degrees as they were self-funded, participants Mark and Sofiyyah were full-time PhD students.

The fact that the search for greener pastures was the underlying motive for the emigration of the Nigerian youth is evident in the cases of participants who abandoned their postgraduate programmes in the host country and changed their visa status. Fatima said: "So, I applied to one of the schools here, and I got the admission. Along the line, there was a lot of financial constraint, and I deferred the admission. I had to get a part time job. It wasn't easy. Of course, you know nothing is easy" (#21). Another participant, Bolanle switched to education to regularise their stay in the host country:

> I came in 2015 on a visitors' visa, and I went back to Nigeria to finish my college degree. But when I came here to visit. I saw the number of opportunities here compared to what was in Nigeria. As soon as I graduated, I returned in 2016. I still came with my visitors' visa. After I arrived, I changed my status. I intended to get to school, but you know how difficult it was to do it from Nigeria. I can't just sit back there, and be frustrated. So, I just decided to move here as a visitor. And, when I got here, I got a school, and I switched my visa to F1. So, when I got to school, I met my wife, and we got married. We have a family now. Now, I am a citizen. (Bolane, #25)

The point here is that education is the route through which many Nigerian youths travel to the US and the UK, even when the underlying motive is to search for greener pastures. The common trend is that middle-class Nigerians complete their first degrees in Nigeria and apply for postgraduate degrees in the US and the UK. Hence, Table 5.1a shows that 159 of the 256 survey respondents had completed a degree in the US or the UK (or both). Only two participants (Sofiyyah, quoted above, and Alice[#20]) did not have their first degrees in Nigeria. They only received secondary education there. Sofiyyah and Alice had first degrees from Nigeria, but they enrolled in the host country for another first-degree program, such as nursing, which they believed would increase their employability there.

5.2 LABOUR MARKET

Table 5.2: Frequency distribution of labour market outcome

Employment status	**Frequency (256)**	**Percent**
Unemployed (currently looking for a job)	16	6.3
Unemployed (Not looking for a job)	19	7.4
Employed	221	86.3
Termination from previous employment		
No/not applicable	185	72.3
Yes	71	27.7
Perceived match between current employment and education		
No/not applicable	119	46.5
Yes	137	53.5
Description of mis(match) between education and qualification		
My level of education/qualification is higher than the job I do	110	43.0
My level of education/qualification is at par with the job I do	120	46.9
My level of education/qualification is lower than the job I do	12	4.7
Not applicable (never been employed since arrival)	14	5.5

Table 5.2 shows that an overwhelming majority (86.3%) of the survey respondents said they were currently employed; 7.4% were unemployed but not looking for a job. Those are probably students

studying full-time or older persons who have retired. Only 16 (6.3%, fewer than one in ten) said they were unemployed and looking for work. Approximately one in four (27.7%) reported that their previous employment had been terminated.

The qualitative study also lent credence to this finding on employment, because most of the participants were employed, and many did not wait too long after arrival before getting a job. Participants gave the impression that there were jobs everywhere. All one needed to do was to go online to different job-search websites and upload a curriculum vitae (CV) detailing work experience and phone or email contact. One participant, Rachael said, "It didn't take me long to get a job. It was almost immediately. I didn't know anybody. Just go online and apply, and that was just It. I didn't know anybody. I just went online and I submitted my CV. In fact, there was a job site online. I just uploaded my CV and they just kept on calling me" (Rachael, #1). Another participant, Bolanle stated that "…if you sprint there is work. If you stand there's work. There's work for every avenue, in as much as you don't o pass yourself" (Bolanle, #24). These participants suggested that one can only be jobless if they were not ready to work. There was always a job opportunity.

However, earlier studies by Danso (2002) and Rynderman and Flynn (2016) have reiterated the importance of going beyond the employment status of immigrants to questioning the idea of occupational downgrading or deskilling. It, therefore, becomes essential to analyze whether the readily available jobs and corresponding pay are befitting to the educational qualifications and work experience of the migrants. As shown in Table 5.2, 43% reported a mismatch between respondents' level of education and the jobs they currently do. Occupational downgrading is a situation where immigrants do jobs that are below their education and work experience and inferior to the jobs they had before migrating. Many migrants experienced occupational downgrading during the early years of their arrival.

As a form of resilience, migrants who find themselves in this situation do some certification in the host country or switch to another profession. Nine interview participants transitioned from low-skilled and low-paying jobs to better ones, while seven remained in low-paying jobs. One of the participants in the latter category is Rachael, who got a bachelor's and master's degree in Nigeria and was at a managerial level in their occupation. However, she left the country owing to the experience of insecurity and having experienced traffic robbery in Lagos at least three times.

Rachael first worked as a sales representative (known as a sales boy/girl in Nigeria) in the host country and was doing care work at the time of the study. Mayowa, a lawyer who had practised law in Nigeria, worked in a care home while also studying at the time of the research. Some participants stated they would never do the job they currently did in the host countries if they were in Nigeria because the pay was poor back home. However, given the value of the currency they earned in the host countries, they bothered less about occupational downgrading. Hence, the currency's value in the host countries mitigated the psychological effect of occupational downgrading, which resonates with literature that connects currency power to migration and the country of destination (Keita, 2016; Solomon, 2010). Some participants related occupational downgrading to differences in the exchange rate between the Nigerian currency, the US dollar, and the British pound sterling. As Bolaji in the US said:

> The exchange rate affects a lot, in the sense that now if you do odd jobs here, when you exchange the money to Nigerian currency it is kind of higher. So, when you come newly, you don't know how those things operate here, so when you see $10, $20, you see that as big money because your imagination is still back home of the way you calculate dollars to naira. Yeah, but over time, you now realise that I'm living in the real world, this is a different ballgame, I am no more in Nigeria, when you start going to buy groceries, when you start buying foodstuffs, so when you start spending more dollars, you will now understand that I need to get a better job than what I'm doing right now. But when you come newly most times you get those odd jobs, and you just want to do it. (Bolaji, #22)

Rachael in the UK also said that the major reason she accepted the job they did was because the pay was better relative to the Nigerian naira and what people in that profession earned in Nigeria. She said that:

> …if I do the job in Nigeria, I don't think they will pay me, I don't think they will pay me the same amount I am paid in the UK because, here, on average, if I work my 20 hours, I can get approximately 240 pounds per week. But if I go home to Nigeria to do that, I know that salespeople are paid maybe 20 000 naira a month or so…So, first, the money that is involved. Yes, I won't be able to do it. (Rachael, #1)

The pay and differences in exchange rates explain why middle-class Nigerians who are employed would resign from their job, sell their properties and migrate with their families to the UK or US. They are sure (1) of getting a job to pay bills; (2) that whatever they earn in a month will be higher than the naira equivalent regardless of difference in the cost of living; (3) there is a possibility of career mobility. However, it is important to note the point raised by Bolaji that comparing the

value of the naira to the host country's currency may be unnecessary because the cost and standard of living in the two countries are not the same.

Despite the initial occupational downgrading that many immigrants experienced initially, they were resilient and moved upward in their careers over time. For example, Bolaji had previously worked in a carwash outlet as an Uber driver, food delivery person, and healthcare worker. At the time of the study, the worked as a customer service personnel in a security company after marrying a black American. Another participant, Sulaiman, who initially experienced occupational downgrading stated that:

> I was an accountant. Yeah, I was chartered. I was actually heading an accounting department in Nigeria. So, when I got to the UK, I started applying for jobs…Although I wasn't able to get an accounting job, I got a casual job. I worked at Amazon as a casual employee for about six months. After that, I was able to get an accounting job, but not at the level I was in Nigeria. In Nigeria, I was heading the accounting department, but here I was part of a team. I understood that it was a new environment. I needed to work my way up, although sometimes it was frustrating because back then in Nigeria, I was at the top, but it took me five to six months before I was able to get the job. (Sulaiman, #14)

Enrolling for Association of Chartered Certified Accountants' certification in the UK was a way Sulaiman used to "work their way up". Another participant, Ajibade, who had a bachelor's degree in Nigeria before emigrating to the US stated:

> I started very rough. I was helping the tailor, and I was making $30 per day. I was literarily staying in his shop. It was a nightmare. I was living with all these mannequins. During the day, I iron, fold clothes, and do some menial things. I was basically assisting the fashion designer. So, at night, he pays me $30, and I'm going to sleep in his shop. I bath once in two or three days. He takes me to his house to shower. My story was very rough. I did this for a couple of months. Then later, I got another job in a petrol station. This was close to the tailor's shop. (Ajibade, #17)

Ajibade eventually married a black American, became an American citizen and now works as a correctional officer at a federal prison. This shows that marrying a national of the host country is one of the strategies Nigerians use to regularise their status and increase their chances in the labour market. The finding corroborates an early study by Mushonga and Dzingirai (2021), who found that marriage is used by Nigerian migrants as a strategy of integration, acquiring citizenship and accumulation of business opportunities. Ajibade and a few others testified that their spouse (who is a national of the host country) facilitated their career mobility.

Table 5.3: Labour market (in)equality (%)

Items	Not equal	Somewhat equal	Equal	Mean	S.D.
"For the type of work you do, how do your workplace conditions compare with nationals (original citizens) doing similar work?"	20.6	30.3	49.4	2.29	0.788
"For the type of work you do, how do you compare your promotion with nationals doing similar work?"	26.4	42.1	31.4	2.05	0.761
"For the type of work you do, how do you compare your employment requirements (i.e education, certificate and skills) with nationals doing similar work?"	27.6	32.9	39.5	2.12	0.812
"For the type of work you do, how do your wages compare to that of nationals (original citizens) doing similar work?"	17.9	36.2	45.9	2.28	0.750
"For the type of work you do, how do your work hours and overtime provisions compare with nationals (original citizens) doing similar work?"	15.3	31.0	53.7	2.38	0.738

Table 5.3 shows the labour market in(equality), that is, how Nigerian immigrants compared to nationals of the host countries regarding five labour market characteristics. The table shows that the extent of equality varies across the five indicators. The lowest level of reported inequality was observed in work hours and overtime provisions (only 15.3% reported inequality) and wages (only 17.9% reported inequality). Narratives from interview participants accord with these findings. Participants stated that the US and the UK are societies where fairness and equality are promoted more than in Nigeria. Necessary information such as work hours and wages are usually included in the call for job applications so that every applicant knows the wages before applying for most jobs. As Gbenga stated, "There's equal opportunity for people out there" (#10). Another participant, Sade, explained further, "Yes, in terms of pay. Yes, it is equal. Whatever job you apply for, Yeah, equal payment. Once they put it on their advert that it was ten pounds per hour, that is what applies to everybody. Yes, that's what applies" (Sade, #3).

The form of work-related inequality that exists is not in pay differences for the workers at the same level in the same organisation. The inequality is in the form of who gets employed in the first place

and who gets career progression on the job. As Table 5.3 has shown, at least 25% of the survey respondents reported inequality in terms of promotion (26.4% reported inequality) and employment requirements (27.6% reported inequality). Many Nigerian immigrants who have bachelor's or master's degrees work in the same low-skilled sectors as nationals who have only high school certificates. However, it is not the mandate of the organisations or government that immigrants who work in the low-skilled sector must have university degrees because certain jobs (such as elementary care for older people) that are readily available in the host country do not require a university education.

5.3 HEALTH

Table 5.4: Health status/outcomes

Feelings of loneliness in the last 12 months	**Frequency**	**Percent**
Never	45	17.6
Rarely	80	31.3
Some of the time	96	37.5
Often	35	13.7
*Ailment diagnosed with in the host country**		
Diabetes	13	5.1
High blood pressure	46	18.0
Asthma	4	1.6
Gastrointestinal illnesses	7	2.7
Hormonal illnesses	7	2.7
Cancer	5	2.0
Others	12	5.5
None	179	69.9
Self-description of current general health		
Poor	1	.4
Fair	17	6.6
Good	125	48.8
Very good	84	32.8
Excellent	29	11.3
Comparison of health status before and after emigration from Nigeria		
Poor (I have poorer health now than when I was in Nigeria)	21	8.2
Same	104	40.6
Better (I have better health now than when I was in Nigeria)	107	41.8
I don't know/I'm not sure	24	9.4

*****Categories are not mutually exclusive

Table 5.4 shows the self-reported health status and outcomes of survey respondents. Less than one-fifth (17.6%) reported that they had never felt loneliness in the last year, and a little above half (51.2%) reported that they experienced loneliness at least some of the time. Some interview participants also reported loneliness, and surprisingly, their coping mechanisms included interacting with friends back home (in Nigeria), not in the host country. Unlike in Nigeria, where social life is common, individualism appears to prevail in the US and the UK. As Khadijah narrated: "Yes, I feel lonely a lot. Yes, and it can get depressing too. I am more of a social media person. So, I think my coping mechanism has been, you know, interacting with, like my friends and families back home in Nigeria, so I would say that I have more friends" (Khadijah, #26). Loneliness has been reported among migrants in an earlier study, and it poses a threat to the physical and mental health of migrants (Ten Kate et al., 2020). Perhaps this loneliness could be explained by cultural dissimilarity, lack of familiarity with the new social environment, and the busyness of social networks.

When asked how she coped with loneliness, another participant, Alice stated: "I learned to connect at home in Nigeria and then I also feel connected, I think home, it depends on how you describe home because for me home is where I get connected, right?" (Alice, #20). Like Khadijah and Alice, some other participants used the word "home" to refer to Nigeria, which suggests their identification with the original country. This finding corroborates the idea of absent presence and present absence in migration studies (Garba, 2018; Squire, 2015; Yan, 2015). It explains the fact that families and friends of migrants are not physically present in the host country but engage in virtual sociality. The families and friends in the country of origin were more present for discussion and dialogue – with the use of technology – than those with whom they lived in the same geographical area in the host country. In other words, migrants may be emotionally connected with their families back home, but they are emotionally detached from people in their physical environment in the host country, partly due to busyness and the culture of individualism. Corroborating the present absence theory, Isabella said in an emotional tone that: "I know people that live in this America with their parents, but they haven't set eyes on them for the past one year. This is because everybody has to work. Here, it's all about work, work, and work" (Isabella, #23).

However, it is understood from some interview responses that, before emigrating from Nigeria, some participants were used to spending time alone (like Mark, who said, "I am more of a loner").

In contrast, some others were used to social life. The people in the latter category experienced loneliness more in the host countries.

Some of the participants in the latter category used to engage in owanbe back in Nigeria. Owanbe is a concept that describes social events that people attend, especially during the weekend, to socialise and feel belonging in Nigeria. Participants said that they missed owanbe as well as the will to visit friends and families without prior notice. Narratives from James and Isabella are important here:

> Even me too I missed *owanbe* because I can't easily go out and say I want to go and greet someone, I need to first of all book an appointment, be sure they are at home, be sure they're happy to have me around. And these are things that we can casually do at home. I don't even need to tell you that I am coming to your house, I can just say I'm passing by in your neighbourhood and I just want to stop and say hi, you can't try that here. You can't do that here, these are some of the reasons why I'm becoming more of a lonely person. (James, #6)

> Interestingly, we do *owanbe*, but we struggle to do it. There is no time to do it as we do in Nigeria…It's fun. Not necessarily *owanbe*. But, for men, if you close from work, you can hang out at a bar before going home. Here, there's nothing like that. It's not necessarily the *owanbe*. Sometimes, you'd want to hang out with friends, and families. (Isabella, #23)

The narrative from James reinforces the idea of the present absence in the host country and how people adjust from having a sense of communal life to becoming formal and individualistic in the host countries. The response from Isabella shows the extent to which work is prioritised over sociality among Nigerians in the host countries. These discussions are important because they have implications for mental well-being.

Table 5.4 further shows the health diagnoses that survey respondents had received since their arrival in the host country. Figure 5.2 shows the number of respondents diagnosed with each type of illness.

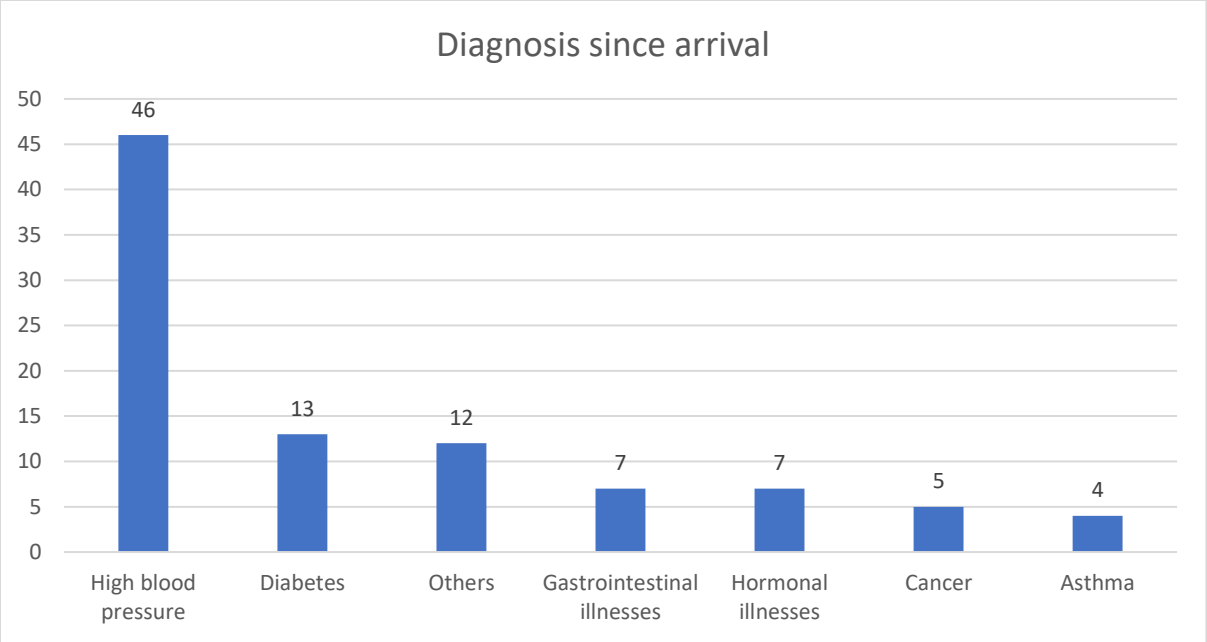

Figure 5.2: Diagnoses since arrival in the host country

The two most diagnosed illnesses were high blood pressure (46 respondents) and diabetes (13 respondents), and these two illnesses are related to diet. Four interview participants corroborated this finding when they cited overweight and obesity as some of the common illnesses among Nigerian migrants. Speaking of diabetes, Adewale said:

> If I'm going to use a layman's understanding, I think it's going to be diabetes. That is because, over time, there is going to be an accumulation. There is going to be an accumulation of sugar…The food here has a lot of sugar, except if you're eating Nigerian food, and again, Nigerian food has a lot of carbohydrates. And you know, because in Nigeria, we are very busy. You are under the sun. Traffic is messing up your system. So, you're losing everything you need to stay alert. But here you're not as active as you are in Naija. So, over time, those things lead to, probably, accumulation. (Adewale, #4)

Another participant, Omolara added that: "I think our people indulge in food because it is cheap. So, a lot of people just come here and lose their senses. I've seen it happen so many times. One of my in-laws was getting out of hand and just when he started losing weight, he had a stroke when he wasn't even 40. Today, he's bedridden. And he's somebody that was very slim and skinny. He got here, and he became massive" (Omolara, #2).

"Other" illnesses in Figure 5.2 include "anemia due to change in types of food available", "anxiety disorder", "stress", "depression and high functioning anxiety and panic and anxiety attacks", and

"nerve problems." A few of the interview participants also said that they had been diagnosed with overweight, stress and gastritis.

As seen in Table 5.4, nine out of ten respondents described their health status as "good", "very good" or "excellent". After all, health is a thing of the mind. Some people avoid being diagnosed to avoid mental breakdown. Isabella narrated how she rejected medical diagnosis:

> They wanted to diagnose me, but I didn't accept. What I learned when I got to America is that they diagnose you based on what you tell them. Every day, they look for more people that they will be treating. If I go to the hospital to tell my doctor I have headache. Tomorrow he might send me to a therapist. From there to another place. Before I know it, they might form a name for the sickness. If this thing happens in Nigeria, they will use just balm. When I gave birth to my son, I happen to meet a Nigerian nurse, she was assigned to take care of my son for six months. She used to advise me that even if my son is stubborn, I should never go to the hospital to tell the doctors that my son is stubborn. I asked why. She said, most of the time when you go to the hospital to tell them what is wrong with your son, they put him on medication. And when they put him on such medication, the children turn out to become something else. They could develop something like brain injury, or epilepsy. And, it's because of that medication they initiated. So, since then, I believe whenever you go to the hospital and tell them something is wrong with you, they will work on it, figure it out, and tell you the name of the sickness. (Isabella, #23)

The fear of stigmatisation is a reason that Nigerian immigrants avoid the diagnosis, and it corroborates the study of Omenka et al. (2020). It could also be a way of avoiding "sickness of the mind". Someone who is asymptomatic may live happily, even with a disease, until they are diagnosed. Hence, some prefer not to be diagnosed early and to live happily rather than to be diagnosed early and carry the mental burden and stigmatisation. However, the narration of another participant, Kolade shows the importance of visiting the hospital for check-ups:

> In Nigeria, we are already programmed not to be visiting hospitals for a check-up. I never knew about blood pressure until that moment the worm entered my eyes. It was discovered I had elevated blood pressure. That was when I realised I had to be on top of everything. If that thing had not entered my eyes, I wouldn't have known I had anything. It could have even led to something else. It's extremely important to do a regular check-up, just to be sure everything is good. (Kolade, #18)

Against the assumption of healthy immigrant effect that immigrants' health will deteriorate with increasing duration of stay (Constant et al., 2018; Kennedy et al., 2015; Moullan & Jusot, 2014), 41.6% of the participants said that they had better health status, and 40.6% said that their health

status was the same as when they were in Nigeria. Only 8.2% reported that they had poorer health now than when they were in Nigeria.

Table 5.5 Access to health and experience of discrimination

Ease of accessing healthcare	**Frequency**	**Percent**
Very difficult	6	2.3
Difficult	24	9.4
Easy	133	52.0
Very easy	93	36.3
Experience of less respect/fairness in the hospital settings in the last 12 months		
Never	126	49.2
Rarely	89	34.8
Some of the time	29	11.3
Often	12	4.7
Possess health insurance		
No	68	26.6
Yes	188	73.4
Description of treatment during the last visit to a hospital or health centre		
Poor	4	1.6
Fair	22	8.6
Good	82	32.0
Very good	83	32.4
Excellent	65	25.4
Description of access to healthcare compared to nationals		
Not equal	26	10.2
Somewhat equal	100	39.1
Equal	130	50.8

Table 5.5 shows that an overwhelming majority (88.3%) of the survey respondents reported that accessing healthcare in the host countries was easy for them when they needed it. Interview participants also reported that access to healthcare was easy, but this did not mean that they did not face challenges when they needed healthcare. Some participants complained that their healthcare needs were usually only taken seriously if it was an emergency. The US and UK health systems are not immune to being overwhelmed, so emergency and critical cases are given higher priority than cases perceived to be less critical, especially for those who use public health providers or insurance. One way to quickly gain health workers' attention was to claim an emergency. As one participant noted, "You'd book an appointment, or you go to the emergency center. If you wanted fast treatment, you claim emergency. But, if it's something you need to see the doctor, you can book an appointment" (Tunde, #15). Whether emergency or not, the point is that healthcare was easily accessible to migrants in the US and UK compared to their experience in Nigeria. Another participant, James narrated his easy access to healthcare thus:

> You just dial their number. It is just a phone call away. So of course a few questions will be asked like your details just to be sure how best they can match you with the details they have… Of course there may be waiting times, and they will tell you that if it's an emergency, and you are sure you cannot wait that long, drop that call and call this emergency line, at least you are sure someone will respond to you. That's one, like I said, I said, it's an issue of trust. So, even those people who are saying that they pretend that they are going to die or whatever before they can get attention. Someone is available to attend to them. I have seen cases whereby nurse will be the one performing the role of a doctor in Nigeria and they are not the same. (James, #6)

James appreciated the ease of accessing healthcare compared to their experience in Nigeria before they emigrated, as "It is just a phone call away" implies. The participant also reckoned with the challenge of a long waiting time. However, access to healthcare was easy because someone was always available and ready to attend to you.

Despite the ease of access to healthcare, 50.8% of the survey respondents said they had been treated with varying degrees of disrespect and unfairness in a hospital setting in the 12 months before the survey. Of the 50.8%, 34.8% described their experience of less respect/fairness as "rare", 11.3% said that it was experienced "some of the time", and 4.7 said that it was often. But nine out of ten persons described their medical treatment as good, very good or excellent during the last time they visited a hospital or health centre. And 50.8% of the survey respondents said that they had the same access to healthcare as the nationals.

The interview participants also expressed some level of satisfaction with the healthcare system. However, differences existed between those in the US and those in the UK (variation between the US and the UK is discussed in a later chapter). This satisfaction stems from worse experiences Nigerians have had back home before emigrating. Many of them referred to their experience with the healthcare system in Nigeria as a reason to appreciate the healthcare system in the US/UK. As Hannah in the US narrated:

> Oh, my God! The health system in the US? If I am not grateful for anything, I'm grateful for the health system in the United States. Yeah, because it's great. It's a different thing entirely. When I had my last baby here, I'm like, if this is how giving is, I would have to have more. It's so different. I remember I had my two kids back home in general hospital, I remember what I passed through, I remember how I was harassed by the nurses. But this, from the beginning of my conception till I gave birth, I was being cared for you know, it's so good. (Hannah, #28)

Another participant, Sofiyyah lent credence to the fact that comparison of previous experience in the home country with the current experience in the host country was key in the assessment of the quality of healthcare:

> I think, in comparison to Nigeria, at least, I have seen that immigrant doctors are a lot more grateful and happy. And content with this, because actually, when they're coming from Nigeria, they know what it's like to not be paid a quarter of what you deserve. Whereas citizen doctors who've been here for a very long time complain, they complain a lot about it. They don't value it a lot. Not that they don't value it enough but they are sad about the situation and they complain a lot. Whereas immigrant doctors [are] a bit more content. (Sofiyyah, #11)

The argument here is that many immigrant patients and doctors from Nigeria have experienced poor situations back home. But the better situation in the host countries is something to be grateful for.

5.4 NAMES

Table 5.6:Ethnic names

Category of first name	**Frequency**	**Percent**
Ethnic name	150	58.6
Islamic name	59	23.0
Biblical name	19	7.4

English name	28	10.9
Category of surname		
Ethnic name	213	83.2
Islamic name	29	11.3
Biblical name	2	.8
English name	12	4.7
Immigrants who bear English names will experience more privilege than those who bear ethnic/religious names		
No	133	52.0
Yes	123	48.0

In Table 5.6, it is shown that more than half of the survey respondents reported that their first name is ethnic, and 23% said theirs is Islamic. Those with biblical names comprised 7.4%, while 10.9% said their name is English.

5.5 CONCLUDING REMARKS

In this chapter, the descriptive, univariate analyses of most (though not all) of the items in the survey questionnaire were presented, with further insights from the qualitative data. The chapter presented descriptive results on labour market outcome, labour market equality, health status, access to healthcare and experience of discrimination. The chapter shows that postgraduate education is a means via which many Nigerians migrate to the US and UK. This is partly because it is easier to obtain a study visa than a work visa. The chapter shows evidence of occupational deskilling for many Nigerian migrants. However, most of them did not mind, considering that they enjoyed social amenities in the host countries. In addition, there are clear and predictable paths to occupational mobility, that is, acquiring certain skills, degrees or certifications will likely increase their chances in the labour market. Regarding health, Nigerian migrants have good subjective health and many of them expressed better subjective health in the host countries than when they were in Nigeria. This due to clean enviroment in the host country in addition to less noise and little or no exposure to dust and other substances that are inimical to human health. Many of them face

loneliness, and surprisingly, social networks from home country are their coping strategies because life in the host countries is individualistic and everyone is busy.

CHAPTER SIX. IDENTIFICATION AND THE MEANING OF INTEGRATION (PROJECT ONE)

6.1 PRELUDE

This chapter addresses the first research question of this thesis. It answers how Nigerian migrants in the US and UK identify themselves and how they understand the idea of immigrant integration. In this chapter, I present results on which country or culture Nigerian immigrants identify with (whether Nigerian or American/British) and whether this is commensurate with their understanding of integration. The findings discussed in this chapter are mainly drawn from the qualitative study. Only Table 6.1 and Figure 6.1 were generated from the quantitative survey.

It should be noted that the focus of this chapter is not a detailed analysis of culture. Culture is dynamic, broad and can occupy a whole thesis. Hence, I am interested in something other than the deep meaning or analysis of culture. This chapter- especially the next section- focuses on how Nigerian migrants self-identify: whether they identify more with Nigeria or with the host country. Depending on their response, they are then asked to explain what aspects of Nigeria or the host country they identify with. Some of the things participants mentioned include food, attire, language and other ways of life. Of course, all these things are components of culture and could be another broad area of investigation. The anthropological analysis of these cultural components is beyond the scope of this thesis. To be sure, the research questions that the chapter answers are, (a) How do Nigerian migrants self-identify? Do they affiliate themselves with the Nigerian culture or American/British culture? (b) What do Nigerian migrants understand by the concept of "immigrant integration", and how does identification shape their understanding?

"Nigerian culture" is interpreted broadly to mean ways of life that are common in Nigerian but may not be widespread in the host country at the time of this study. Examples include food, ways of greetings (deference to elders, senior colleagues) and so on. "British/American culture" is interpreted to mean things are practised in the two host countries but may not be common in Nigeria as of when this study was conducted. Examples include homosexuality, individualism, impersonal relationship and so on.

6.2 SELF-IDENTIFICATION

Table 6.1:Declaration of cultural identification

Options	Frequency	Percent
I have lost the Nigerian culture and embraced the culture of this country	3	1.2
I am losing some elements of Nigerian culture and embracing some cultural elements of this country	24	9.4
I have retained the Nigerian culture, I will not imbibe the culture of this country.	36	14.1
I still retain the Nigerian culture; I have and will also imbibe the culture of this country	193	75.4
Total	*256*	*100.0*

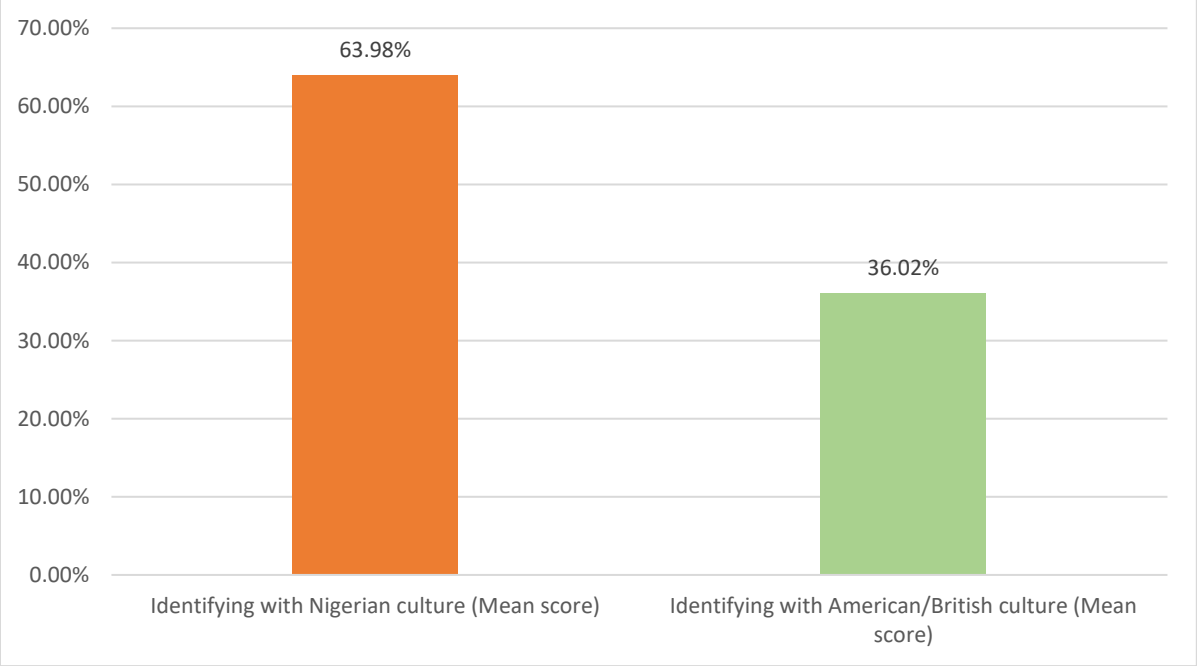

Figure 6.1: How survey respondents declared their cultural identity

Table 6.1 shows that three respondents (1.2%) said they had completely lost Nigerian culture and declared their loyalty to British/American culture. This is the category that Berry (2001) and Ullah et al. (2021) refer to as assimilation. An important question is: Why do they identify this way? Did they do so from what Imoagene (2012) called an instrumental point of view (that is, because of what they gain from the host country?) As discussed in the literature review and theoretical

orientations, it is difficult to fall, in strict terms, into the Nigerian culture or the British/American culture, because unknowingly, what migrants (and possibly non-migrants) practise is hybrid identity or culture (Rapoport et al., 2021). As can be gleaned from the table, an overwhelming majority indicated identification with cultural elements of both countries. For example, the majority (75.4%) fell into what earlier scholars called different terms, including "cultural hybridity", "hybrid identity", "integration" or the "multicultural view" (Berry, 2001; Boland, 2020; Imoagene, 2012; Ullah et al., 2021; Wagner, 2016), because they stated that they had retained Nigerian culture while also imbibing the culture of the host country.

Twenty-four (9.4%) agreed that they were gradually losing Nigerian culture and embracing the culture of America or Britain. This group in Berry's typology are between assimilation and integration. This shows the fluidity of cultural practices. It is unclear whether they will lose most of the Nigerian culture in favour of the American/British culture (in which case they will fall into the assimilation category) or will be able to manage elements from both cultures (integration). However, what is likely in the host countries is cultural practice that is a mixture of many cultures, including the original culture, host culture and cultures of many nationalities in the host country.Thirty-six people (14.1%) said that they had maintained their tenacity with the Nigerian culture and will not imbibe the host country's culture. Berry (2021) refers to this category as separation, while Imoagene (2012, p. 2164) calls it "a sense of not belonging". I call them "cultural radicals" in this study.

To be clear, survey respondents were asked to state in percentage the extent of their identification with the culture of origin and the host country. Figure 6.1 gives credence to the results shown in Table 6.1 because, on average, respondents indicated that they identified with both cultures simultaneously. However, they tilted more towards the culture of their origin.

The qualitative interviews showed that participants had varying degrees of identification with the culture of origin and host country. For the sake of analysis, I categorised their narratives into (1) cultural radicals; (2) assimilationists; (3) hybrid identity or multiculturalists (Berry, 2001; Imoagene, 2012).

To be sure, my use of cultural radicals here does not connote any form of negativity. It refers to a category of people who hold tenaciously to the Nigerian culture and refuse to allow their original culture to be overshadowed by the host country's culture. This, however, does not mean that they

hold on to the Nigerian values 100%, because the money the spend and many daily activities they engage in are cultural components of the host country. Assimilationists refer to those who self-declare allegiance or affinity with the host country at the expense of the Nigerian culture. The third category refers to those who identify with both cultures. But of course, I am interested in whether participants will declare allegiance to one culture than the other.

Of the 28 interview participants who responded to this question, six people reported total or greater allegiance to the British/American culture than the Nigerian culture (so they can be regarded as assimilationists), while the remaining were either cultural radicals or multiculturalists (they declared total or more allegiance to the original culture than to the American/ British culture).

6.2.1 Allegiance/affinity with the host country

Two of the six participants in this category reported hybrid cultural practices but declare more allegiance to the UK/US than to Nigeria. The remaining four reported total allegiance to the ways of life in the host country. More on the interrogation of these four participants shortly. One of the two participants who reported more allegiance to the host country insinuated that it was due to time, as he had been in the host country for close to two decades and had consequently lost touch with most Nigerian ways. However, he still wore Nigerian attire and ate Nigerian food. He (Chinedu) stated: "I don't even know what is going on in Nigeria. To be honest. I don't know what is going on in Nigeria. I've been out of Nigeria since 2003. I just go, I can tell you it's countable the times I have spent in Nigeria. So, I don't know what is going on in Nigeria" (Chinedu, #31). Nevertheless, Chinedu stated that he still practised some aspects of Nigerian culture: "I still know a little bit of my culture. Well, I still wear the clothes, the Africa cloth, I still eat Africa food…I still eat my Amala, I still eat all those things, so I still eat my Igbo food, I still eat my Nkwobi, my eat my Ayamase (Chinedu, #31). The use of the possessive pronoun "my" is an indication of some allegiance to Nigeria. This reinforces the notion of absent presence (Garba, 2018; Yan, 2015); that is, he are geographically far from Nigeria, but some ways of life (attire, diet) are still present in them.

The second participant, Olalekan, who reported more allegiance to the UK/US culture, appeared discouraged by his experience of dishonesty and lack of merit in the Nigerian system. However, when he got to the UK, he felt that the ways of life and access to opportunities were more

meritorious and "liberal" than the Nigerian system. When asked to explain which culture he associated with the most, the participant stated, "Well, to be truthful, I'd say 75% of Britain and 25% of Nigeria" (Olalekan, #12). The participant justified his response thus:

> I'd say, I don't know how to tell lies again, because what makes up a society is the norms, culture, and tradition. In Nigeria, telling lies is part of the tradition. Moreover, unnecessary sentiments have left my life, which can make me do anything for anybody. Travel is a part of enlightenment. There are some things that have gone wrong in Nigeria, and if we didn't put them in place, we'd still be having problems. (#12)

Olalekan's response falls into what Imoagene (2012) refers to as instrumental identification because the participant benefits from the opportunities offered by the system of the host country.

Four of the six participants who reported almost total allegiance to the US/UK culture also had some reasons ranging from their negative experiences in Nigeria (such as insecurity and lawlessness) to their upbringing. Three of the four participants' narratives appeared to have been moved by unpleasant experiences, while the remaining one was brought up within a Western lifestyle. Despite their declaration of total allegiance to the host country, these participants still bore Nigerian names; they eat the Nigerian food and listen to the Nigerian music. They resent the Nigerian system due to the unpleasant experiences but have elements of "Nigerianess" in them, suggesting that in reality, they practise mixed culture.

From among those who had unpleasant experiences, one of them, Rachael, said: "I identify with UK at all times o. I don't even remember that I came from Nigeria. Yes, o. I'm telling you this because I'm at peace. So, I don't even remember home. No, I don't" (Rachael, #1). Another participant, Gbenga, in an emotional tone, averred that:

> ...I will say, people not minding their businesses, you know, somebody walk up to you, asking you questions, how are your children, you know, that they notice that you've been coming back late… in this part of the world, you could live a mind your business kind of lifestyle…There were a lot of stigmas that were painted back in Nigeria. For example, in Nigeria, if we see somebody with a tattoo or smoking, they will look at that person as a bad employee, or in church, they will look at that person as a very bad person. But in this part of the world, you just found out that you could have somebody that smokes, who has a tattoo on their forehead, and who is actually a very good person, you know, great person, great personality, hardworking, you know, responsible, very responsible person. (Gbenga, #10)

The quote above shows that (1) Gbenga did not appreciate some form of communal living and culture that still exists in Nigeria, and (2) He frowned at positivistic criminology that claims to explain criminal behaviour in 'scientific' and 'objective' terms by differentiating criminals from non-criminals based on bodily characteristics including body tattoos (Kruger, 2020). The narratives of Gbenga and Olalekan resonate with the argument of Fozdar and Spittles (2010) that people's relationship with a nation-state may be based on either a legal-rational connection, which is similar to the instrumental identification of Imoagene (2012) or ethnocultural bond. Some expressed affinity to the host country because they prefer the new culture. Others do so because of what they think the new country can offer. Aside from these reasons, Gbenga also justified his response by making reference to systemic problems that made him switch allegiance from the Nigerians ways to British culture:

> You know, one of the reasons I left Nigeria was largely influenced over time, by hardship and poverty, you know, so I feel like average Nigerians might be jealous, you know, more competitive towards their neighbors… if you look at late Dr. Dora Akinyele, you know, of NAFDAC, she found out that when she started out, a lot of drugs manufactured in Nigeria had inactive substances, you have somebody selling powder, you know, crystallised powder instead of aspirin. So, you have somebody that has a headache, and he takes that, and there's no effect, and he gets sicker; or you have patients in the hospital, and the blood sugar level is very high, and the doctor says, let's inject this patient so that he gets better. But the patient will still die because they probably bought fake insulin… you go to the office, your boss acts up crazy, uses unprofessional words to quantify you, you know, in the open floor, but in this part of the world, you will tell your boss that you are closing by 2pm and the boss will just say, "say no more, see you tomorrow". Yeah, yeah, but the truth is that this their system here, has been run in a very efficient and effective way over time, and the prosperity has passed on to future generations…there was one day when I was on my way to work here in the UK and I noticed that people that are supposed to be of working age, you know, the locals, the white people just wake up and go have coffee for two hours. That is just so crazy to me. Why do black people have to work so much? You know, so my wife just said that those people are probably living on benefits, that the system is working for them. They are living very good lives already, so that kind of person is not that pressured to tell a lie, or to engage in crime. (Gbenga, #10)

The quote above relates to Imoagene's (2012) instrumental explanation because the participant emphasised what the system in the host country offers that the Nigerian government does not offer. An important lesson from the quote is that unserious government or political class is at the centre of social problems in Nigeria. The systemic problems that Gbenga and his family had been exposed to before emigration made him distance himself from Nigeria. However, he holds a Nigerian passport nad has a Nigerian family of procreation. Another participant, Jacob, who worked in the

US Army at the time of this study had a similar experience of injustice and unfairness in Nigeria. Jacob narrated that he had wanted to join the Nigerian military but faced nepotism and favouritism:

> At the moment, I'd say I am 100% American. Currently, I am an American citizen because I have citizenship. I joined the military. And when you join the military, you will be defending the country. Right now, I am 100% American. …The military is something I have always loved to do. When I was in Nigeria, I tried to join the air force, but if you don't know someone in Nigeria, you can't be someone. I went for the training, and for one week, I was at Saint Andrews Air Force base in Ikeja. For a whole week, I was sleeping on the field. Even people who are shortlisted didn't even go for the training. I know some people that were shortlisted but didn't go for the training. After that, I went to the Marine school at the Federal College of Fisheries and Marine Technology in Victoria Island. After our course, we were meant to go for two years industrial training [IT] on shipping vessels. I went to over 50 shipping companies in Apapa. I went to Apapa more than 50 times, looking for a company where I can do my IT. That two years expired on a trial. That form expired. Nobody gave me that opportunity because I don't know anybody. (Jacob, #19).

It can be gleaned that Jacob related his response to citizenship in the host country (another instrumental point of view in Imoagene's (2012) explanation) or legal-rational connection to the host country (Fozdar & Spittles, 2010). The point here is that, with these experiences narrated by participants in their own country of origin, one may wonder whether they will see discrimination or inequality in the host country. Many Nigerians' unpleasant experiences in their home country may cause them to see a fair situation as excellent. In addition, despite Jacob's unpleasant expriences, he attended a branch of his Nigerian white garment church in the US, suggesting some level of affinity with Nigeria despite the declaration of total allegiance with the host country.

An important lesson here is that "assimilation" may not necessarily be forced upon immigrants by the host country's government, even though the government of host countries appreciates that migrants embrace the cultural identities of the new country (Bartram, 2021; Schinkel, 2017). It may be voluntarily done by immigrants from an instrumental point of view based on perceived benefits and satisfaction with the social system of the host culture (Imoagene, 2012) and unpleasant experiences in the country of origin before emigration. The unpleasant experiences push some people to emigrate in the first place. However, total assimilation is unlikely for a first generation migrant, especially if (s)he travelled to the US or UK as an adult after living in Nigeria for decades. A close observation will always reveal some elements of being Nigerian in them.

6.2.2 View of multiculturalists and cultural radicals

Here, the views of cultural radicals and those who self-declare hybrid identification are discussed together because they both express more allegiance to the original culture than the host culture. In some instances, they are difficult to separate. For these two categories, their reasons for tenacity to the Nigerian culture more than the host culture include food (Simon, James, Fatima, Isabella), language/accent (Sade, Alice), anti-homosexuality (Hannah), news update (Sofiyyah), ideology (Omolara, Alice), citizenship (Mark, Bimbo) and duration of stay in Nigeria before emigration (Adewale, Ajibade, Kolade, Bolaji).

Regarding food, participants stated that Nigeria has better dishes than the host country, which resonates with Nyamnjoh (2018) work regarding how food constitutes a form of identity. In that regard, Simon stated:

> I'm 100% Nigerian. In terms of culture, for me, I'm actually somebody who is very rigid when it comes to culture. When it comes to food, I'm very rigid about food. I have been eating Nigerian food since I have been here. I go to African shops, and I get to buy food from Lagos. I buy raw food and I get it when it is brought in here through cargo. In terms of behaviour and all, basically, I don't think much has changed. (Simon, #4)

The participant above may be categorised as a cultural radical because (1) he stated that he is 100% Nigerian; (2) he used the word "rigid" to describe his loyalty to the Nigerian culture to the extent of importing his food items from Nigeria. However, Simon married a British wife and have creole children, which contradicts the claim of being 100% Nigerian. Another participant, James, expressed his loyalty to Nigerian delicacies thus: "In terms of the one I have dropped, well, in my own family, we still do like we are home. And we do everything like we are at home, we eat Nigerian food, because I find it very hard to switch to another food" (James, #6). James can be described as a multiculturalist because he has embraced some British ways but retained a Nigerian diet. Like Simon, Isabella maintained absolute loyalty to the Nigerian culture because of the food. She averred:

> I still maintain my Nigerian identity 100%. I don't eat American food. This is because they don't have food. They only have snacks and leaves they eat. Their only food is bread and pasta. Sometimes, they cook meat, and they say that's food. That's not food to me. I eat my Nigerian food. Even my son I gave birth to here, he doesn't eat American food. Every time, I must have Okro soup at home because that's what my son likes. Though he eats

> some American food like pasta, he will never eat pasta and pasta sauce. He wants the Nigerian sauce. (Isabella, #23)

Again, this resonates with Nyamnjoh (2018, p. 25) that "food and cuisine are symbolic expressions of migrants' sociality". What Nyamnjoh called "remembering birth through food" and "remembering the dead through food" (p. 32), I call remembering home through food. Some of the Nigerian participants stated, like Isabella, that Nigerian foods such as jollof rice and egusi are second to none. These foods serve as symbols that connect them to their origin, as can be seen in the case of Chinedu, quoted earlier, who had not been in touch with home for many years but was stuck with Nigerian food.

Regarding language and accent, some participants frowned on Nigerians who emigrated and acted like they did not understand their indigenous language and those who tried to force the British/American accent when they spoke. As Sade narrated, "Yeah, I'm still like 100% Nigerian… I mean, I love my culture. I mean, some people have started changing, you know, and trying to make the British accent, but I'd rather stick with my own, you know, because I'm Nigerian. I'm always Nigerian" (Sade, #3). Another participant, Atinuke stated:

> I'm a Nigerian to the core. Even my kids feel insulted when you tell them they're Americans. My son can speak Yoruba, and my daughter can speak a little bit but she understands. If my son hears anyone speaking Yoruba in the store, he will greet them, and converse with them. Yes, he was born in Nigeria, and he spent his first five years in Nigeria. Ever since then, he came to the UK, then to the US. But they consider themselves Nigerians. So, any time I want to turn them off, and I say, you are behaving like an American, they feel insulted. I converse with my kids in Yoruba, although, oftentimes, they reply me in English. When they impress me, and I want to bless them, I do that in Yoruba. I pray for them in Yoruba. And they understand. (Atinuke, #27)

The narratives from participants Sade and Atinuke can be said to be a manifestation of the tussle between assimilationism and cultural radicalism (that is, between those who identify with the host culture and those who see the need to uphold the original culture). In addition, the two participants appear to be ethnoculturally attached to Nigeria (Fozdar & Spittles, 2010).

Some participants narrated that they identified more with the Nigerian culture because they have spent more time in Nigeria than in the US or UK. As Adewale said: "I will say maybe 90% Nigerian and 10% British…from when I was given birth to age 30, I've always been in Nigeria. Just now I'll start imbibing the British part of me. So, Nigeria, I will say, like culture, food,

lifestyle, the way we do our things. And over here, in Britain, I am ready to imbibe the aspects of travel" (Adewale, #5). Another participant,Ajibade, narrated how the duration of his stay informed their decision thus:

> On a scale of 0-100, I can say I am 70% Nigerian because before I left Nigeria, I was 100% Nigerian. There wasn't exposure to the Western part of the world…I came here when I was matured. My life is already formed. Although Westernization is still going to bring in some things. That's the reason I said I'm 70% Nigerian, 30% American. What made it 30% is because of where I stay, the people I work with, my day to day experience, the kind of music I listen to, the kind of place I go to, the kind of people I meet, and all. (Ajibade, #17)

With these narratives of the role of time, one may be pushed to assume that with time, the Nigerian culture will gradually erode from the heart of Nigerians in the diaspora, and indeed, that was the case of Chinedu (participant 31), quoted earlier, who stated that he had been out of Nigeria for a long time, and that is why he identified more with American culture. However, three participants (all females) who had been away for at least two decades and held British/American citizenship remained ideologically tenacious regarding Nigerian culture. The first is participant Atinuke, who had left Nigeria since 1995 and demonstrated much attachment to the Nigerian culture. The second is Omolara, a Britain-born participant who expressed allegiance to Nigeria and the Yoruba culture. The third is Alice, Germany-born and has spent many years in Germany, the UK and the US but remained culturally radical and tenacious to the Nigerian identity, including the language and traditional religion of Ifa. Alice narrated that she travelled to Nigeria to get her voter's card and will go home again when it is time for elections. Surprisingly, she used the word "home" to refer to Nigeria despite being born in Germany and despite being exposed to different cultures in Germany, US and UK. In an emotional tone, Alice contributed to the tussle between assimilationists and cultural radicals:

> …And then everybody's complaining 'oh there is insecurity in Nigeria, I cannot travel home. Oh my God, they told me that they kidnap'. Excuse me, now it is time to vote, are you not supposed to be looking for how to get your PVC and land in that Nigeria in your numbers organised? If you can organise for Owanbe, you should be able to organise that all of you be on the flipping plane and land in Nigeria to vote (Alice, #20).

In other passages, Alice expressed dissatisfaction with Nigerian migrants who imitate the ways of the West. The participant supported the traditional religion of Ifa and denounced Islam and Christianity, which she believed are alien to Africa.

Two participants (Bimbo and Mark) said they are more Nigerian than British/American because they only have Nigerian citizenship. To them, it will be an illusion to say that one is more American/British when their passport reads that they are Nigerian. Imoagene (2012) related this to the instrumental perspective, where the feeling of (not) belonging is expressed based on opportunities and passports. It also resonates with the legal-rational relationship with the nation-state (Fozdar & Spittles, 2010).

The important point is that the majority (22 out of 28) of the participants rhetorically identified more with the Nigerian culture than the American/British culture. Of this number, there are radicals who demonstrated detachment from certain aspects of the host culture. The detachment gleaned from their response does not mean that they do not embrace some elements of the host culture. However, the tone of their responses says a lot. In fact, most participants have elements from both cultures with varying degrees. An example is a participant who demonstrated elements of cultural radicalism and assimilation at the same time. As they said:

> I'll say I'm still like 70% Nigerian and 30% American. That is because there are some cultures that I will never agree with in America. You know, like the homosexuality Yeah, I will not agree. Though I don't condemn them, but I will never accept it. It's a No for me. Yeah. To my Values, I have worked in the healthcare sector and we were meant to advertise them, be with them and this and that. I am always up on my value. I won't condemn them. But that is a no for me, I can't even comprehend that. I mean, no……. I agree whipping is not it…..Americans believe a child should be able to do certain things……So I tried to compare both. We use force in Nigeria and we don't use force here and they still get to know what they have to know. So, I am with Americans. It's a good one to allow kids to learn by playing, here, they learn by talking, they learn by participating (**participant's pseudonym and number are concealed**)

The lesson here is that in practice, it is not easy for a migrant to shun the host country or remain tenacious to the original culture in totality. Culture is dynamic, and it is uneasy to say that one person belongs to one culture and not the other. Hence, in practice, most Nigerian migrants have hybrid identity. However, the extent to which migrants mediate between each culture varies. While some prefer associating more with the original culture, others prefer to be loyal to the host culture. It is important to say that migrants do not just remain tenacious or loyal to a certain culture; their decision may be partly based on previous experience and perceived or actual benefits derived from both countries of origin and destination. Aside from the cost-benefit analysis, ideology is another factor that shapes migrants' orientation regarding which culture to identify with. Then, what shapes

the ideology? Why do some remain tenacious with respect to Nigerian culture even when the host country offers them better opportunities and privileges? Could it be the environment and society, socialisation, course of study, and so on? To reiterate, it makes sense to say that migrants may tilt towards one culture than the other. For example, the decisions to marry from a certain nationality and to give kids Nigerian or British/American names are indicators of which culture migrants tilt towards. However, what happens in reality (especially for first generation migrants) is the practice of hybrid culture.

6.3 THE MEANING OF INTEGRATION: ASSIMILATION AS MEANS OF SURVIVAL

From the expression of attachment to the Nigerian culture discussed in the previous section, one would expect that participants' understanding of "immigrant integration" would be similar. However, the reverse was the case except for a few participants. The explanations provided by most participants suggest that integration relates to assimilation – tilting towards the host culture. Participants used specific keywords in their definitions to glean where their understanding of integration falls. Figure 6.2 shows the keywords participants used to define integration and their frequency.

An important lesson from the word cloud is that participants' understanding of integration is cultural. Their views revolve more around the cultural understanding of integration, as seen in the work of Berry (2001) and Schinkel's (2017) argument in chapter two, rather than on positive experience in different aspects, including the labour market, housing, etc. (Penninx & Garcés-Mascareñas, 2016).

Figure 6.2: Word cloud showing keywords used by participants to describe immigrant integration. The size of the word is relative to its frequency.

Twenty-three participants were asked to state what they understood by "immigrant integration", out of which three people stated that they had no idea. Four of the remaining twenty participants appeared to be aware of the colonial and decolonial debates around the concept of immigrant integration. Two of these four participants were among the people categorised as cultural radicals in the previous section. Most of the 16 remaining participants saw integration as embracing the host country's culture. However, I first present the key issues raised by the four participants whose definitions appear radical.

6.3.1 Views of cultural radicals

Three of the four participants perceived integration as the process through which immigrants lose their identity and values and try to force themselves into the cultural space of the host country. This resonates with the discussion of integration in the second chapter of this thesis. Recall that Schinkel (2013, 2017, 2018) was critical of the definition of integration in many European countries and had made reference specifically to the SCP that stated that integration "requires that all migrants learn the Dutch language and adopt the norms, values and forms of social conduct prevailing in our country" (Schinkel, 2013, p. 1149). In fact, it was partly because of the colonial tone that migrants must forget their original ways of life and adopt the new country's culture that the notion of "immigrant integration" has come under criticism in migration studies.

Some participants understood this view because being integrated, to them and in line with Schinkel's position, would mean that they have embraced the host culture to the detriment of their original identity. Hannah in the US affirmatively distanced herself from "being fully integrated". When asked what she understood by the notion of immigrant integration, she stated: "I'd say some immigrants are integrated because, I've met some Nigerians, and I have to ask them if truly they are Nigerians. These Nigerians have imbibed the American culture of disrespecting old people. They have jettisoned the way we use our hands to eat some food. Some people have fully integrated already, but not all of us. Some of us have conscience" (Hannah, #28). This participant frowned on the lack of symbolic expression of culture among some Nigerians. The second of the four participants saw integration as finding one's own space instead of forcing oneself into the culture of the host because it might lead to culture shock. As She explained:

> For me, I'd say integration means finding a cultural space within the society. I feel integration is more about when a person moves to a new country, they find themselves in the spaces where people from their own country are. So, in a way, it helps them to ease into the new system better. Instead of them encountering so much culture shock at the same time, they first get to meet people that they are from same country, and those ones will tell them how things work here. So, it's like they are getting information of this new place from those who have been there, which are people from their own country. So, it's like they still have that connection with home, even though the physical space is not home, but home is more like the cultural spaces they find themselves. (Bimbo, #16)

The view expressed by Bimbo suggests the ability to manage the host's culture while retaining the origin's identity. She further expressed the importance of being in touch with "home" and was displeased with Nigerian migrants who try to dissociate themselves from the Nigerian identity:

> ...We were a group of people that came in together, and we were cool. When we've spent about four months in the US, we had a program, and there was this lady that was just speaking English. She didn't even speak Yoruba at all, and she distanced herself from us, and it was a turnoff for me. Even when she wants to pronounce her name, she doesn't pronounce her name like a Yoruba person would do. She pronounces it in an Americanised version, and it's weird. There are some people that embody the American system even more than the Americans themselves, and they try as much as possible not to interact with other Nigerians, or people who have the same accent as them, and it's just problematic, because it's really good not to lose yourself. (Bimbo, #16)

Like Hannah, Bimbo also saw integration in a relatively negative light because it suggests holistic adoption of the host culture instead of also being in touch with the home country. Their view expresses what Schinkel (2013) refers to as culturism – a situation where nationals of a host country or migrants themselves believe in the superiority of the host culture over the culture of migrants. This view is similar to the assimilation policy adopted by the French colonialists in some parts of Africa, which was harmful and inhumane (Johnston, 2003).

Atinuke shared a similar sentiment and expressed regret that she had made some mistakes in inculcating American values when they newly arrived. However, now, she is stuck to Nigerian culture. To her, integration was political and used to portray the rejection of the original culture and the adoption of the American culture. The fourth participant, Alice, in the category of cultural radicals expressed her radicalism when she said:

> So, when you talk about integration, are you talking about assimilating your host country's culture or you are talking about making your own culture a force to be reckoned with in that host country?... What it means to me actually, I'm much more impressed with the enslaved peoples that were tak[en] from Nigeria to places like Brazil and to Cuba and to all the other Caribbean. I'm more impressed with those ones than I am with the ones that have voluntarily migrated from Nigeria to Europe. Because the ones in the other countries, you see Yoruba culture is evidenced in their life, spirituality. They speak Yoruba there. The food is there, you will see your Yoruba food there, the spiritualty is there. Wait, why should I want to learn about Yoruba from the Brazilians? But the ones that took themselves on the plane by themselves to the Europe, that's when they know that they are no longer Nigerians, they say they are British, they are Germans, Americans, please excuse me. It's ridiculous. You that you spoke your language in Nigeria, that they raise you in Yoruba, you will now land in Europe and then your own children you will tell them that Yoruba is vernacular and that they should sound British, what problem is this? (Alice, #20)

When asked why assimilationism is common among some Nigerians, Alice said that:

> They do this because they want to be exposed. When they come back home to Nigeria, they want to be looked at as foreign, they want to be pretty cool by all means all over the place. They want to oppress the ones that are in Nigeria and the matter the tire me……The West are looking for your culture to even commercialise, what are you integrating into? What, what, what? Whether you speak half English or you speak full English, English is English. At least you're communicating and people are hearing. Which one is the one that you will now force the accents, because when Nigerians now start forcing this stupid British accent or American. I do not I actually cringe. I am so embarrassed for them. ...I will rather prefer to integrate in Nigeria than integrating somewhere else. (Alice, #20)

Alice can be said to (1) also see integration as a supremacy battle between two cultures; (2) be aware of the politics of integration policies and thinking on the lines of Schinkel (2017; 2018) when he denounced the colonial conception of the concept. Alice referred to the celebration of the Ifa Festival in Brazil, which attracted the attention of international media. She wondered why Brazilians appreciate the Yoruba culture and religion more than Nigerians. She was a heritage architect, and this may explain her attachment to the Nigerian culture and her view of immigrant integration.

Participants in the category of cultural radicals echoed the view of Kutor et al. (2023) in that they see immigrant integration as a wicked concept which the host countries want to use to express cultural superiority over the migrants. Perhaps, future studies can investigate how participants in this category develop this view of immigrant integration and from where.

6.3.2 Assimilation as a means of survival

Most of the remaining 16 participants saw integration as imbibing the host country's culture. As seen in Figure 6.2, they used various words to explain integration, including "blend", "fit", "assimilate", "learn", "trying" "adopt", "belonging", "imbibe", "sink", "mix", "inclusion", "absorb". The views of these participants summarise that "when you go to Rome, do like Romans" (Catherine, #30). To be clear, this assimilationist view does not necessarily mean that Nigerian migrants have lost touch with their roots; it could mean that they pretend to "do like Romans" and play politics because of the fear of negative migration experience. More on this later.

One of the participants, Kolade,who used the word "assimilate" a few times in their explanation stated that "integration simply describes the ability of someone moving from one place to the other

to assimilate their culture, have less cultural shock, and be able to feel among others. Assimilate their culture in the sense that when you are coming to a new place, you observe and learn their culture" (Kolade, #18). Kolade equated integration to assimilation like Favell (2019) did– a view that Schinkel (2017, 2018) frowned against. Secondly, the participant equated a sense of belonging to integration. As Ullah et al. (2021) rightly noted, many migrants believe that assimilation (the idea of embracing the host culture almost completely) will make them be seen as "insiders". However, nationalists who uphold anti-immigration sentiment will always see immigrants as "outsiders" and others regardless of their duration of stay, intermarriage, skin colour, etc.

Sofiyyah used multiple words such as "belonging", "merging", and "settling" to describe integration thus: "I think integration means that someone is basically, like, embodied everything about where they are living in…They feel like they belong to the people, they don't feel like they are different, and they understand the intricacies and everything that happens within the system. So yeah, like you are really, merging in and settling in, well" (Sofiyyah, #11). Unlike the assumption that both immigrants and nationals should be involved in integration, that is, integration as a two-way process (Klarenbeek, 2019), Sofiyyah and Kolade see integration as the sole responsibility of immigrants. Although some participants see integration as a way of "being mixed with the crowd that you're blurring your differences" (Catherine, #30), they suggest that it is the responsibility of immigrants to make sure that they act and behave like the nationals so that no difference is observed. In this regard, Mark stated:

> The UK is a very funny country……Once you are here, it is up to you to find your way as to how you integrate with the population, or if you choose not to integrate. So, it's up to you to determine how you go about your own integration. If you choose to integrate, you know, the UK lifestyle is there for you. And then you have to more or less adapt; you have to more or less, you know, fit in and adapt if you can; and if you can't, you can choose to be on your own. (Mark, #13)

Another participant, Olalekan, explained immigrant integration thus: "I feel like integration is how well you sink into a system or how well you were able to…I think adapt (Olalekan, #12). Another participant, Bolaji, said, "You are trying to integrate yourself in a system, that means you are trying to change your habit, lifestyle, culture and all those things" (Bolaji, #22). In all these, the notion of multiculturalism did not come into play because the participants saw integration from an assimilationist perspective – as learning, imbibing and copying the cultural ideals of the host country. In other words, the nationals or government of the host country have no business finding

immigrants a cultural space; immigrants should find their way of embracing the centre culture. So where host governments intervene, they do so not to mediate between the different cultures of immigrants and the host culture; they intervene to institutionalise policies that will make immigrants sink into the host country's culture. This notion was the basis upon which Schinkel (2013, 2017, 2018) rested his pessimism and advocated for a social science against immigrant integration. Schinkel demonstrated that integration is the process through which states use policies that allow the culture of the host country to dominate the cultures of immigrants, thereby leading to the demise of immigrants' cultures.

Therefore, the question here is, since Nigerian immigrants mostly self-identify with the Nigerian culture, as I have demonstrated in the previous section, why and how do they see integration as the process of shifting towards the host culture (that is, from an assimilationist view)? To answer this question, I borrow an insight from the cosmopolitan-success and conservative-failure hypotheses (CSCFH) (Alabi et al., 2022; Kunnuji et al., 2017), which suggests that when migrants choose to be Western and embrace the new culture, they will have positive migration experiences. However, when they choose to be "conservative" by remaining tenacious to the original culture, they will have a negative migration experience. A previous publication criticised the CSCFH for being an offshoot of modernisation theory and neocolonial in outlook (see Alabi & Ramsden, 2022). As Schinkel (2017, 2018) noted, immigrants, upon arrival, are usually viewed as others, outsiders, and problems; their acceptance into the host community depends on the extent to which they have given up their original culture and embraced the ways of life in the host country. Therefore, immigrants succumb to the host culture to avoid being treated as an outsider. They become "cosmopolitan" and Western. Some of the participants expressed this view in their responses. An example is Ajibade who said:

> To me, there are times you can learn the integration process. That is if you want to. Integration, to my own understanding, is trying to blend in into a particular setting or a particular life style. You know, it is impossible for me to bring in the way I do things in Nigeria and be applying it 100%. You have to try to integrate, try to copy what they are doing. There are some certain things that I have to learn how they pronounce it. For instance, at home, when you are back, we don't use the term "shower" instead, we use the term "bath." Here, we don't say "I want to use the toilet," we say "I want to use the bathroom." There are several other things like that. The concept of integration is me trying to learn the little things around me, so I won't be the odd one out. (Ajibade, #17)

It can be gleaned from the narratives and the response from Mark, quoted earlier, and other participants that there is no forceful imposition of the host culture on immigrants, but the system is structured in such a way that if you choose to remain tenacious to your original culture without embracing the host culture, you will be on your own (Mark, #13) and be the odd one out (Ajibade, #17). Being the odd one out may have psychological implications for the immigrants and how they are treated at work. Consequently, I argue that, although most Nigerian migrants in the US and UK identify with the Nigerian culture (such as its food, ways of dressing and so on), they imbibe some cultural aspects of the host country because of the need to survive and avoid negative migration experiences. The explanation of Mayowa sheds some light in this regard:

> Well, I suppose that means your ability to blend in into the system that you are living in. …So the lifestyle of the people here... you have to work almost all the time. Because you want to pay bills you don't want to get messed up …So generally I'm integrating as much as I think I should...I am not too far away from what the system requires, I am able to find my feet here and there, in terms of getting along with the culture of the people, like I wouldn't say, I'm used to their culture. No, I'm still more of a Nigerian than a British. Yes. Because I can't find myself living the kind of life they live, eating the kind of food that they eat. So I'm still more of a Nigerian than a British, but, I think I fit into this system, because I can also understand the system, I can do what is expected of me and I wouldn't be seen as an outcast as such. (Mayowa, #8)

The findings in this section resonate with the dynamics of migrants' identification discussed in the theoretical orientations. In addition, the findings support the work of Onukogu (2018) who found discrepancies in the self-identification of migrants' children and their existentiality, as well as the work of Onwukwe and Gibson (2023) who reported that Nigerian migrants in Cape Town inculcate Xhosa language and culture into their daily activities as a means of survival and increasing social acceptance in the host communities.

6.4 CONCLUDING REMARKS

This chapter has discussed the identification of Nigerian immigrants in the US and UK and how they perceived the notion of integration. Unpleasant experiences before emigration was the reason some Nigerian migrants identified more with the host culture. Many Nigerian migrants expressed hybrid identification. However, they self-identified with their original culture more than the host culture. Their identity with the Nigeria revolves around food, attire, etc. These aspects of Nigeria make them miss home and tie them to their origin. However, with the exception of few, Nigerian

migrants' view of immigrant integration suggests a one-way process of integration (that is, integration is the responsibility of immigrants). This one-way view of immigrant integration is partly responsible for the disagreement and intellectual debates of the concept. Most Nigerian migrants try to "fit" and "blend" into the culture of the host country as a means of survival because being different may attract negative migration experiences. This is a function of global inequality where Africa-West migration is perceived by many as a viable option to escape poverty (Alabi and Olajide, 2023). Migrants try to accept the Western ways of life- at least in public- to increase their chances of positive experience in the host country.

CHAPTER SEVEN. FACTORS ASSOCIATED WITH EMPLOYMENT AND HEALTH (PROJECT TWO)

7.1 PRELUDE

This chapter addresses the second research question. Recall that the second research question focuses on factors influencing migrants' wellbeing or integration, which is measured from two broad perspectives: employment and health. Employment has two indicators, namely, labour market equality and labour market outcomes. The health perspective has the following indicators: health outcome, access to healthcare, and experience of discrimination in healthcare settings. Seven independent variables were tested against each of the dependent variables. The independent variables are gender, religion, names, duration or length of stay, education, place of education, and migration/residency status.

This chapter enlists statistical associations between the independent and the dependent variables. Narratives from the qualitative interviews are introduced where necessary. This chapter is divided into four sections. In the first section, factors influencing labour market outcome and labour market equality are discussed. The second section discusses the effects of the seven independent variables on health (health outcome and access to healthcare, and experience of discrimination). The third section presents the effect of the combination of all seven independent variables. In other words, the first two sections deal with bivariate analyses, while the third section deals with multivariate analysis. The fourth section provides concluding remarks.

7.2 FACTORS ASSOCIATED WITH LABOUR MARKET OUTCOME AND LABOUR MARKET EQUALITY

This section addresses research question 2a. Recall that three questions were used to measure labour market outcome: (1) current employment status; (2) being terminated from a previous job; (3) mismatch between education and employment. As stated earlier in Chapter Three, the chapter on research methods, employment status and being terminated from a previous job were allocated one point each. In contrast, the mismatch between education and employment was allotted two points. This leads to a score of 0 to 4 for each respondent. A score of 3 or above meant that the respondent had a positive labour market outcome, while a score of less than three implied a

negative one. Figure 7.1 shows the result of the analysis. A little above half (53.6%) of the respondents had positive labour market outcomes, while 46.4% of them had negative labour market outcomes.

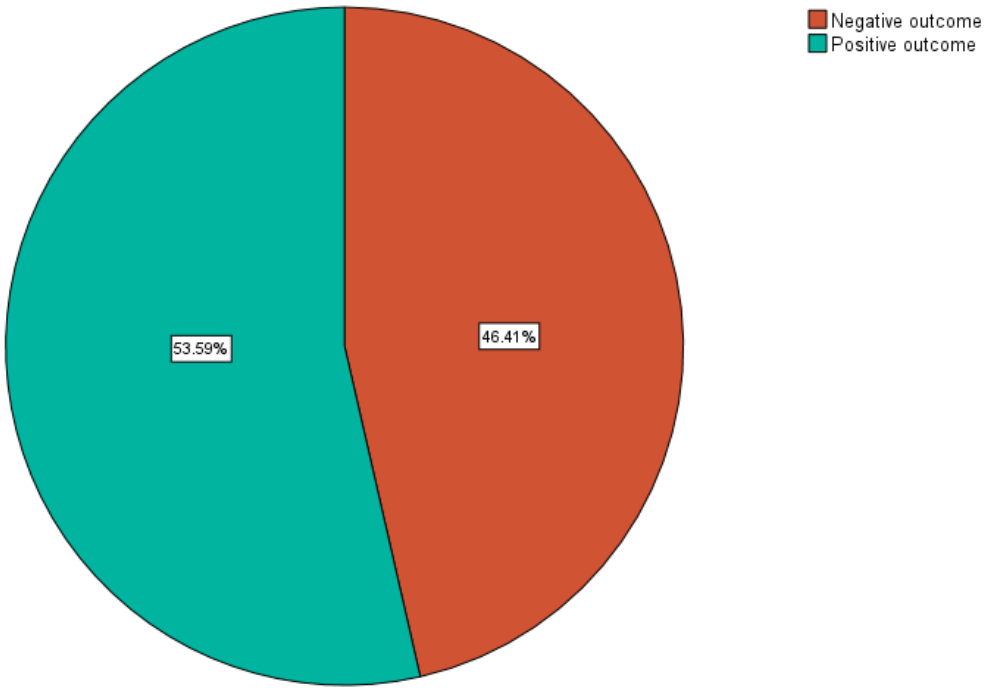

Figure 7.1: Distribution of labour market outcome

Recall that five Likert scale questions were used to measure labour market equality. The composite measure resulted in a score of five to 15 for each respondent. A score of ten or less meant "little or no equality", while a score of 11 or more meant "higher equality". It was found that about 42% reported little or no equality, while the remaining 58% reported a higher level of equality (see Figure 7.2). What can be gleaned from the results of the two variables is that about five or six out of ten people had a positive migration experience in terms of employment.

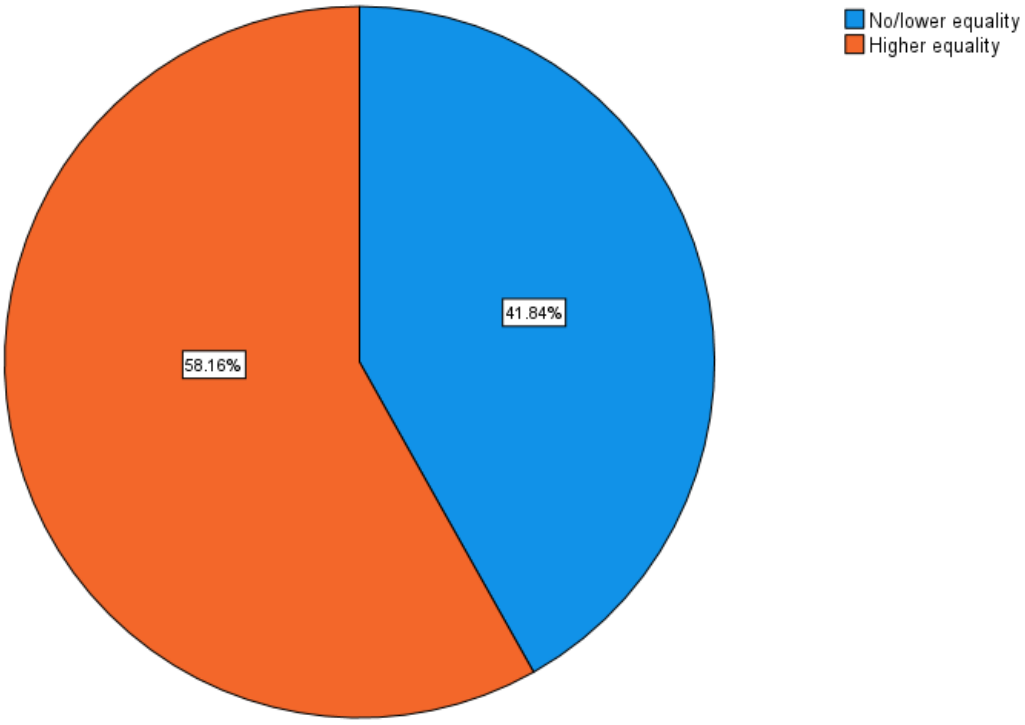

Figure 7.2: Distribution of labour market equality

The hypotheses being tested here are that:

- Male immigrants will report significantly higher positive labour market experiences than their female counterparts;
- Immigrant women who reported having had kid(s) in the host country will experience significantly less favourable labour market outcomes than fathers and other non-mothers.

Table 7.1: The influence of gender on labour market outcome and equality

	Labour market outcome		
Gender	*Negative outcome*	*Positive outcome*	*Total*
Male	50	54	104
	48.1%	51.9%	100.0%
Female	57	70	127
	44.9%	55.1%	100.0%
	107	124	231
Total	46.3%	53.7%	100.0%
χ^2: 0.235;	DF: 1;		P:0.628
	Labour market equality		
Gender	*No/lower equality*	*Higher equality*	*Total*
Male	38	62	100
	38.0%	62.0%	100.0%
Female	58	74	132
	43.9%	56.1%	100.0%
	96	136	232
Total	41.4%	58.6%	100.0%
χ^2: 0.827;	DF: 1;		P:0.363

In Table 7.1, I present the quantitative results of the influence of gender on labour market outcome and labour market equality. Approximately 52% of men had positive labour market outcomes compared to 55.1% of women. The chi-square and p-value of 0.235 and 0.628, respectively, show no significant association between gender and labour market outcome. Similarly, gender is not significantly associated with labour market equality. T-test analyses also did not show any statistically significant difference.

Consequently, I reject the alternative hypothesis that "male immigrants will report significantly higher positive labour market experience than their female counterparts". The qualitative interviews also gave credence to the quantitative finding as most participants attested that gender

does not count against women in labour market experience in the US/UK- it only does in the country of origin. Some participants opined that gender played a small role in favour of women, while few women shared their negative experiences.

For those who declared no effect of gender on labour market experience, a male participant said that: “No, gender doesn’t play any role in America, as I said earlier, America is a land of the free, everybody is equal. There are opportunities everywhere for everybody” (Bolaji, #22). Rachael, a female participant similarly shared: “From my care work experience, they don’t really consider gender when allocating you to your duties. You can allocate a male to a female, or they can allocate a female to a male to do personal care. They don’t really care...from the little experience that I have in the job that I have done, Yes. I don’t think I have seen a gender issue” (Rachael, #1). Another participant, Jacob, stated that gender discrimination at work only happened in Nigeria: “I don’t think gender plays a role here, but I know it does play a role in Nigeria. If you go to a school with a female, she will get a job before you. That’s in Nigeria. Such doesn’t happen here. All the people around me here, haven’t complained about something like that” (Jacob, #19). These narratives and the results displayed in Table 7.1 contrast with the reports of Barslund et al. (2017) and Manhica et al. (2015). The statistical results also did not lend credence to gender socialisation theory (GST) John et al. (2017) and the assumption that women are limited to housework while men work in the formal and paid sector (Gotby, 2019).

Some participants pointed out that migrants’ deservingness and undeservingness in the host country were not determined by gender but by ability. Mayowa stated, “What all I know is that generally, these people look at your ability. You want to rent a house all they want is your ability to pay, they don’t care whether you are man or a woman. In Nigeria, if you are a lady, they will still ask you where is your boyfriend and all that, they don’t care here” (Mayowa, #8). The point here is that the GST that operates in Nigeria is believed to not be operative in the US and UK.

When gender came into play at all, some participants believed it was always in favour of women, not the reverse. This is because the rise of feminism and campaigns for gender equality are bridging gender gaps and opening doors of opportunity for women more than men. Some participants who are in the STEM field noted that men have perennially dominated the engineering field. For this reason, female engineers are usually encouraged to participate in the field, and some particular slots are usually allotted to them for gender balance. To this end, some participants gave narratives

that suggested that women were taking over and being given more opportunities than men. As a female participant (Zainab) stated:

> In Nigeria, it's more of a men. But, here, there are chances for women. In fact, women even work more than men. That's from the way I see it. You will find women in everything you thought only men could do…Let me tell you something. Let me talk from experience. When we first came, and when I started working, we had the issue of me cooking when I returned home and all. In Africa, it is expected of us to do that, but when people get here and are exposed to this, it becomes a problem. The UK is an opportunity for women to express their rights. That's why some women misbehave sometimes. If you look at it, it isn't worth it. (Zainab, #7).

Zainab spoke about married women who used to do choirs in Nigeria before emigrating but changed and refused to do them after migrating to the West. Tunde added: "People say women own the US because they give more value to women than men. That's why women here are independent because they can succeed in the US" (Tunde, #15). Simon, a male participant lamented that:

> Gender plays a role. Oh, women are more favored. So, I think because there's this thing they are trying to encourage more women to do, this whole diversity and inclusion thing. So, they want to have more women in that sector. They want more women in the industry. So, they're encouraging women. They want to give them a job. You will find a role where they will say they want to give it to a woman, but you can never see a role where they will say they want a man...probably because they felt for a very long time, women have been disenfranchised in the scheme of things, with how society has placed women below the food chain. So, because of that, they are trying to make up for that, which has happened for over 500, almost 1000 years now. So, they are trying to also disenfranchise men. (Simon, #4)

The expressions from Zainab show that the GST operates differently in Nigeria and the US/UK. The responses from Zainab and Simon prove that campaigns for gender equality and pro-women activities in workplaces are more effective in the host countries than in Nigeria.

Regarding MPFB (Miller et al., 2020; Wang & Ackerman, 2020), I also reject the hypothesis that "Immigrant women who reported having had kid(s) in the host country will experience less favourable labour market outcomes compared to fathers and other non-mothers". In fact, immigrant mothers reported higher positive labour market outcomes than women who were not mothers and fathers (60.4%, 44.6% and 56.3%, respectively). However, the associations are not statistically significant. The same trend applies to labour market equality (59.3%, 52.5% and

54.3% for mothers, women who are not mothers and fathers, respectively) – tables not shown. Interview participants stated that equality exists in the host countries because men and women are both entitled to childbirth leave (maternity/paternity leave), but this depends on the sector of employment and state policies. In the US, for example, MPFB may not operate in states where laws mandate organisations to grant maternity/paternity leave with pay or in sectors where promotion at work is granted while on leave. However, in sectors where promotion or earning is based on the number of hours worked (such as a man and a woman driving an Uber taxi), a man may earn more and receive a promotion more often than a woman. An example is the case of Bolanle, who received maternity leaves a few times – all with pay – but her male colleagues with whom she started had moved a few steps ahead of her because her organisation granted maternity leave with pay but did not consider employees on leave for promotion.

Still, on the influence of gender, three female participants narrated how their being women affected them negatively while doing their job. However, their negative experience was not solely because of their gender. It was an intersection of race and gender, reinforcing the theory of intersectionality discussed in the theoretical orientations chapter of this work (Coaston, 2019; Crenshaw, 1997; Stypińska & Gordo, 2018). In their narratives, the three participants emphasised that their identity of being a "black woman" is associated with their experience. Bimbo who is a teaching assistant at an American university said that:

> Gender plays a huge role. They respect the guys more, especially if you were black. They give black guys this kind of special respect. For me, what I did was that, in my first time in class, I had to present myself as a strict teacher, I do my work, and I leave the class. I noticed that some guys don't have to stress themselves much, they just get the respect. Some students even crush on their male teachers. You need to know how to stand your ground as a black woman. You may likely get discriminated if you're a black woman. (Bimbo, #16)

The response from Bimbo suggests that being black works in favour of men but to the disadvantage of women, an evidence of the role of intersectional social positions Alice, an architect lamented how she got disrespected and discriminated against during construction work because a black woman is usually not expected to be a lead person in her field. As she said: "…they think okay, this black woman is here, what's she doing here? Because they don't see too many black women on construction sites. Anyway, one of my peers too, she's a project manager as well on site, it's literally the same thing she experiences with them" (Alice, #20). Twenty participants expressed

different forms of subtle and obvious racial discrimination they had experienced in their host country, but racial analysis is beyond the focus of this thesis.

Table 7.2: The influence of religion on labour market outcome and equality

	Labour market outcome		
Religion	*Negative outcome*	*Positive outcome*	*Total*
Christianity	70	83	153
	45.8%	54.2%	100.0%
Islam	37	39	76
	48.7%	51.3%	100.0%
None	3	5	8
	37.5%	62.5%	100.0%
	110	127	237
Total	46.4%	53.6%	100.0%
χ^2: 0.440;	DF: 2;		P:0.802
	Labour market equality		
Religion	*No/lower equality*	*Higher equality*	*Total*
Christianity	58	92	150
	38.7%	61.3%	100.0%
Islam	38	42	80
	47.5%	52.5%	100.0%
None	4	5	9
	44.4%	55.6%	100.0%
	100	139	239
Total	41.8%	58.2%	100.0%
χ^2: 1.699;	DF: 2;		P:0.428

The alternative hypothesis being tested here is that "non-Muslim immigrants will report statistically higher positive labour market experience than Muslim migrants". The influence of religion on labour market outcomes and labour market equality is displayed in Table 7.2. Muslims

reported the highest negative labour market outcomes and labour market inequality compared to non-Muslims. ANOVA analysis also shows a similar pattern. However, the difference is not statistically significant in any of the tests, which contradicts the Muslim penalty idea (Di Stasio et al., 2021; Guo, 2009; Valfort, 2020). Therefore, I reject the alternative hypothesis. Some interview participants also believe that the US and UK were advanced countries and they had gone beyond the practice of allocating opportunities and privileges based on religion.

However, what if Muslim migrants' identity is concealed by their appearance, name, and so on? The quantitative study did not capture this aspect, but the qualitative interviews shed some light. Both Muslim and Christian participants narrated their real-life experiences and how they believed Muslim and hijab penalties might have come into effect in the host countries. A male Christian participant, Tokunbo narrated that:

> Some really, really white people are scared of Muslim, like if you're a Muslim they are scared of you, plus you're Muslim they see you're bold, you have beard, like they're always on high nerve around you or you wear hijab they're not comfortable. But then some people don't really care, so it's all about what states you reside in. Some states are really multicultural, like in Massachusetts, there are lots of colleges. So, there's an influx of people from different parts of the world in Massachusetts. So, you know, the racism is really, really on the low side, I mean, expression of racism is on the low side, compared to states like Arizona. You know, white dominated states, where they're really numbers of immigrants. (Tokunbo, #29)

The interesting point from the quote above is that religion alone may not suffice to attract discrimination or privileges. Race and appearance, and way of dressing also matter. Tunde, a male Muslim gave credence to this assertion. When asked who is more likely to be discriminated against at work or anywhere in the United States, he said that "Definitely, it'll be the Muslims. For Muslims, it depends on the way you present yourself, and that'll be in terms of your dress" (Tunde, #15). I asked the participant to expatiate, and he gave this example: "When a white man and a black man want to use the elevator, the white person might be scared of the black. But a white European can never be scared of a white Non-European or a white Muslim. For instance, you dressed, you put on a cap, and you look like a Taliban, then you entered the plane, there'll be people that'll be looking at you somehow" (Tunde, #15). Again, an intersection of race, religion and appearance comes into play. Mark, a male Christian shared his opinion, and it relates to cultural (dis)similarity: "So, you know, having a woman wearing a hijab for a job interview, I can also imagine an African wearing really nice traditional African wear to an interview in the UK, I

can imagine. I can also imagine the kind of stereotype that, you know, it is already built in that you have to dress up in a suit and all of that, and tie up. The stereotypes are just there, you know" (Tunde, #13). Bimbo,a female Christian, shared her experience at an event:

> I've been in a situation where I was in a program, and there was this very loud American girl. They were supposed to take a group picture, and there was this lady wearing hijab, then this girl kept say, how're you doing this? Oh my God, if I were the one in that I'd be so hot. Everyone was just looking at her that, the lady wearing it is not complaining, so what's your own business. At a point, the lady on hijab told her, please, can you just calm down. If you're a Muslim woman wearing hijab, people will always talk. (Bimbo, #16)

Some participants made connections to 9/11 and terrorist attacks across different places in the West. For example, Omolara, a female Christian participant in the UK said: "You know, because that's the way the press has portrayed Muslims. So, the first thing that comes to mind when sighting them with your hijab is terrorism, 9/11 or ISIS? I mean, I have some friends who are Muslims, even my children. But you know, most of them don't wear hijab. But some of them have friends who wear hijab. There is always a subtle discrimination against them." (Omolara, #2). Ajibade, a Muslim male participant in the US also had something to share: "History has it that majority of the activities of suicide bombing and the likes, come from Muslim clerics. I experience something on the plane where a Muslim was on the plane with his rosary, reciting his own thing, everyone was so scared. The atmosphere was very awkward. This is because you never can tell, if you were there too, you will feel exactly the same way" (Ajibade, #17). Another Muslim, Zainab narrated a story of someone (a Muslim woman) who was sent back home because she wore a hijab, which the employers believed did not befit her job (care work). For that reason, the female participant said that they changed their wardrobe to avoid similar issues: "When I was coming, I tried to get clothes that would befit work, so that if I wanted to practice, I knew where to practice. I won't just bring it to work, because I wouldn't want any issues for myself" (Zainab, #7).

The lessons from these quotes are that (1) being a Muslim may not be enough to attract privilege/discrimination; displaying it through appearance is another factor; (2) as in the case of gender, race is also a factor when discussing the role of religion. I end this sub-section with a statement from Maryam, a female Muslim : "First of all, most likely when you are a black Muslim woman. You will first experience racism before you experience Islamophobia. So, it's difficult to tell exactly why they would discriminate against you as a black Muslim woman. And they are very subtle with it" (Maryam, #9).

Table 7.3: The influence of name on labour market outcome and equality

Category of first name	*Labour market outcome*		
	Negative outcome	*Positive outcome*	*Total*
Ethnic name	57	81	138
	41.3%	58.7%	100.0%
Islamic name	30	25	55
	54.5%	45.5%	100.0%
Biblical name	9	9	18
	50.0%	50.0%	100.0%
English name	14	12	26
	53.8%	46.2%	100.0%
Total	110	127	237
	46.4%	53.6%	100.0%
χ^2: 3.581;	DF: 3;		P:0.310
Category of first name	*Labour market equality*		
	No/lower equality	*Higher equality*	*Total*
Ethnic name	56	84	140
	40.0%	60.0%	100.0%
Islamic name	28	29	57
	49.1%	50.9%	100.0%
Biblical name	5	11	16
	31.3%	68.8%	100.0%
English name	11	15	26
	42.3%	57.7%	100.0%
Total	100	139	239
	41.8%	58.2%	100.0%
χ^2: 2.177;	DF: 3;		P:0.537

Like gender and religion, ethnic names did not show any statistically significant influence on labour market outcome and labour market equality. Hence, I reject the hypothesis that "Immigrants whose first name is English will experience better labour market outcomes and better access to healthcare than those whose first name is ethnic/cultural". As seen in Table 7.3, immigrants whose first name is ethnic or biblical reported higher levels of labour market experience than those with Islamic and English names. The association was not statistically significant, however. This finding contradicts the view that migrants with non-Western names may have challenges finding jobs in the formal sector (Rynderman & Flynn, 2016; Udah et al., 2019). In the qualitative study, Tunde (#15) revolved the reasons around the demand and supply of labour. He opined that in areas with many job opportunities, the demand for labour would be higher than the supply to the extent that employers would not have time to select employees based on names because there was a labour shortage. He said, "I don't think names have any effect. In my own opinion, it's difficult to see discrimination when we have too many job opportunities" (Tunde, #15). Another participant, Sulaiman, shared a similar sentiment as regards supply and demand of labour: "If there is a job interview and there are a lot of their citizens who have the qualifications for the job and your name is Ibrahim, of course they will not call you" (Sulaiman, #14).

However, the qualitative interviews showed that the participants had different views regarding the influence of name type. There are three categories in this regard. The first comprises some participants, Tunde, who believe that ethnic names have no influence whatsoever. To them, skills matter, not identities such as name, gender or religion. The second category comprises people who shared their experience of how names play some role but only at some stages of the recruitment process. This finding supports Bertrand and Mullainathan's (2004) and Booth et al.'s (2012) findings that names may affect who is called for job interviews. The finding also resonates with the case of Inein Victor Garrick, discussed in the literature review, who was called for interviews a few times after he changed his first name from Inein to Victor but did not get the job. The third category comprises people who firmly believed that name type mattered.

An example of people in the first category was Kolade, who said that:

> I have worked in a couple of companies in the US. I am an engineer. So, I have had my share of recruiting and going through recruitment processes. There was never a time, not once, that I felt like my ethnic name was going to be a hindrance to my success in getting the job. if you are good and have your principles, and you are a good person to work with,

> I don't think you have much to worry about. People aren't hiring the name, they are hiring the person that bears the name. (Kolade, #18)

For the second category, participants believed that names mattered only at the point of entry, the interview. In other words, those who bore English names or short names that the employers were able to pronounce would be called for interviews. However, it did not guarantee to get a job. Race and skills mattered. Olalekan narrated his experience thus:

> Sentimentally, I think name has a partial role to play because, I remember when I came to the UK, I came to be a teacher and I used an English name. But when I was invited to take an interview, they were expecting to see an English man because of my name. However, I intentionally covered the Nigeria name. When I got there with my portfolio, what I discovered was that the countenance changed when they saw that I was a black man. When I started presenting my papers, art works, and other things, when I started talking about the classical types of western art and mentioning names of western artists, they were amazed and their expression changed. (Olalekan, #12)

The point from the above is that (1) use of an English first name earned the participant an interview; (2) the potential employers were disappointed because they were black; (3) the showcasing of their skills attracted positive non-verbal response from their potential employers. However, Olalekan did not get the job. Olalekan's experience resonates with the view of Tokunbo (#29), who said, "…the name Richard is an English name. So definitely, you know, they might want to employ that person until they find out who the person is" (Tokunbo, #29). Two participants (Khadijah and Atinuke) shared experiences with automatic rejection. They believed that some organisations use computers to screen CVs and that names and use of certain words are among the criteria that the computer uses to select or reject applications.

For people in the third category (those who believed that names play a role), participants believed that names played different roles in the assignment of privileges and opportunities. Some participants revolved around the issue of intersectionality (religion, names and nationality). One of them, Omolara said:

> It happens a lot. And a lot of people have told me their experiences. Especially if you now have Muslim names. For some reason, they are very uncomfortable with Muslim names. A Pakistani man was telling me the same thing, from his own experience that he has applied to so many places, so many times. The moment that they are just going through the applications one after the other, and they see something like Abdullah, they don't even bother to look at the credentials, they just throw them in the bin. (Omolara, #2)

Another participant, Bimbo said:

> "Name plays a huge role. There are some people that have both English name and a Yoruba name, but once they notice that they kept butchering their name, they use their English. Some people use the shortened forms of their names…I see more of Chinese, Indian and Korea students do this. They adopt an American name, or an English name, they say my Chinese name is this, but you can call me Jack" (Bimbo, #16).

The lesson here is that the role of name is dynamic. Names could play a role as an identifier of race. The number of syllables in a name also matters because, like Bimbo, some participants (such as Tokunbo and Zainab) also narrated that people in the host country have challenges pronouncing long names. So, they either shortened their name (for example, shortening "Ndubuisi" to "Ndu") or provided an "Americanised or British version" of their name (such as "Flaky" from "Folakemi") or changed their names altogether. Some participants (Adewale, Mayowa, Bimbo, Kolade and Jacob) had experience with change of names for different reasons.

I was curious as to why participants had these divergent views about issues of ethnic names. So, I decided to check who was more likely to believe that ethnic names played a role in the labour market experience. I found a statistically significant association ($p<0.001$) between labour market equality and perception of ethnic names. The majority (64%) of respondents who experienced little or no labour market equality said that bearing English names exposed people to privileges and opportunities. However, 62.6% of those who experienced higher labour market equality disagreed with that view. The point here is that people's expression about the possible role of ethnic names in labour market experience may be influenced by the labour market experience in the host country.

Table 7.4: The influence of duration of stay on labour market outcome and equality

Duration of stay	*Labour market outcome*		*Total*
	Negative outcome	*Positive outcome*	
Less than 5 years	49	36	85
	57.6%	42.4%	100.0%
5-10 years	21	27	48
	43.8%	56.3%	100.0%
More than 10 years	40	64	104
	38.5%	61.5%	100.0%
Total	110	127	237
	46.4%	53.6%	100.0%
χ^2: 7.094;	DF: 2;		P:0.029
Duration of stay	*Labour market equality*		*Total*
	No/lower equality	*Higher equality*	
Less than 5 years	40	47	87
	46.0%	54.0%	100.0%
5-10 years	13	36	49
	26.5%	73.5%	100.0%
More than 10 years	47	56	103
	45.6%	54.4%	100.0%
Total	100	139	239
	41.8%	58.2%	100.0%
χ^2: 5.940;	DF: 2;		P:0.051

It was found that duration of stay is positively associated with labour market outcome. As seen in Table 7.4, the level of positive outcome increased with the duration of stay, and the association is statistically significant at 95% (P:0.029). For labour market equality, the table also shows that those who had spent at least five years in the host country reported higher levels of labour market equality than those who had spent less than five years. The relationship was only significant at

approximately 95% (P:0.051). One can see in Table 7.4 that the level of labour market equality is highest for those who had spent five to ten years, but it dropped for those who had spent more than ten years, thereby suggesting that the relationship is not a line nor straightforward. To be sure, I used other advanced statistical tests to ascertain the relationship. First, I computed ANOVA tests to ascertain the influence of the duration of stay on the two dependent variables. For labour market outcome, the relationship remains consistent (that is, labour market outcome becomes better with increasing duration of stay) as presented in Figure 7.3, and the p-value is <0.001.

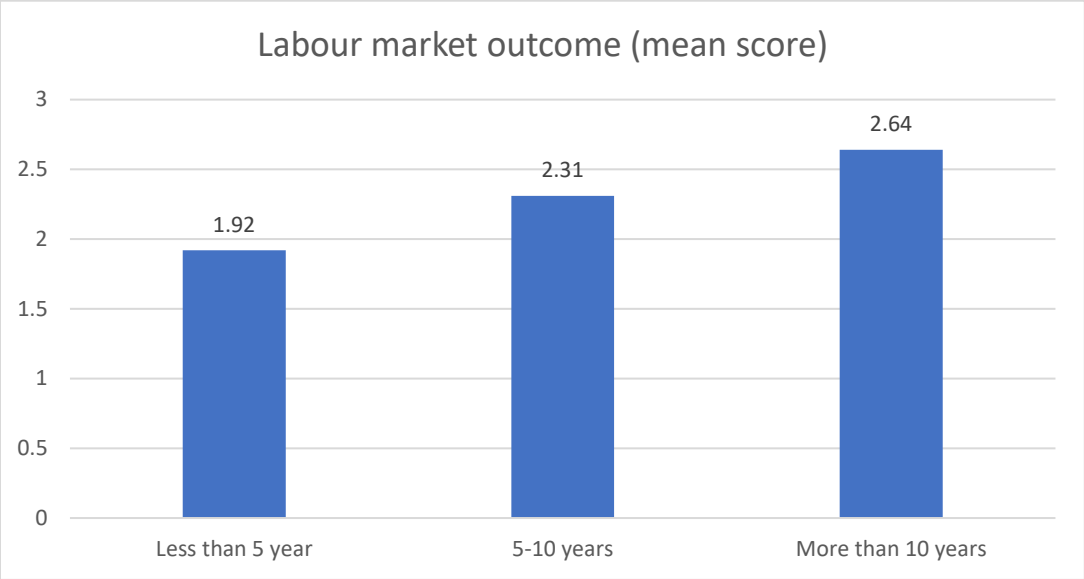

Figure 7.3: Labour market outcome for migrants by their duration of stay

For labour market equality, the relationship is not straightforward, as shown in Figure 6.4, but the ANOVA test shows a significant result (p=0.038).

Figure 7.4: Labour market equality of migrants by their duration of stay

Surprisingly, migrants enjoy higher labour market equality between five and ten years of their stay, but the equality drops after ten years. I used the ratio form of the variables to run correlation and linear regression tests and found no significant relationship between duration of stay and labour market equality. However, the association of duration with labour market outcome remains significant.

The qualitative study supports the finding on labour market outcome that migrants get better employment with increasing duration of stay, and this supports the time-income hypothesis and earlier studies of Gruber and Sand (2022) and Sow et al. (2019). However, better employment does not come on its own. Migrants engage in strategies that increase their chances of getting better employment, as I have demonstrated in Chapter Four. Recall that in the UK, for example, migrant students cannot work for more than 20 hours a week. So, their income increase and better employment may only come with time after completing their education.

Most migrants do not get befitting jobs upon arrival; they first experience occupational deskilling. They engage in strategies such as receiving education and certification in the host country or marrying a host country's national, after which their chances increase in the labour market. The narratives from Kolade show how things got better with time and strategy in the host country:

> When I first came, I worked as a cashier at a store. After then, I did a certification. They call it Pharmacy Technician Certification. So, I worked at [a] pharmacy afterwards, as a pharmacy technician. And then, I became the leading system administrator. From there, I rose to a cloud support engineer at Amazon. When you first get here, you will be left with no voice but to pick a job and be paying your bills. I worked in about five, six places. (Kolade, #18)

Another participant, James, who worked as an electrical engineer in the UK narrated:

> You know, I remember when I was at home, and I was pushing to travel. It used to be like when I get here, everything will start working immediately, it is not so. In fact, I remember that before I started working like having a, the kind of job I really want to do, I had to work as, what do you call it now, well, I'm looking for the right word to use, I have to work as a, I work in a warehouse, let me just say I work, I have to work in a warehouse. as a, as a labourer, who is always offloading a container... I started working as an energy specialist with one of the power companies here, and later moving to their transmission company where we control the electricity system of the UK entirely. So, I'm presently working in a place whereby I have very wide exposure into how the electricity system of this country runs. (James, #6)

At first, James was disappointed by the reality when they first arrived UK, and this is consistent with earlier studies that report that people usually have an exaggerated view of life in the West. This makes them experience expectation-reality discrepancy at the initial stage of their arrival (Danso, 2002; McKenzie et al., 2013; Rynderman & Flynn, 2016). But later, James got a job that was commensurate with their education after completing a master's degree in sustainable energy engineering in the UK.

Table 7.5: The influence of education on labour market outcome and equality

Education	*Labour market outcome*		*Total*
	Negative outcome	*Positive outcome*	
HND or less	5	16	21
	23.8%	76.2%	100.0%
Bachelors	38	47	85
	44.7%	55.3%	100.0%
Masters or above	67	64	131
	51.1%	48.9%	100.0%
Total	110	127	237
	46.4%	53.6%	100.0%
χ^2: 5.593;	DF: 2;		P:0.061
Education	*Labour market equality*		*Total*
	No/lower equality	*Higher equality*	
HND or less	9	11	20
	45.0%	55.0%	100.0%
Bachelors	34	52	86
	39.5%	60.5%	100.0%
Masters or above	57	76	133
	42.9%	57.1%	100.0%
Total	100	139	239
	41.8%	58.2%	100.0%
χ^2: 0.326;	DF: 2;		P:0.849

Table 7.6: The influence of place of education on labour market outcome and equality

Certificate education in the host country	*Labour market outcome*		
	Negative outcome	*Positive outcome*	*Total*
No	35	26	61
	57.4%	42.6%	100.0%
Yes	75	101	176
	42.6%	57.4%	100.0%
Total	110	127	237
	46.4%	53.6%	100.0%
χ^2: 3.970;	DF: 1;		P:0.046
Certificate education in the host country	*Labour market equality*		
	No/lower equality	*Higher equality*	*Total*
No	27	35	62
	43.5%	56.5%	100.0%
Yes	73	104	177
	41.2%	58.8%	100.0%
Total	100	139	239
	41.8%	58.2%	100.0%
χ^2: 0.100;	DF: 1;		P:0.751

The roles of education and place of education are shown in Tables 7.5 and 7.6, respectively. Although only significant at 92%, Table 7.5 shows that the level of positive labour market outcomes reduces as education increases: 76.2% positive outcome for those with HND or less, 55.3% for those who have a bachelor's, and 48.9% for those who have at least a master's degree. This finding supports the assertion of Rynderman and Flynn (2016) that more educated migrants may be more disadvantaged in the host country. The qualitative study lends credence to this. At least six of the 31 participants were doing what they call "care work"; some other participants had done it before switching to another job. The least educated of these participants had a bachelor's degree. However, according to the study participants, care work did not require a university

education because those with little or no education also did the job. For this reason, some participants asserted that they believed a Nigerian certificate was not valued. As Rachael put it:

> "It is not valued. Because, you know, the jobs I'm doing aren't for my qualifications. They are jobs just to keep me going. That is what the job is for. And then, there's this career department in my school. When I spoke with them and I raised that, I saw that they always ask for that UK experience. They always ask for that UK experience. Yeah, so that was when I realised that just having a certificate from Nigeria and coming here does not qualify you to get a job" (Rachael, #1).

The request for local experience gives credence to the research by Barker (2018). However, some people do not agree that the Nigerian certificate is not valued because that is what they currently use to work in the host country.

Beyond the possible influence of education, I found that other factors that matter included the place of education, course of study, and "scarce/critical skills". As seen in Table 7.6, those who have received a certificate of education in the host countries reported higher levels of positive labour market outcomes ($p<0.05$), and the result is similar to the outcome of the ANOVA test (table not shown). This resonates with the issues of local experience shared by participant 1 earlier, and it supports the findings of earlier studies (Andemariam, 2007; Wali et al., 2018) that disregard for foreign certificates (especially those from Africa) constitutes a barrier for migrants. Therefore, Nigerian migrants try to pursue a certification degree in the host country.

Regarding the course of study, the qualitative research found that those who studied engineering or IT courses worked in formal and regular sectors more frequently than those who studied humanities. In fact, some people who studied social sciences switched to IT or health courses when they arrived in the host country. An example is a participant who studied social work in Nigeria but switched to IT and also did a master's degree in the host country. Some participants were also enrolled in another bachelor's degree in a health-related field after gaining a bachelor's degree in social science or other humanities in Nigeria. The idea is that some courses sell more than others. Migrants were switching to the courses that they believed were selling. Speaking about the course of study, skills and place of education, Omolara who was born in the UK and had been shuttling between Nigeria and UK for decades narrated that:

> Most people, as far as I know, come in through the student route. And a lot of them don't get proper advice on the UK system before coming here. The majority are like graduates.

> They expect to come and just pick up a job. Maybe somebody who was working in the banking industry at home will just say, "Oh, I can easily get into banking" No, it doesn't work like that. You really will start from the bottom. The only good thing about it is that you don't need to be a skilled worker to have a decent life. So most of the time, when people come here and they see that they can't work in a bank, or can't just be a teacher, you can't just become an engineer, you really have to go through their own system in so many ways. You have to train as a teacher. So basically, coming into the UK, first of all, if you want to come in as a student, look for the courses that are on their priority list here and work your way through them, and maybe get an admission based on that, which makes it easy for you to get a job afterwards. I mean, towards getting your working visa or something like that... One of the things they need here is UK experience. They want to see your work experience. And obviously, they will only take UK work experience. So, most people end up like that; for example, I know someone who came in and said she's doing a master's degree in project management. And of course, she's planning to stay. I said, "Look, you will never get a job." Because one thing about them is that, obviously, the kind of visas they give to professionals coming from outside are visas in areas where their own people are lacking. So, project management, everybody does it. But if somebody comes in, maybe like engineering, you know, even maths teacher, science teacher, they're more likely to get jobs. So, I always advise people that they should look at those kinds of areas. If they want to get into the work route, you know, and walk their way from the bottom up, by gaining experience. (Omolara, #2)

The quote from Omolara resonates with a few things. One, it speaks to the non-recognition of work experience in the country of origin before emigration (Andemariam, 2007; Wali et al., 2018). Two, it speaks to the issue of occupational licensing raised by (Banerjee & Phan, 2014; Gomez et al., 2015), which suggests that no matter how much-skilled migrants (such as doctors, lawyers, engineers, teachers, etc.) have in their country of origin, they will have to be licensed by the relevant professional body in the host country before they can practice their profession. Licensing may require them to enrol in a certificate course and pass specific exams. Three, more than studying in the host country is required. Studying "critical/scarce" courses is equally important.

Speaking further on cultural (dis)similarity, interview participants argued that schooling in developed countries such as the US, Canada and the UK would earn migrants jobs faster than schooling only in Nigeria. This is because the developed countries have similar quality of education and standards of practice. As Chinedu said: "If you don't school here or get something they can relate to, it hinders your chances" (Chinedu, #30).

Table 7.7: The influence of residency status on labour market outcome and equality

Residency status	*Labour market outcome*		*Total*
	Negative outcome	*Positive outcome*	
I have a permanent residency permit/citizenship	65	95	160
	40.6%	59.4%	100.0%
I have a temporary visa	41	31	72
	56.9%	43.1%	100.0%
No permit/expired permit	4	1	5
	80.0%	20.0%	100.0%
Total	110	127	237
	46.4%	53.6%	100.0%
χ^2: 7.634;	DF: 2;		P:0.022
Residency status	*Labour market equality*		*Total*
	No/lower equality	*Higher equality*	
I have a permanent residency permit/citizenship	66	94	160
	41.3%	58.8%	100.0%
I have a temporary visa	33	41	74
	44.6%	55.4%	100.0%
No permit/expired permit	1	4	5
	20.0%	80.0%	100.0%
Total	100	139	239
	41.8%	58.2%	100.0%
χ^2: 1.234;	DF: 1;		P:0.540

Table 7.7 shows the influence of residency status on labour market outcomes and labour market equality. It was found that migrants who had permanent residency and those who had been naturalised had higher positive outcomes than those who had temporary visas. This finding corroborates the research of Bauder (2003), who reported that permanent residency is one of the markers of which migrants get what because it is a requirement when migrants apply for

professional jobs that match their education and previous experience in the country of origin. The finding also corroborates the notion that (un)deservingness is influenced by migration status because refugees, undocumented migrants, migrants on a temporary stay and permanent residents are exposed to differing levels of precarity and privileges (Dhaliwal & Forkert, 2015; Kootstra, 2016; Sales, 2002). Indeed, getting a permanent residence or citizenship or a visa that regularises their stay is the goal of most interview participants. As Rachael in the UK stated:

> So now, this is how it works. Once I'm done with my studies, I have the grace to live for four months because my visa will expire in January 2023. So, before my visa expires, it's either I get a job and the company sponsors me on a tier two visa, or I apply for a postgraduate visa, which will give me two years to stay and look for a better job. I'm running my masters now and I will finish by the 30th of September. So, from October 1st, I have an unlimited number of hours to work. So, it is now left for me to get a job that will sponsor my stay, even if it is care work. (Rachael, #1)

Another participant in the US stated that "as an immigrant, it's more like you're starting your life all over in some ways, and you have to be able to go through some processes, whatever processes. But it doesn't matter, the goal is to achieve what you want to achieve... There are stages also, there's a stage of having a work permit and a permanent residence within the country. I'm a permanent resident in the US" (Tunde, #15). While Rachael migrated in 2020 and was still in the process of getting a visa that would allow her to stay and work in the UK for a long time, Tunde had been in the US since 2015. The point here is that there are better opportunities for migrants with regular and long-term stay visas than for those with temporary visas.

7.3 FACTORS ASSOCIATED WITH HEALTH OUTCOME, ACCESS TO HEALTHCARE AND EXPERIENCE OF DISCRIMINATION

This section addresses research question 2b. For health outcomes, feeling of loneliness, self-description of general health and comparison of health status before and after migration were used as composite indicators. About 48% of the respondents had a positive health outcome, while the remaining had a negative one (Figure 7.5). Regarding access to healthcare, respondents were asked to evaluate how easy it was to access healthcare when needed in the host country. The outcome of the composite measure (see Figure 7.6) shows that the majority (57.4%) had easy access to healthcare. Lastly, regarding the experience of discrimination, respondents were asked how they were treated by healthcare professionals the last time they went to the hospital and how often they had been treated with less respect than other people. Figure 7.7 shows that 34% had experienced discrimination. The question here is, what factors were responsible for these experiences? Why did some have positive experiences and others have the opposite?

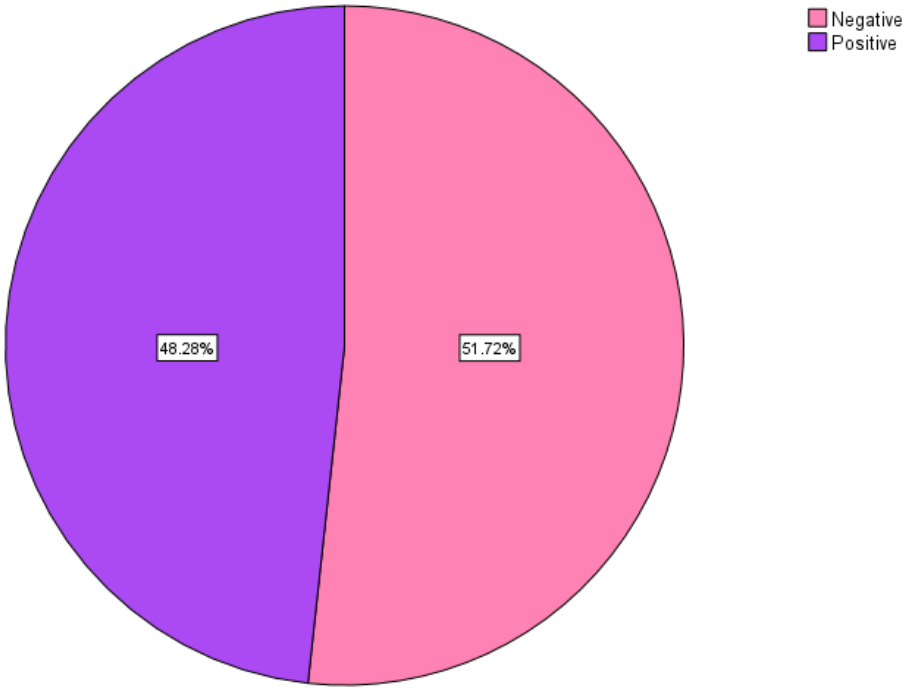

Figure 7.5: Distribution of health outcome

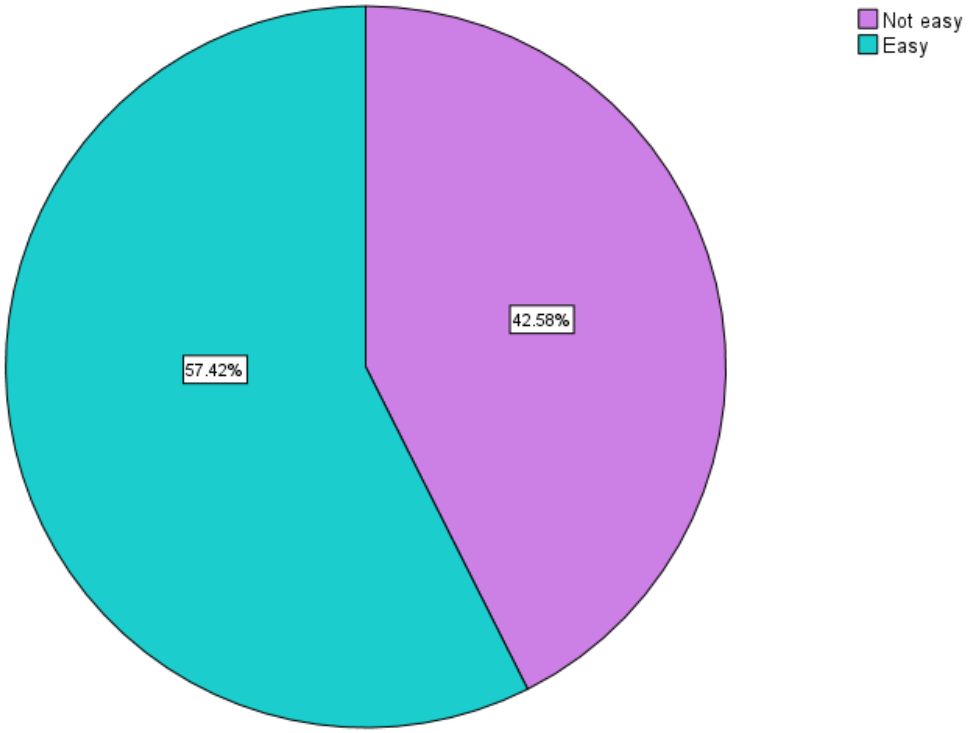

Figure 7.6: Distribution of access to healthcare

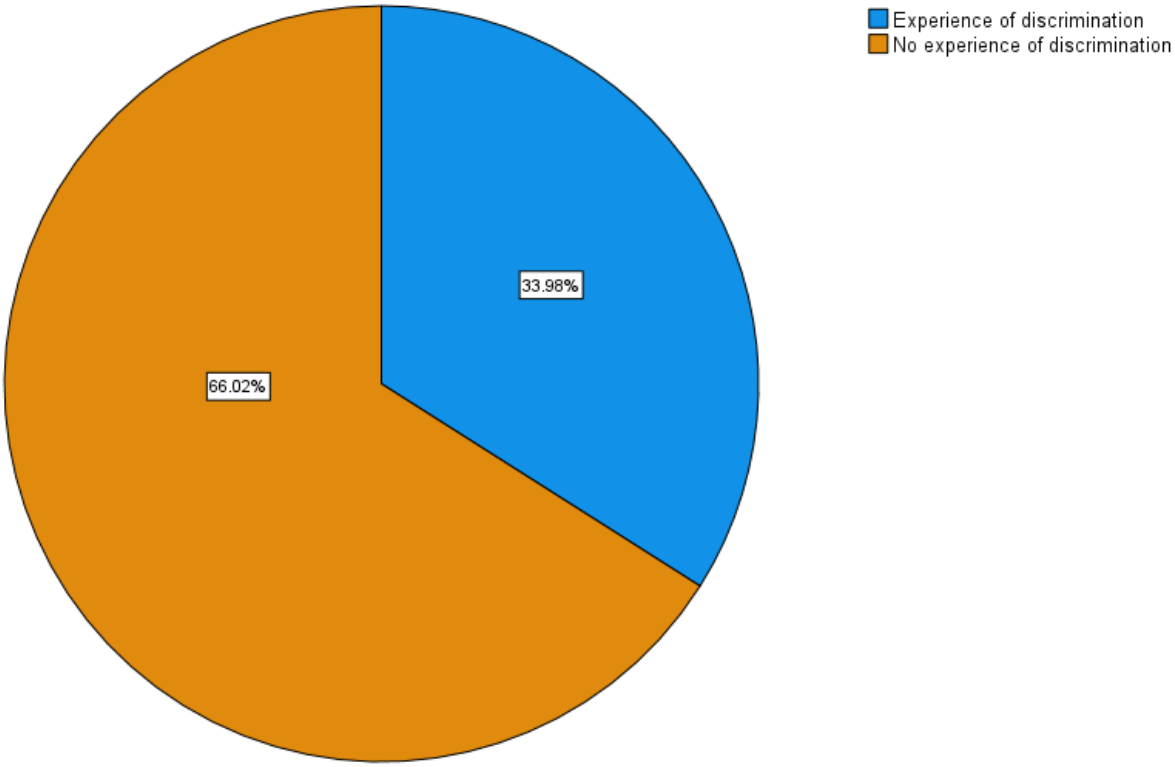

Figure 7.7: Experience of discrimination

Table 7.8: The influence of gender on health outcome, access to health, and discrimination

Gender	*Health outcome*		*Total*
	Negative outcome	*Positive outcome*	
Male	48	52	100
	48.0%	52.0%	100.0%
Female	70	57	127
	55.1%	44.9%	100.0%
Total	118	109	227
	52.0%	48.0%	100.0%
χ^2: 1.136;	DF: 1;		P:0.287
Gender	*Access to healthcare*		*Total*
	Not easy	*Easy*	
Male	39	68	107
	36.4%	63.6%	100.0%
Female	66	75	141
	46.8%	53.2%	100.0%
Total	105	143	248
	42.3%	57.7%	100.0%
χ^2: 2.674;	DF: 1;		P:0.102
Gender	*Experience of discrimination*		*Total*
	Yes	*No*	
Male	28	79	107
	26.2%	73.8%	100.0%
Female	56	85	141
	39.7%	60.3%	100.0%
Total	84	164	248
	33.9%	66.1%	100.0%
χ^2: 4.985;	DF: 1;		P:0.026

Table 7.8 shows evidence that men have more positive health experiences than women. More than half of men (52%) reported a positive health outcome compared to 44.9% of women (p value not significant). Similarly, 63.6% of men reported easy access to healthcare compared to 53.2% of women (p not significant). However, gender was significantly associated with the experience of discrimination, and more women reported discrimination than men (39.7% vs 26.2%, $p<0.05$). T-test analysis also shows that women experience significantly more discrimination than men ($p<0.05$). This finding corroborates the notion of double precarity and earlier studies which reported that women might require healthcare more than men, and this increases their chances of experiencing discrimination in the healthcare settings (Hunt et al., 2011; Llácer et al., 2007; Smith et al., 2016). In the qualitative study, three participants had been diagnosed with at least one illness since their arrival in the host country. All three of them were women. The diagnoses ranged from gastritis to overweight to fibroids. The first, Omolara, reported her experience of discrimination thus:

> …There was one nasty lady. And I made sure I was nasty back to her. Yeah, when I did my surgery, and I think she's from Eastern Europe. So, I was supposed to be discharged, and she was now rushing me to leave, saying that they were expecting somebody to take over my bed. And I said, "I can't leave until my mother comes". And then, she would come back at an interval. And, I was like, "I can't leave until my mother comes." So, you know, I can't remember. I think one of the people in my ward was now complaining that she's a very nasty woman. So that's just it. She's just nasty by nature. (Omolara, #2)

Such experiences may result from the fact that women may need to use healthcare more often than men (Hunt et al., 2011) for reproductive reasons, and it makes sense to assume that a frequent user is more likely to encounter ill-treatment at some point than someone who hardly visits the hospital.

Table 7.9 shows the influence of religion. The table shows that Christians reported a more positive health outcome and experience than Muslims, but the difference and association are not statistically significant. Table 7.10 shows that migrants who described their first name as biblical reported a better outcome and experience across the three dependent variables than those in other categories, but the association was not statistically significant.

Table 7.9: The influence of religion on health outcome, access to health, and discrimination

Religion	*Health outcome*		
	Negative outcome	*Positive outcome*	*Total*
Christianity	75	73	148
	50.7%	49.3%	100.0%
Islam	42	35	77
	54.5%	45.5%	100.0%
None	3	4	7
	42.9%	57.1%	100.0%
Total	120	112	232
	51.7%	48.3%	100.0%
χ^2: 0.531;	DF: 2;		P:0.767
Religion	*Access to healthcare*		
	Not easy	*Easy*	*Total*
Christianity	65	97	162
	40.1%	59.9%	100.0%
Islam	38	46	84
	45.2%	54.8%	100.0%
None	6	4	10
	60.0%	40.0%	100.0%
Total	109	147	256
	42.6%	57.4%	100.0%
χ^2: 1.884;	DF: 2;		P:0.390
Religion	*Experience of discrimination*		
	Yes	*No*	*Total*
Christianity	52	110	162
	32.1%	67.9%	100.0%
Islam	29	55	84
	34.5%	65.5%	100.0%
None	6	4	10
	60.0%	40.0%	100.0%
Total	87	169	256
	34.0%	66.0%	100.0%
χ^2: 3.284;	DF: 2;		P:0.194

Table 7.10: The influence of name on health outcome, access to health, and discrimination

Category of first name	*Health outcome*		*Total*
	Negative outcome	*Positive outcome*	
Ethnic name	70	65	135
	51.9%	48.1%	100.0%
Islamic name	30	24	54
	55.6%	44.4%	100.0%
Biblical name	6	12	18
	33.3%	66.7%	100.0%
English name	14	11	25
	56.0%	44.0%	100.0%
Total	120	112	232
	51.7%	48.3%	100.0%
χ^2: 2.939;	DF: 3;		P:0.401
Category of first name	*Access to healthcare*		*Total*
	Not easy	*Easy*	
Ethnic name	59	91	150
	39.3%	60.7%	100.0%
Islamic name	30	29	59
	50.8%	49.2%	100.0%
Biblical name	7	12	19
	36.8%	63.2%	100.0%
English name	13	15	28
	46.4%	53.6%	100.0%
Total	109	147	256
	42.6%	57.4%	100.0%
χ^2: 2.722;	DF: 3;		P:0.437
Category of first name	*Experience of discrimination*		*Total*
	Yes	*No*	
Ethnic name	50	100	150
	33.3%	66.7%	100.0%
Islamic name	20	39	59
	33.9%	66.1%	100.0%
Biblical name	3	16	19
	15.8%	84.2%	100.0%

English name	14	14	28
	50.0%	50.0%	100.0%
Total	87	169	256
	34.0%	66.0%	100.0%
χ^2: 6.033;	DF: 3;	P:0.110	

Table 7.11: The influence of duration of stay on health outcome, access to health, and discrimination

Duration of stay	*Health outcome*		*Total*
	Negative outcome	*Positive outcome*	
Less than 5 years	53	40	93
	57.0%	43.0%	100.0%
5-10 years	25	22	47
	53.2%	46.8%	100.0%
More than 10 years	42	50	92
	45.7%	54.3%	100.0%
Total	120	112	232
	51.7%	48.3%	100.0%
χ^2: 2.431;	DF: 2;	P:0.297	
Duration of stay	*Access to healthcare*		*Total*
	Not easy	*Easy*	
Less than 5 years	57	39	96
	59.4%	40.6%	100.0%
5-10 years	18	32	50
	36.0%	64.0%	100.0%
More than 10 years	34	76	110
	30.9%	69.1%	100.0%
Total	109	147	256
	42.6%	57.4%	100.0%
χ^2: 18.089;	DF: 2;	P:<0.001	
Duration of stay	*Experience of discrimination*		*Total*
	Yes	*No*	
Less than 5 years	34	62	96
	35.4%	64.6%	100.0%

5-10 years	9	41	50
	18.0%	82.0%	100.0%
More than 10 years	44	66	110
	40.0%	60.0%	100.0%
Total	87	169	256
	34.0%	66.0%	100.0%
χ^2: 7.556;	DF: 2;		P:0.023

Whereas the healthy immigrant effect stipulates that migrants' health deteriorates with increasing duration of stay (Lubbers & Gijsberts, 2019), Table 7.11 shows the contrary, as 43% of migrants who had spent less than five years in the host country declared a positive health outcome compared to 46.8% and 54.3% of those who had spent five to ten years and more than ten years, respectively (p-value is not significant).

However, the table further shows that the longer the duration of stay, the more they had easy access to healthcare ($p<0.001$). The ANOVA test also shows a similar result ($p<0.001$). The commonsense explanation here is that the longer migrants stay in the host country, the more likely they are to have health-related information and, consequently, access to healthcare. This explanation is supported by the studies of scholars (Manirankunda et al., 2009; Mbanya et al., 2019), who reported that lack of access to information constitutes a barrier to seeking healthcare among migrants. Some interview participants also emphasised the importance of information when seeking healthcare. For example, Kolade submitted that access to information determined who got what not only in the area of healthcare but also in other aspects of life in the host country. He said said: "I think information and the way it is disseminated sometime can be a key difference between being successful and not" (Kolade, #18). Also, not all participants in the UK know all aspects of healthcare covered by the NHS, just as not all participants in the US understand the complexity of the US healthcare system. Participants who had lived in the host country for a longer time demonstrated better understanding based on their experience. Differences between the US and the UK are discussed in the next chapter.

The finding regarding the influence of duration of stay on the experience of discrimination is surprising. It was found that 35.4% of those who had spent less than five years in the host country experienced discrimination, compared to 18% of those who had spent five to ten years. While this

is clear, it is surprising that those who had spent more than ten years recorded the highest level of discrimination (40%). This finding may imply that it is a matter of time; most migrants will experience discrimination in a healthcare setting at a point. To be sure, I ran a correlation test on the two ratio/scale variables and found no significant relationship.

Table 7.12: The influence of education on health outcome, access to health, and discrimination

Education	*Health outcome*		*Total*
	Negative outcome	*Positive outcome*	
HND or less	7	12	19
	36.8%	63.2%	100.0%
Bachelor's	44	43	87
	50.6%	49.4%	100.0%
Master's or above	69	57	126
	54.8%	45.2%	100.0%
Total	120	112	232
	51.7%	48.3%	100.0%
χ^2: 2.197;	DF: 2;		P:0.333
Education	*Access to healthcare*		*Total*
	Not easy	*Easy*	
HND or less	7	15	22
	31.8%	68.2%	100.0%
Bachelor's	38	57	95
	40.0%	60.0%	100.0%
Master's or above	64	75	139
	46.0%	54.0%	100.0%
Total	109	147	256
	42.6%	57.4%	100.0%
χ^2: 1.983;	DF: 2;		P:0.371
Education	*Experience of discrimination*		*Total*
	Yes	*No*	
HND or less	7	15	22
	31.8%	68.2%	100.0%
Bachelor's	29	66	95
	30.5%	69.5%	100.0%
	51	88	139

Master's or above	36.7%	63.3%	100.0%
Total	87	169	256
	34.0%	66.0%	100.0%
χ^2: 1.006;	DF: 2;		P:0.605

Table 7.12 shows that education is not significantly associated with health outcomes and access to healthcare, even though migrants who did not have a university education reported a better experience than those with at least a bachelor's degree. Similarly, place of education (shown in Table 7.13) did not show any significant association with any of the three dependent variables.

Table 7.13: The influence of place of education on health outcome, access to health, and discrimination

Completed a certificate education in the host country	*Health outcome*		
	Negative outcome	*Positive outcome*	*Total*
No	33	32	65
	50.8%	49.2%	100.0%
Yes	87	80	167
	52.1%	47.9%	100.0%
	120	112	232
Total	51.7%	48.3%	100.0%
χ^2: 0.033;	DF: 1;	P:0.856	
Completed a certificate education in the host country	*Access to healthcare*		
	Not easy	*Easy*	*Total*
No	34	37	71
	47.9%	52.1%	100.0%
Yes	75	110	185
	40.5%	59.5%	100.0%
	109	147	256
Total	42.6%	57.4%	100.0%
χ^2: 1.133;	DF: 1;	P:0.287	
Completed a certificate education in the host country	*Experience of discrimination*		
	Yes	*No*	*Total*
No	22	49	71
	31.0%	69.0%	100.0%
Yes	65	120	185
	35.1%	64.9%	100.0%
	87	169	256
Total	34.0%	66.0%	100.0%
χ^2: 0.394;	DF: 1;	P:0.530	

Table 7.14: The influence of residency status on health outcome, access to health, and discrimination

Residency status	*Health outcome*		*Total*
	Negative outcome	*Positive outcome*	
I have a permanent residency permit/citizenship	69	82	151
	45.7%	54.3%	100.0%
I have a temporary visa	45	30	75
	60.0%	40.0%	100.0%
No permit/expired permit	6	0	6
	100.0%	0.0%	100.0%
Total	120	112	232
	51.7%	48.3%	100.0%
χ^2: 9.855;	DF: 2;		P:0.007
Residency status	*Access to healthcare*		*Total*
	Not easy	*Easy*	
I have a permanent residency permit/citizenship	59	114	173
	34.1%	65.9%	100.0%
I have a temporary visa	47	30	77
	61.0%	39.0%	100.0%
No permit/expired permit	3	3	6
	50.0%	50.0%	100.0%
Total	109	147	256
	42.6%	57.4%	100.0%
χ^2: 15.950;	DF: 2;		P:<0.001
Residency	*Experience of discrimination*		*Total*
	Yes	*No*	
I have a permanent residency permit/citizenship	54	119	173
	31.2%	68.8%	100.0%
I have a temporary visa	31	46	77
	40.3%	59.7%	100.0%
No permit/expired permit	2	4	6
	33.3%	66.7%	100.0%
Total	87	169	256
	34.0%	66.0%	100.0%
χ^2: 1.945;	DF: 2;		P:0.378

The findings in Table 7.14 give credence to the notion of (un)deservingness among different categories of migrants (Dhaliwal & Forkert, 2015; Kootstra, 2016; Sales, 2002) because migrant/residency status was significantly associated with two of the three dependent health-related variables. More than half of permanent residents (54.3%) reported a positive health outcome compared to 40% and 0% for those with temporary visas and expired visas, respectively. Also, close to two-thirds of permanent residents (65.9%) had easy access to healthcare compared to 39% for temporary stayers and those with expired visas. A plausible explanation is that inequality exists among categories of migrants, which is the basic idea of the concept of (un)deservingness. Some narratives are important here. The fact that those with expired permits have more negative health outcomes may first result from the psychological effect of living undocumented in the host country.

Some participants narrated that undocumented migrants cannot work with their names; they work using other people's names. As James narrated: "… Some of them work using another person's name. So, the money goes to the person they're using. And that kind of thing can only be done in the informal sector, an environment where you have the hard labour" (James, #6). Another participant said: "They are not allowed to work. That is why they are frustrated. And that is why you see it on them" (Rachael, #1). This may have some adverse health effects. Secondly, some may not seek healthcare because of the fear of being reported to the authorities. However, this does not mean that they cannot access healthcare. For example, Adewale in the UK reported: "There are some things that just the pharmacy can help you with, but if it's extreme, I'm not sure if the hospital will then need to report you. They will treat you, of course, because it's already a dying situation" (Adewale, #5). But the participant was not sure what would happen afterwards. Isabella in the US asserted that healthcare was available to all: "whether you have your papers or not, you will be attended to. My friend got her hand surgery done when she wasn't documented. I gave birth to my son through CS [caesarean section] even when I wasn't documented. Every bill was taken care of by insurance. I have seen people go for all kinds of surgery without being documented" (#23). However, she stated that this policy may vary across states in the US.

7.4 MULTIPLE REGRESSION ANALYSES

This section addresses research question 2c. In the previous section, I presented statistical analyses of the association between each of the seven independent variables and the five dependent variables. In this section, I put all seven independent variables into a single model to see how they influence each of the dependent variables.

Table *7.15: Logistic regression model showing predictors of labour market outcome*

Factors	**B**	**p**	**AOR**	**95% C.I.**	
				Lower	**Upper**
Gender					
Male*					
Female	.168	.556	1.183	.676	2.068
Religion					
Christians*		.811			
Muslims	.274	.534	1.316	.554	3.123
None	.280	.760	1.323	.220	7.961
Name type					
Ethnic*		.338			
Islamic	-.674	.157	.510	.200	1.296
Biblical	-.353	.514	.702	.243	2.031
English	-.522	.255	.593	.241	1.459
Duration of stay	.002	.143	1.002	.999	1.005
Level of education					
HND or less*		.119			
Bachelor's	-.913	.111	.401	.130	1.235
Master's or above	-1.148	.041	.317	.106	.954
Education in the host country					
Not completed*					
Completed	.333	.360	1.396	.684	2.850

Residency status					
Permanent residence/citizen*		.626			
Temporary visa	-.084	.830	.920	.429	1.971
No permit/ visa expired	-1.147	.333	.318	.031	3.239
Constant	-.355	.505	.701		

*Reference category

Omnibus Test χ^2(p): 18.913 (0.091)

Hosmer and Lemeshow Test X^2(p): 11.959 (0.153)

Nagelkerke R^2: 0.105

Table 7.16: Logistic regression model showing predictors of labour market equality

Factors	**B**	**p**	**AOR**	**95% C.I.**	
				Lower	**Upper**
Gender					
Male*					
Female	-.249	.374	.780	.450	1.349
Religion					
Christians*		.810			
Muslims	-.261	.531	.770	.340	1.744
None	-.257	.760	.773	.149	4.011
Name type					
Ethnic*		.903			
Islamic	-.143	.749	.867	.362	2.079
Biblical	.329	.571	1.390	.445	4.343
English	-.132	.770	.876	.362	2.121
Duration of stay	.000	.768	1.000	.997	1.002
Level of education					
HND or less*		.765			

Bachelor's	.254	.622	1.290	.469	3.542
Master's or above	.047	.925	1.048	.396	2.772
Education in the host country					
Not completed*					
Completed	.136	.714	1.145	.555	2.365
Residency status					
Permanent residence/citizen*		.550			
Temporary visa	-.096	.802	.909	.429	1.925
No permit/ visa expired	1.163	.327	3.199	.313	32.677
Constant	.708	.173	2.030		

*Reference category

Omnibus Test X^2(p): 5.119 (0.954)

Hosmer and Lemeshow Test χ^2(p): 4.851 (0.773)

Nagelkerke R^2: 0.029

Table 7.15 shows the model for labour market outcome. Overall, the model has a good fit, as seen in the Hosmer and Lemeshow test results, and it predicts a 10.5% variation in the dependent variable. However, the Omnibus test results show that the model is insignificant at 95% (X2: 18.913; p:0.091). Recall that, in the bivariate analysis, three factors (duration of stay, place of education, and residency status) were significantly associated with labour market outcome. However, when all the seven factors are considered together, as done in Table 7.16, only the level of education is significant. The direction is that migrants who have a master's degree or more are less likely to experience a positive labour outcome than those who have HND or less (AOR: 0.317, $p<0.05$). This is similar to the results in Table 7.5 and again supports the assertion that highly educated migrants are more likely to be disadvantaged in the houst country's labour market (Rynderman & Flynn, 2016) because they find jobs that are below their level of qualification.

As regards the model for labour market equality in Table 7.16, the model has a good fit also, but none of the independent variables is a significant predictor.

Table 7.17: Logistic regression model showing predictors of health outcome

Factors	B	p	AOR	95% C.I.	
				Lower	Upper
Gender					
Male*					
Female	-.269	.341	.764	.439	1.329
Religion					
Christians*		.774			
Muslims	-.187	.663	.830	.358	1.921
None	.459	.632	1.583	.242	10.370
Name type					
Ethnic*		.604			
Islamic	.248	.597	1.281	.511	3.212
Biblical	.687	.214	1.987	.673	5.868
English	.021	.965	1.021	.407	2.564
Duration of stay	.000	.775	1.000	.997	1.002
Level of education					
HND or less*		.563			
Bachelor's	-.575	.288	.563	.195	1.623
Master's or above	-.508	.337	.602	.213	1.698
Education in the host country					
Not completed*					
Completed	-.438	.244	.645	.309	1.349
Residency status					
Permanent residence/citizen*					
Temporary visa	-.781	.044	.458	.214	.981
Constant	.410	.343	1.506		

*Reference category

Omnibus Test χ^2(p): 10.374 (0.497)

Hosmer and Lemeshow Test χ^2(p): 11.940 (0.154)

Nagelkerke R^2: 0.061

Table 7.18: Logistic regression model showing predictors of easy access to healthcare

Factors	B	p	AOR	95% C.I.	
				Lower	Upper
Gender					
Male*					
Female	-.398	.155	.672	.388	1.162
Religion					
Christians*		.536			
Muslims	-.153	.718	.858	.373	1.970
None	-.991	.267	.371	.065	2.135
Name type					
Ethnic*		.980			
Islamic	-.118	.797	.889	.364	2.173
Biblical	-.087	.872	.916	.316	2.659
English	-.152	.736	.859	.355	2.078
Duration of stay	.002	.194	1.002	.999	1.005
Level of education					
HND or less*		.684			
Bachelor's	-.335	.527	.715	.253	2.023
Master's or above	-.441	.391	.643	.235	1.764
Education in the host country					
Not completed*					
Completed	-.391	.278	.676	.334	1.370
Residency status					
Permanent residence/citizen*		.046			
Temporary visa	-.934	.013	.393	.187	.824
No permit/ visa expired	-.369	.682	.691	.118	4.047
Constant	-.171	.712	.843		

*Reference category

Omnibus Test χ^2(p): 22.915 (0.028)

Hosmer and Lemeshow Test χ^2(p): 5.078 (0.749)

Nagelkerke R^2: 0.119

Table 7.19: Logistic regression model showing predictors of exposure to discrimination

Factors	B	p	AOR	95% C.I.	
				Lower	Upper
Gender					
Male*					
Female	.652	.030	1.919	1.065	3.456
Religion					
Christians*		.721			
Muslims	.358	.424	1.431	.595	3.441
None	.268	.758	1.308	.238	7.184
Name type					
Ethnic*		.147			
Islamic	-.376	.434	.687	.268	1.762
Biblical	-1.010	.150	.364	.092	1.441
English	.629	.168	1.876	.767	4.587
Duration of stay	.005	<.001	1.005	1.002	1.008
Level of education					
HND or less*		.676			
Bachelor's	-.034	.952	.967	.326	2.866
Master's or above	.235	.658	1.264	.448	3.568
Education in the host country					
Not completed*					
Completed	.265	.490	1.303	.614	2.765
Residency status					
Permanent residence/citizen*		.015			
Temporary visa	1.215	.004	3.369	1.481	7.664
No permit/ visa expired	.797	.404	2.220	.341	14.441
Constant	-1.304	.008	.271		

*Reference category

Omnibus Test χ^2(p): 27.817 (0.006)

Hosmer and Lemeshow Test χ^2(p): 3.855 (0.870)

Nagelkerke R^2: 0.147

The model for health outcomes is presented in Table 7.17. The model is a good fit, predicting 6.1% of the variation in health outcomes. However, the Omnibus test results show that combining the seven independent variables does not significantly predict health outcomes. Residency/migration status, which was a significant predictor at the bivariate level, remained a significant predictor at the multivariate level. The direction is that permanent residents have better health outcomes (reference category) than migrants with a temporary visa (AOR: 0.458; $p<0.044$).

In Table 7.18, it is shown that a combination of the seven independent variables significantly predicts access to health (χ2:22.915; $p<0.05$). The pseudo R^2 shows that the model predicts 11.9% of variations in access to healthcare. Again, residency status matter here. Permanent residents have better access to healthcare than those with temporary visas.

Lastly, Table 7.19 shows that (1) the model is a good fit; (2) the independent variables significantly predict the experience of discrimination ($p<0.01$); (3) the model explains 14.7% of the variation in the experience of discrimination in the healthcare setting. Three of the seven factors are significant predictors of experience of discrimination. One, women are 1.9 times more likely to experience discrimination in healthcare settings than males ($p<0.05$). Two, the likelihood of experiencing discrimination increases with the length of stay (AOR: 1.005; $p<0.001$). Three, migrants with a temporary visa are 3.4 times more likely to experience discrimination in the healthcare setting than permanent residents ($p<0.01$).

7.5 CONCLUDING REMARKS

This chapter has shown the individual effects of gender, religion, name type, duration of stay, education, place of education and residency status as well as their combined effects on the experience of Nigerian migrants. Narratives from the qualitative study were introduced where necessary. It is important to state that, although some factors appear insignificant, narratives from the qualitative study suggest that they may play some role. However, to be clear on the statistical results, Table 7.20 shows the effects of each of the seven independent variables on different dependent variables at a 95% significance level. The table is generated from the results of bivariate analyses, not the multivariate ones. The qualitative study has shown that female migrants from Nigeria experienced status elevation because the US and UK systems recognise gender equality, which they did not have in Nigeria. Hence, the quantitative analysis found no statistical significance between males and females in labout market equality and outcomes. Discrimination

based on religion and names are subtle. For religion, practising Islam was not enough to attract discrimination; other indicators of affiliation with Islam mattered. Changing of names increases the chances of being called for interview but did not guarantee jobs. Residency status and duration of stay are the most important factors in the experiences and integration of Nigerian migrants in the US and UK.

Table 7.20: Summary of statistically (in)significant variables

Factors	**Labour market outcome**	**Labour market equality**	**Health outcome**	**Access to healthcare**	**Experience of discrimination**
Gender	X	X	X	X	✓
Religion	X	X	X	X	X
Name type	X	X	X	X	X
Duration of stay	✓	✓	X	✓	✓
Education	X	X	X	X	X
Place of education	✓	X	X	X	X
Residency status	✓	X	✓	✓	X

✓ Statistically significant at 95%

X Not statistically significant at 95%

CHAPTER EIGHT. VARIATIONS IN THE EXPERIENCES OF NIGERIAN MIGRANTS IN THE US AND THE UK (PROJECT TWO CONTINUES)

8.1 PRELUDE

This chapter addresses the third research question and focuses on how the experiences of Nigerians differ between the two host countries. The first section focuses on labour market variables, while the second discusses differences in health. Data from both quantitative and qualitative methods are presented and discussed. The third section is the concluding remarks.

8.2 LABOUR MARKET

This section addresses research question 3A, which asks: “Do Nigerian migrants in the United States have better labour market outcomes and a higher level of labour market equality than their counterparts in the United Kingdom?”

Table 8.1: Association between country of residence and labour market experience

Host country	*Labour market outcome*		
	Negative outcome	*Positive outcome*	*Total*
United States	47	72	119
	39.5%	60.5%	100.0%
United Kingdom	63	55	118
	53.4%	46.6%	100.0%
Total	110	127	237
	46.4%	53.6%	100.0%
χ^2: 4.599;	DF: 1;		P:0.032
Host country	*Labour market equality*		
	No/lower equality	*Higher equality*	*Total*
United States	43	76	119
	36.1%	63.9%	100.0%
United Kingdom	57	63	120
	47.5%	52.5%	100.0%
Total	100	139	239
	41.8%	58.2%	100.0%
χ^2: 3.172;	DF: 1;		P:0.075

There is evidence that Nigerian migrants in the US have better labour market experiences than their counterparts in the UK. Table 8.1 above shows that 60.5% of the respondents from the US reported positive labour market outcomes compared to less than half of those from the UK (46.6%). The p-value of 0.032 indicates that the association is statistically significant. Regarding labour market equality, 63.9% of those from the US reported higher labour market equality compared to 52.5% of those from the US. However, the p-value is only significant at approximately 93% significance level. Other higher tests such as the T-test, binary regression and linear regression also support the chi-square results in Table 8.1 – that country of residence significantly influences labour market outcome but not labour market equality. Therefore, I accept the hypothesis that Nigerian immigrants in the US will report better labour market outcomes than

their counterparts in the UK. This finding supports the MIPEX data discussed in the second chapter and the findings of earlier studies (Ecer & Tompkins, 2013; She & Wotherspoon, 2013) that show that the US has better labour market opportunities for migrants than the UK. An important point here is the reason why there are better labour market opportunities for migrants in the US than in the UK. As stated in the theoretical orientation, a country's size and population may be related to its economic power. The US is over four times more populous than the UK and the former is far bigger in size than the latter, which may explain why the US has better economic opportunities than the UK (Yuki & Cen, 2018).

Although the US and UK did not differ significantly at 95% in labour market equality, I explored each of the five indicators of the variable. I found that the US and UK differ significantly on two of the indicators of labour market equality. Thirty-eight percent of the respondents in the US reported that they had equal promotion with nationals doing similar work compared to 24.8% of those in the UK (p: 0.025). In addition, 47.5% of Nigerian migrants in the US reported that their employment requirements were the same for nationals doing similar work, compared to 31.4% in the UK (p: 0.028).

The qualitative study also supports these statistical results in different ways. One, some participants narrated that the US was their most preferred destination, but the admission and visa processes to the UK are easier than the US's. Most US universities require GRE tests before admission, which many non-science migrants believe is tedious and time-consuming. For some of them, the US is still their final destination. For example, Simon explained that:

> So, look at me. I pay about 1000 pounds in tax every month. And do you know what the government does with this tax? They use it to pay people on benefits. It's crazy here in the UK that you can earn 1000 pounds every month, every year. And your take home is five pounds. So out of your 100,000 pounds, 40% of that goes for tax, and that tax the government takes from you, they're using it to pay welfare benefit. So, it's a crazy thing, and again, the salary structure in the UK is very crazy. Oh, somebody with my skills and experience. So, in Citibank, I earned 41,000 pounds, but my American colleague earns $140,000. My friend in the US earns $140,000. That is probably about the difference of about 90 000… Actually, I want to build the necessary skills here. So, when I go to America, it's not going to be like the struggle of me looking for a job because I'm a migrant. So, coming from the UK and looking for a job in America is going to be very easy, unlike coming from Nigeria. (Simon, #4)

Simon suggests that the pay is higher for people doing the same job in the US. Also, the tax system in the UK is unfavourable to the participant. Simon's response has some implications for the concept of place. To him, the US is a land of freedom with abundant opportunities, while the UK is a stepping stone, beginning point of the final destination (US). Simon did indicate the plan of relocating to the US. Aside from Simon, there are other four participants (their narratives are discussed later in this section) who had lived in both countries. The four of them migrated from the UK to the US and perceive the latter as a place of final destination. In other words, the US seems to be the peak for these four migrants.

The second point of difference is that some migrants believe that employers in the US prefer to employ African migrants (especially Nigerians) rather than Black/African Americans – but this comes at a cost, and I will discuss it further in the next section. Employers prefer African migrants because they believe they are more hardworking and less confrontational than Black/African Americans. This finding resonates with the study of Imoagene (2018), who compared the experiences of second-generation migrants in the US and the UK. Bolaji tried to explain why employers prefer African migrants to Black Americans: "I feel it's because the blacks that were here have spoilt the country, they have done so many bad things in the past, so because of that they've known them but the way they speak is different from the way we speak, so they always know the difference" (Bolaji, #22). The participant stated that accent served as a signal to employers when differentiating African migrants from African Americans. The success of African migrants in the US has partly led to the black-on-black discrimination-a situation where African Americans discriminate against African migrants. A participant shared an experience thus:

> A lot of them [Black Americans] are nasty. I don't know their problem, they put the past in their head… the first rejection I had is from a black American,….You will still see white, even if they don't like you, they smile….But they would not put it to your face maybe like the Black Americans. And they will be so nasty with the way they talk and everything so you know, we face it both ways. We face it with white and we face it with some black Americans. So it's not easy living in America and not receive discrimination (identifier is concealed)

Three interview participants in the US feel that that African Americans see African migrants as threats or feel insecure by their presence. When asked about why this is the case, a participant stated "I've had conversations with some very ignorant ones, and I think it dates back to the slave trade era. You know some of them were taken as Slaves, and they believed we didn't resist the

white from taking them as Slaves. For the illiterate ones among them, they believe we sold them into slavery" (Identifier is concealed). The second participant stated that:

> We don't have the foundation they have. When we come here, we just to trying to prove to the community that we deserve to be here. One of the ways we try to do that is by achieving full economic status. When we do that, they will feel we are getting more comfortable. I can't explain what causes it. It's so weird to imagine. If Nigerians see a white man in Nigeria, we are just excited to see that person because he is different. It's just fun. We admire the person. I don't understand why the reverse is the case here, particularly for black Americans to immigrants…I don't know what the insecurity is there for. It's unnecessary, there are so many black American cultures that are universal, that they have created. It's so weird. Everybody in the world listens to hip-hop, watches and consumes content that is constantly produced, created, and developed by black Americans. Their count in the world in terms of content, entertainment, and sports, is massive. There is nothing to be insecure about. I know that societally, they are still the most marginalized, most disadvantaged, but they have a lot going with them (identifier is concealed).

The third participant opined that "they feel we the black are threat, especially the Africans. Because…the thing is, black Americans don't read, they don't go to school. They're very fortunate, they are very lucky the economy's good, everything about them is good, you don't even need to go to school before you can become a very valuable person… once you finish high school, you can get the job and be comfortable" (Identifier is concealed). The reports from the three participants resonate with earlier studies (Imoagene, 2018; Okonofua, 2013) and suggest rivalry between African migrants and African Americans, despite the longstanding collaboration between the two groups in different areas, including music. In consonance with the findings of the study, Okonofua (2013, p.11) noted that "hostility between African Americans and African immigrants deepen at the level of economic competition and perception of deprivation". Imoagene (2018) demonstrated that White Americans perceive black groups (African Americans and African migrants) differently and that there are instances where Nigerian migrants use identity markers to show that they are Nigerians (not Black Americans) in order to increase their chances of opportunities.

The argument here is that some African Americans believed that African migrants are benefitting from the struggle they did not participate it. Similar to the submission of Okonofua (2013), Atinuke buttressed this point when she said,

> I think it's true in a lot of cases because they look at that from the point of view of the limited opportunities that Africans come to take. Like one black American said a few

> months back. He said, it's like you clear a spot in front of your house, and somebody just comes and drive into the space….So, it's like they fought for everything and try to make the opportunities available. And, we just come and take those opportunities (Atinuke, #27)

Back to the difference between the US and UK, the third point relates to the ease of transitioning from a temporary migrant to a permanent resident or citizen. I explored the association between the host country and migration/residency status, which this study and early works have found to be important in migrants' labour market experience. The result presented in Table 8.2 shows that 79.1% of the survey respondents from the US are permanent residents compared to 55.9% of those from the UK. This result corroborates the MIPEX 2020 report, discussed in the second chapter, which shows that from 2013, access to nationality and becoming permanent residents was easier in the US than in the UK. If being a permanent resident attracts more labour market opportunities than being a temporary migrant, one should expect migrants in the US to have a better experience than their counterparts in the UK, all other things being equal.

Table 8.2: Association between country of residence and residency status

	Residency status			
Host country	**I have a permanent residency permit/citizenship**	**I have a temporary visa**	**No permit/expired permit**	**Total**
United States	102	24	3	129
	79.1%	18.6%	2.3%	100.0%
United Kingdom	71	53	3	127
	55.9%	41.7%	2.4%	100.0%
Total	173	77	6	256
	67.6%	30.1%	2.3%	100.0%
χ^2: 16.462;		DF: 2;		P:<0.001

A fourth point of difference emanates from four participants who had lived in both countries. These four participants were asked to discuss the differences between the US and the UK regarding

labour market opportunities and the health system. The first participant, Tunde narrated his journey to the US thus:

> When I left Nigeria for the UK, I did my master's, and we needed to wait for graduation for a year. It wasn't even my intention to leave Nigeria and stay oversea, but once you get out of Nigeria, you start enjoying the benefit that you get, like good internet, good network and things you don't have access to easily in your country, and it was more like this is a better place to live. Yes, I was in the United Kingdom but then, we had just one year and four months to stay for school. So, when it was towards the end I had to leave. Then I planned to go back to Nigeria, but I was like let me just enjoy myself because, this opportunity that I have in the United Kingdom, let me make it to get a US visa and visit the United States before going back home. Finally, when I came to the United States, it was another different ball game entirely. In my own opinion, it is better than the United Kingdom in terms of opportunities like work, development and a lot of things that make life easy for people. I got to the United States and had a lot of friends, so I was like what am I going back to do in Nigeria when all I need is here? That was why I decided to stay and I found my way to stay. (Tunde, #15)

The point from the quote above is that there are more opportunities in the UK than in Nigeria, but there are also more opportunities in the US than in the UK. When asked to give some specific examples of the differences, Tunde averred that:

> The United States is a very big place that stands as one country. So, if you want to compare the United States to other states, you compare it in terms of employment and others because the population of the United States is like the whole of the African continent. In terms of opportunity, the opportunities in the United States are better than that in the United Kingdom in my own opinion…. It is difficult to be in the United Kingdom as a health care worker compared to being in the United States. The reason I said that is, UK doesn't give immigrants many avenues, and there's a process to excel in the United Kingdom more than United States. (Tunde, #15)

This quote suggests that the US economy is believed to be more open, while the UK economy is perceived as restrictive. This resonates with the work of Imoagene (2012), who asserted that the US uses a laissez faire approach to multiculturalism, which gives immigrants a sense of belonging and the freedom to succeed economically.

The second participant, Atinuke who had lived in the two host countries, reckoned with some of the points raised by Tunde regarding geographical size and how that affects the number of opportunities. Atinuke stated: "In terms of employment, because the UK is smaller, there are fewer opportunities. So, some people will make headway, but some won't. Some are just going to be there for a year, and nothing happens. The US is much bigger. There are remote places that you

can go to that no one wants to go to and make headway" (Atinuke, #27). Although the third participant said shepreferred the UK, she admitted that the US has more economic opportunities than the UK: "… first of all, I have three kids. Two of my kids were born in the United Kingdom. So, my kids have a British passport. So, if I was to choose between UK and America, I will tell you without blinking my eye that I will choose the United Kingdom, right? The opportunities are not as vast as the United States, but I will still choose it" (Bolanle, #24). The fourth participant only shared differences in terms of health, which I will discuss in the next section.

To further explore points of difference between the US and the UK regarding labour market experience, I investigated the job transition (or occupational mobility) of 23 participants in both countries (15 from the US and eight from the UK). Their job transition was categorised into (1) remaining in less skilled work; (2) transitioning from less skilled to more skilled; (3) skilled job from the first employment. The results are presented in Table 8.3.

Table 8.3: Job transition/occupation mobility of participants

Host country	**Still on less skilled**	**Moved from less skilled to more skilled**	**Skilled job from first day**	**Total**
United States	3	7	5	15
United Kingdom	4	2	2	8
	7	9	7	23

Although changing jobs in either country is not herculean, migrants in the US were able to rise occupationally to better-paying jobs than those in the UK, as well as becoming self-employed.

To reiterate, the US appears to have better economic opportunities than the UK, according to the participants and earlier studies discussed in chapter two. This difference is not by happenstance; it is a fucntion of different structures and policies between the two countries. One, as discussed in the chapter on theoretical orientations, the US is far larger in size and population than the UK, which makes the former have larger economy and subsequently more opportunities than the latter. Two, the US economy is more open and laissez faire than the UK's. Three, as Imoagene (2012) noted, the history of racism and discrimination in the US has made the American government to consciously put inclusive economic policies in place for minority groups and migrants.

8.3 HEALTH

This section addresses research question 3b, which focuses on variation across the US and the UK in terms of health characteristics.

Table 8.4: Association between country of residence and health experience

Host country	*Health outcome*		*Total*
	Negative	*Positive*	
United States	62	54	116
	53.4%	46.6%	100.0%
United Kingdom	58	58	116
	50.0%	50.0%	100.0%
Total	120	112	232
	51.7%	48.3%	100.0%
χ^2: 0.276;	DF: 1;		P:0.599
Host country	*Access to healthcare*		*Total*
	Not easy	*Easy*	
United States	46	83	129
	35.7%	64.3%	100.0%
United Kingdom	63	64	127
	49.6%	50.4%	100.0%
Total	109	147	256
	42.6%	57.4%	100.0%
χ^2: 5.092;	DF: 1;		P:0.024
Host country	*Experience of discrimination*		*Total*
	No	*Yes*	
United States	91	38	129
	70.5%	29.5%	100.0%
United Kingdom	78	49	127
	61.4%	38.6%	100.0%
Total	169	87	256
	66.0%	34.0%	100.0%
χ^2: 2.375;	DF: 1;		P:0.123

Table 8.4 shows that half of the respondents in the UK reported a positive health outcome compared to 46.6% of those in the US. No statistically significant association was observed, however. I explored diagnosis of diseases since the respondents' arrival in the host country. Seven of the seven people who reported diabetes were from the US. Twenty-Six people in the US had been diagnosed with high blood pressure compared to twenty in the UK. All the four people who had been diagnised with asthma were from the US. Three of the five people diagnosed with cancer were from the US.

Regarding access to healthcare, 64.3% of respondents in the US reported easy access to healthcare compared to 50.4% of those in the UK. The association is statistically significant at 95%. T-test analyses gave credence to the results in Table 8.4. More respondents reported experiencing discrimination when using healthcare in the UK (38.6%) than in the US (29.5%). Although the chi-square result is not statistically significant (p:0.123), results from the mean differences and linear regression analysis show otherwise. As seen in Table 8.5, the UK recorded a mean score of 6.75, while the US recorded a score of 7.25. I have already stated in the research methods chapter that a lower score meant more experience of discrimination. The t-score is 2.754, while the p-value is 0.006. Linear regression also returned a significant result (p: 0.006).

Table 8.5: Analysis of mean differences in the experience of discrimination

Experience of discrimination				
	N	*Mean*	*Std. Deviation*	*Std. Error*
United States	129	7.25	1.386	.122
United Kingdom	127	6.75	1.517	.135
Total	256	7.00	1.471	.092
t: 2.754;	p:0.006			

The statistical results corroborate the MIPEX data, which shows that the US has a better health system for immigrants than the UK. This finding supports the view that employment conditions and opportunities may affect health experience (Trummer & Krasnik, 2017). Since Nigerian migrants in the US have better labour market experiences, one expects that they will have better

health experiences. Indeed, labour market inequality and labour market outcomes are statistically associated with at least one of the health variables, as shown in Table 8.6.

Table 8.6: Association between labour market experience and health experience

Labour market equality	*Access to healthcare*		*Total*
	Not easy	*Easy*	
No/lower equality	62	38	100
	62.0%	38.0%	100.0%
Higher equality	40	99	139
	28.8%	71.2%	100.0%
Total	102	137	239
	42.7%	57.3%	100.0%
χ^2: 26.240;	DF: 1;		P<0.001
Labour market equality	*Discrimination*		*Total*
	No experience of discrimination	*Experience of discrimination*	
No/lower equality	46	54	100
	46.0%	54.0%	100.0%
Higher equality	112	27	139
	80.6%	19.4%	100.0%
Total	158	81	239
	66.1%	33.9%	100.0%
χ^2: 31.032;	DF: 1;		P<0.001
Labour market outcome	*Access to healthcare*		*Total*
	Not easy	*Easy*	
Negative outcome	53	57	110
	48.2%	51.8%	100.0%
Positive outcome	45	82	127
	35.4%	64.6%	100.0%
Total	98	139	237
	41.4%	58.6%	100.0%
χ^2: 3.950;	DF: 1;		P:0.047

The qualitative study revealed differences, some of which resonated with earlier studies. One is the idea that healthcare is commodified in the US, but some participants reported a welfare

programme in the UK (Adeniran, 2004). Four participants lamented the expensive cost of healthcare in their host country, and all four were based in the US. For example, Khadijah said:

> In Nigeria, I used to go to the hospital whenever I was sick. I mean, I could easily go to General Hospital, without having HMO [Health Maintenance Organisation] or whatever, but I was also working with a company where I had HMO. So, any small thing, I'm going to the hospital because I feel like I'm paying insurance anyway, so why not? But here in the US, even with your insurance, you still don't want to get sick, because you still have some money to pay… Even with insurance, you go to the hospital, and still pay a certain amount… I mean, everyone will pay for insurance. Oh, yeah, even if you don't have insurance, of course, you have to pay and that's like going to be like cut throats kind of money if you don't have insurance. So it's like you're trying to get insurance to reduce the expenses, right? So for instance, most insurance companies do 80%, 20% so they tell you that whatever services, medical services, they pay 80%, and you pay 20%. (Khadijah, #26)

The second participant stated "the health system in the US is expensive, but very good. It's expensive in the sense that they bill you for almost everything. That's why people try not to get sick in the US, they try not to call the ambulance because, I think the ambulance fee is $1,500, and you also have to pay for insurance" (Bimbo, #16). Participants Khadijah and Bimbo insinuated that people might avoid going to the hospital in the US because of the high cost. Another participant, Atinuke lamented that:

> If you want to see a doctor, you have to apply for insurance, if you don't get insurance, you have to apply for some grants, for some aid. In some states, like New Jersey, you could maybe with I think $120, you could see a doctor and $120 in naira it's about almost 80,000 naira. Now, just to see a doctor for consultation, you won't get drugs, he will give you prescription but you have to pay for the drugs, you have to pay for your prescription drugs. So, this is part of the things I said, it is expensive, in America, you have to pay, right now I'm talking from the perspective of a permanent resident, as a legal resident in the US, once you're working from your paycheck they take out taxes, they take out health insurance, before you get money, before your money touches your hands. (Atinuke, #29)

Atinuke reminds us that, unlike in the UK, the health system in the US is complex because health and insurance policies vary across states. While the UK uses NHS at the public level, some health insurance programmes that apply in one state in the US may not be acceptable in another state. This is partly why Llano (2011) submitted that healthcare is complex in the US. As part of connecting and informal follow-up, I attended an online educational programme which I was invited to by one of the participants in the US. Nigerians in different countries, including the US and UK, attended the "access to health care" programme. When the issue of access in the US was

discussed, participants demonstrated the complexity of the healthcare system in the US. In fact, some participants had differing opinions on how best immigrants can access healthcare in the US. This again corroborates the complexity of healthcare in the US.

The finding that healthcare is more expensive in the US than in the UK is supported by the case of Groce and Groce (2020), reported earlier in the literature review chapter, where one twin sister in the US paid 40% of her cost of healthcare, while the one in the UK had the cost paid by the NHS.

Meanwhile, some participants in the UK narrated how they have been treated without paying a cent besides the general health insurance fee they paid. Rachael explained that:

> Oh, what a fantastic place. It is very fantastic and good. The only thing is that it is a structure that needs to be followed. While I was applying for my visa, we paid for health insurance...I know my children have gotten glasses from it. They've gotten their recommended glasses for free. And I know they've written to me that I need to come and do a test. They went through my profile, and it was a cancer-related test. I know the NHS has written to me that I'm due for tests. That I should come around. The NHS has written to my children to say that they are due for this and that. So, I think healthcare. I've not had any reason to go see the GP, but I know that the system works. And yes, they have our records. (#1)

However, this should not be interpreted to mean that the healthcare system in the UK is more effective than the US system because the former is almost free. Six participants lamented long wait times, and all of them were based in the UK. The trend is that, in the US, people avoid visiting the hospital because of cost, but in the UK, people may want to use the hospital because no extra cost may be required, but they pay emotionally via long waiting time. Zainab in the UK shared her experience with long waiting times:

> The health system in the UK can be frustrating sometimes. Though they have a health system that is good. For now, we paid for it, so we have to enjoy it. Sometimes, we have to wait. There are times you call, and they ask you to book an appointment. There was a time when my daughter was having a high temperature. So, I called them, and they said if it was not an emergency, we should try to use paracetamol. It is not like in Nigeria that when something happens, you go to the hospital. If it is not something critical, they will keep posting you in the UK. They will keep giving you further dates. But, if they finally attend to you, it is a good system. It's just their appointment issue. You can't just bang into a hospital. You have to have an appointment before you can go. (Zainab, #7)

Another participant, Sofiyyah also shared her experience:

> So I know a lot of Brits here who complain about it. And I've experienced some of it, disadvantages like waiting times. For example, if you want to see a doctor, sometimes it will take you five months, six months, waiting for your appointment to come, they will reschedule again because you don't have cancer or you're not dying. So because your health issue is not really, really, really alarming you will be kept at the back of the queue and because, to be fair, the workforce is overburdened. So there are not a lot of doctors, doctors and things. There are a lot of doctors, but they're lot more cases for those doctors, so they're a bit overworked. So, because they're bit overworked, they're not able to kind of manage everybody efficiently. (Sofiyyah, #11)

Omolara in the UK also lamented the practice of providing healthcare based on the perceived seriousness:

> So, anyone who goes to the A and E [Accident and Emergency] would spend almost five hours or four hours before they get to them. And that's because the queue is long. There are lots of people there. And the doctors have very little so they kind of, you know, are very, very, very slow with getting to you. So, the experience that I've had like I went in A and E and it took me a very long time before I could speak see the doctor. When I did finally got to see the doctor. I think that they had issues with, yeah, I had issues with them rescheduling my appointment because it wasn't very serious. As according to them, it wasn't cancer or wasn't dying. (Omolara, #2)

The implication of attending to healthcare seekers based on the perceived seriousness of the disease is that people exaggerate their health condition. This study found that migrants in the UK pretended to have symptoms that suggested their condition was critical because they wanted to be attended to by a healthcare professional. NHS is for the general public, but people may have private health insurance in addition in order to have quick access to healthcare. It is expensive, however. Adewale explained that "private insurance gets you much quicker access to all these types of things. But, if it's the general public one, everybody's entitled; I think even students, as you come in, you are entitled to the basic one, not the next extra. Maybe your company is the one providing that next level of insurance. You just go for private" (#5).

As revealed by the qualitative study, the long waiting time in the UK may explain why survey respondents in the US reported easy access and less experience of discrimination compared to their counterparts in the UK, as seen in Table 8.4.

To explore the differences between the US and UK further, it is important to show some narratives from participants who had lived in both countries. The reports of the four participants who had

lived in both countries resonated with what I have highlighted in previous paragraphs. For example, Atinuke explained the difference in terms of the cost of healthcare:

> In terms of health, here is how I look at it. In the UK, because it's NHS, you are not paying. it is based on what the government can afford to give you. There are more medications available without a prescription. And you are expected to go and explore first, before you go to a doctor's office. In the US, on the other hand, you are expected to pay for everything. So, when you go [to a] pharmacy, everything is a temporary relief, while you find your way to the doctor's office so that you can pay to see the doctor and get the prescription, and medication. So, it's structured in such a way that everybody in the medical field will get something out of you just because you have a headache. (Atinuke, #27)

The second person, Bolanle, quoted in the previous section, said she would prefer to stay in the UK even though the US had better economic opportunities. The reason they preferred to live in the UK was related to health. The participant narrated that:

> …Okay, let's take it from the point of view of healthcare. I have never seen an hospital bill, knowing fully well that you know that you're pregnant, you're going for an antenatal. You know, this NHS covers everything as long as you are legal. You don't even see the bill. I'm going to go through delivery, I'm going to go through certain radiology testing and all of that for the wellbeing of mother and kids, do you understand. So I'm in the United States right now, with an American passport, but then your income determines your health. So right now, the kind of job that I do, regardless, if you earn up to a certain amount, or your family situation is, you know, in a certain stage or level, the government does not cover anything, you're paying your medical expenses out of pocket, that's how it works. So, you can imagine making all the money in the United States and God forbid, in your mid-year, or when you are 50, or you're 60, and then your enemy comes up with something terminal. No matter how much you've accumulated within the amount of years that you've accumulated all the money from, you can go broke in two seconds, because you have to pay out of pocket for health care. (Bolanle, #24)

The third participant, Alice, narrated that she was afraid to fall sick in the US but not in the UK:

> In the US, you need money, you need the employer that will pay your health insurance and so for me personally, I just find the US system very difficult to understand or to navigate in my brain. From UK perspective, ee have like governmental backed policies when it comes to health care so our health insurance is usually government based, if you are a rich person and you know you don't want the government insurance, you go and get private insurance, but you have to be a rich person for that one, but it is universal, everybody can access it. I can call an ambulance and not be expecting a bill in the post. But in the US, I'm still trying to navigate but maybe because I didn't grow up there, I don't know much about it, I just feel very scared to be sick in the US because I do not want to get a bill in the post. (Alice, #20)

An important point here is that healthcare is almost free in the UK as migrants are usually not expected to pay out of pocket for treatment, aside from the general health insurance fee they pay annually. However, those who rely on public health insurance, NHS, face the challenges of long waiting times. In the US, health insurance supplements the cost of treatment and does not pay for everything, but the challenge of waiting time is minimal.

It is important to add that the differences in health experiences between the two countries are connected to the structural and institutional differences between the two countries. As stated earlier, the US practises a capitalist economy that is money-driven and explains why healthcare is a commodity. However, the UK as a welfare-based economic system, which explains why healthcare is almost free for everyone wunder the auspices of the NHS. In addition, the complexity of healthcare system in the US may be explained by its large size and the existence of fifty relatively independent states.

8.4 CONCLUDING REMARKS

This chapter has presented how the experiences of Nigerian migrants in the UK differ from those of their counterparts in the US. The chapter has shown that the US has better labour market opportunities for migrants than the UK. In the former occupational mobility is easier than in the latter. It is generally believed that the UK has institutre structures and policies that restrict migrants' success by. Hence, success is believed to be easier and quicker in the US than in the UK, as evident in the fact that some participants in the former have different investment and some have bought a house. The difficulty of making it quickly in the UK was summarised by an Instagram user whose caption read, "You cant be a billionaire easily in UK, Its more easier in Nigeria, trust me, the system was designed to make you work and spend and work again."[19] Despite the relative ease of attaining success in the US, black-on-black discrimination is a reality that African migrants must live with.

Regarding health, the two countries have pros and cons. The pros and cons in the UK are the low cost of healthcare and long waiting times, respectively. But in the US, the pro is easy access, while the con is the high cost of healthcare. In addition, the complexity of the healthcare system in the

[19] https://www.instagram.com/reel/CyIkarcIT3k/?igshid=MWZjMTM2ODFkZg%3D%3D

US is an added disadvantage because many migrants did not have adequate knowledge of the system.

CHAPTER NINE. NIGERIAN MIGRANTS AND COVID-19 (PROJECT THREE)

9.1 PRELUDE

This chapter addresses the fourth research question. The chapter is divided into four sections. The first section focuses on the effects of Covid-19 on migrants' employment, while the second focuses on health. The third section documents coping strategies. The last section contains the concluding remarks. The results discussed here are mainly from the qualitative interviews. Two charts (Figures 8.1 and 8.2) are presented from the survey data.

9.2 COVID-19 AND MIGRANTS' EMPLOYMENT: EXPLORING THE PANDEMIC AS A BLESSING AND A CURSE

9.2.1 Expression of neutral and positive effects

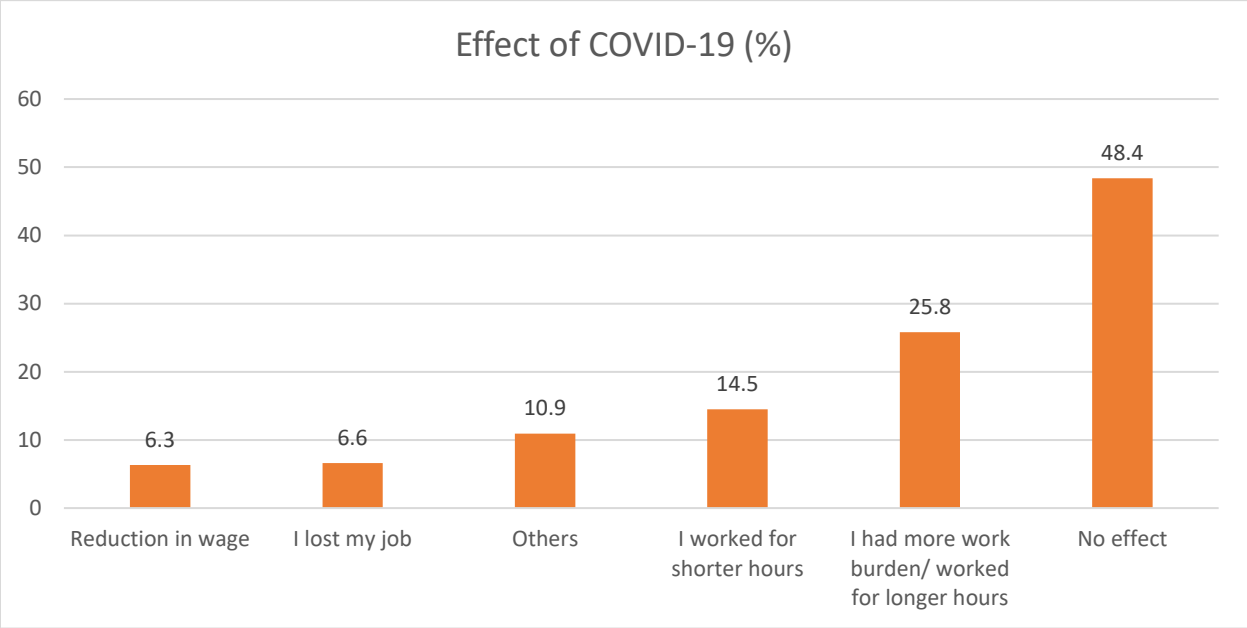

Figure 9.1: Effect of Covid-19 on migrants' employment (categories are not mutually exclusive)

While preparing the questionnaire, I did not envisage that Covid-19 could have both positive and negative effects. The options in the questionnaire only covered negative effects. However, respondents were allowed to express themselves under the option "others". As shown in Figure

9.1 above, 48.4% of the survey respondents said that Covid-19 did not affect their job. Three interview participants also reported a neutral effect of Covid-19 on their job. As Rachael said: "How it affected my job! I don't think so. It's just to make sure you're wearing your mask, and that's just the basic thing. Aside from that, physical distancing" (Rachael, #1). Rachael got to the United Kingdom in September 2021 (after a major wave of Covid-19). So, one may assume that is why they reported a neutral effect because they could not compare their employment characteristics before and during Covid-19. However, the two other participants who reported a neutral effect had been in the US before Covid-19. Ajibade, who had been in the US since 2015 and worked as prison officer, said that:

> Covid-19 didn't affect my own job because when Covid-19 started, I already gotten that correctional officer job, so, we are considered or regarded as first responders. The only way it affected my own job is that they put us on the forefront, but they equipped us with everything we needed, even when nobody had Covid. Anyone that fall sick or had Covid, there were specific provisions that they had already made for leave. It's going to be a paid leave. You will be home to quarantine. For those that can work virtually, they can. But, if you can't work from home, they will equip you. (Ajibade, #17)

Like Ajibade, Kolade did not also see any effect of Covid-19 on his job. Kolade worked as a cloud engineer at Amazon and reported that his work pre-Covid required going to the office daily, but he resorted to working from home during Covid-19. However, this, according to Kolade, did not affect his job because he was being paid. The finding corroborates the study of Grandey et al. (2021), who reported that some people had a "no change" effect on their employment during Covid-19. The trend is that when pay was not affected, Nigerian migrants tended not to perceive any profound effect of Covid-19 on their job. The implication of this finding for inequality of differential effects of Covid-19 on these privileged migrants (Ullah et al., 2021) and less-privileged migrants is discussed later in this section.

Looking at Figure 9.1, it can be seen that 10.9% of the participants reported other effects of Covid-19. Some of the specific responses indicated by survey respondents are presented in Table 9.1.

Table 9.1: List of other effects of Covid-19 on employment

Beneficial
Didn't get the desired job
Full time teleworking
I commited more time and achieved more in relatively less time
I had to work from home on my laptop
I had to work from home permanently which was a blessing.
I have been working remotely since April 2020
I was not working during Covid
I work remotely now
Made more money because I worked more hours
My employment start date was postponed
Quickened decision to retire
Switched job to hospital
The effects of the pandemic broke about a lot of anxiety due to the following: 1. Death & sickness of loved ones; 2. more responsibilities due to staffing issues. 3. a break down in communication due to virtual way of working
Worked from home
Worked remotely; Working from home

It can be gleaned that some of the specific effects listed by survey respondents were positive. The responses, "I had to work from home permanently which was a blessing", and "Made more money because I worked more hours", are typical examples.

Eight interview participants shared similar stories of Covid-19 as a blessing for their job. Furthermore, this is consistent with earlier studies that reported some positive effects of Covid-19 (Grandey et al., 2021; Mrabet, 2020; Muhammad et al., 2022). For five of the eight participants, working remotely constituted a blessing in different ways. For some, Covid-19 allowed them to do the same or less work for the same pay. They did not have to endure the stress of catching a bus or driving to and from work. This allowed them to save some stress and money. Chinedu gladly stated, "Covid was good for me because I took that opportunity to be working from home….. I

was working at home and I was enjoying it" (Chinedu, #31). Gbenga said similarly that "not bad, not bad, the thing is that, thank God, I was able to get a job then that allowed me to work remotely, so I think that was it. A good thing for me. You know, getting a remote job was a good thing for me" (#10). The question that comes to mind is, what is it about working from home that gladdens workers? The fact that some workers prefer to work from home may suggest the need to investigate the humaneness of the physical working environment in places of work. Did some migrants express happiness with working remotely because their salary remained unaffected, but they were able to cut the cost and stress of commuting? The answers to these questions are beyond the scope of the current study. However, Mrabet (2020) found that working or studying from home had some positive effects, including "better environment quality", "dedicating more time to family and hobby", "relaxing at home", "saving money" and "better communication" (Mrabet, 2020, p. 1150).

Three participants remarked that they made more money during Covid-19. Atinuke was an accountant who could do auditing for clients across the US and outside the country without seeing them. Covid-19 made people realise that an agreement could be reached virtually and documents could be signed digitally. This allowed the participant to grow their business – a finding corroborating the research of Muhammad et al. (2022), who reported that Covid-19 was a blessing for entrepreneurs selling cosmetics and clothes. The second participant (Bolanle) stated that "I made money during Covid; I think I was pregnant during Covid or something like that so I couldn't work, so I qualified for some kind of money like that" (Bolanle, #24). The last participant in the category of five people who said that they benefitted from working remotely was a PhD student. He stated that:

> Before Covid, I found out that I was going to the campus almost every day. All our meetings then were physical. There was nothing like "Let's meet on Zoom." During Covid-19, everything went online. The Covid impact was that I was not going to campus or it made me go to campus less. It didn't really affect my studies, anyway. In fact, it helped me focus on my studies because it helped to eradicate distraction. (Mark, #13)

Again, the quote from Mark raised questions about convenience, privacy and so on in the physical environment of many workplaces. The last participant in the category of those who made more money during Covid-19 was a healthcare worker. The participant said that most staff at hisworkplace were afraid of coming to work, so the participant took their positions to increase income. As he stated:

> Financially, Covid made me earn more at the time, people had no choice, they had to depend on us to provide food when I worked. You know, at the time, a lot of people will run away from work because it was the beginning of Covid. You know they said elderly people contract it fast. So, a lot of our servers, cooks, ran. So, Covid made me step up my game, and with my Nigerian upbringing of "Naija no dey carry last."… I became a cook, server, and dishwasher. I became virtually everything. Over time, I got tired of it, but I was able to do it. I was able to carry my place of work all through the lockdown. And, after the lockdown, I retired from it too early because it became too stressful. The effect of Covid made staffing became an issue, and I had to be doing everything. As a manager, my salary remained the same, but they give me the benefit of Covid-19. But it was bullshit because I was doing everyone's job. It became so stressful. (Henry, #25)

Henry reported both positive and negative effects of Covid-19 on his job. However, the negative effect can be said to be offshoots of the positive one (i.e. he made more money). Again, this resonates with the idea that Covid-19 is both a blessing and a curse for some categories of workers (Grandey et al., 2021; Muhammad et al., 2022). An important lesson here is that the sector one works in may determine the extent of opportunities and precarity during Covid-19. Henry, quoted above, was a health worker, so he was regarded as an essential worker and allowed to work during Covid-19. Although he made more money during the peak of Covid-19, it seriously affected his health (more on this in the next section). While the idea of "essential worker" was justified by different governments, it has created inequality between migrant workers who work in the "essential sector" and those in other sectors (Caldwell et al., 2020; Che et al., 2020).

The remaining two out of the eight participants who expressed a positive effect of Covid-19 on their work were privileged migrants who had stable jobs. The expression of positive effects revolved around (1) new discovery and simplification of work and (2) ease of travelling. Regarding the first point, Simon, an IT professional, stated: "I'm actually grateful to Covid because Covid has let a lot of people know that we can do a lot of things without you and I seeing each other. Without Covid, I will probably not be working from home every day. So Covid has simplified the process and has enabled you to work from any part of the world. You know, it does increase a lot of remote job opportunities for people" (Simon, #4). This raises some sociological questions about inequality. As one may glean, healthcare workers and those in the IT sector mainly expressed positive effects on the job; what is the implication of this for occupational mobility because the interviews reveal that migrants are moving to the health and IT sectors? Even those whose undergraduate degrees were unrelated to health and IT were enrolling in another undergraduate

degree related to these sectors. What is the implication of this for a shortage of workers in other sectors that are currently considered less important?

Regarding ease of travelling, Alice stated that:

> I was traveling oo, apart from the three months that they shot everywhere down. I was traveling. Covid-19 was the best thing that happened to the world abeg the planes were free… And then you could go through the airport and you'll just be like, Oh my god, man, you can go through security without drama. Look Covid, from my own experience, it was the best time to travel because it wasn't busy and job was okay. (Alice, #20)

These migrants were referred to as privileged migrants because they were employed in the formal sector and had regular jobs (Ullah et al., 2021).

The expressions of those who indicated neutral and positive effects were discussed first because they appear more novel than the adverse effects already discussed in Chapter 2, the literature review. However, the adverse effects of Covid-19 were more pronounced for migrants than the positive ones. And those who were still struggling to find better and stable employment when Covid-19 struck were the most affected.

9.2.2 Negative effects of Covid-19 on migrants' employment

It will be recalled that three interview participants expressed neutral effects, while seven participants expressed positive effects of Covid-19 on their employment. However, 15 participants stated the negative effects of Covid-19 on their job. These effects happened in different ways. Some of the participants who expressed positive effects of Covid-19 on their jobs also expressed some negative aspects. For example, recalling the response from Mark, who expressed that he was able to concentrate on his PhD research without distractions, he also stated the negative side: "Although I was supposed to travel for fieldwork, Covid didn't let me travel. Everything had to be done online. All the interviews I planned to do in person were done online" (Mark, #13). This corroborates the assertion of Hensen et al. (2021) that Covid-19 has altered the mode of data collection in the social sciences as well as the challenges, opportunities and ethical implications.

Three participants lost their jobs. Two of them voluntarily left the job because of the change in structure and fear brought about by Covid-19, while the remaining one's employment was terminated. The latter narrated thus: "I lost a job during Covid-19. I lost an IT job during Covid. I

was working with one of the biggest hotels then. It's a hotel and resort. they also do casinos. During the lockdown, there wasn't business. So, they had to relieve a lot of staff. I was one of them" (Jacob, #19). The finding resonates with what most studies reported about the effects of Covid-19 on migrants' employment, especially during the peak of the pandemic in 2020 and early 2021 (Aidi et al., 2020; Bhandari et al., 2021; Che et al., 2020; ILO, 2020; Khanna, 2020; OECD, 2020a, 2020b; Suresh et al., 2020). This finding resonates with the concept of immigrant deintegration, which I discussed in chapters on literature review and theoretical orientations. The migrant had been working and earning income in the host country. However, he experienced unemployment and loss of income due to the effect of Covid-19, thereby showing how Covid-19 was a remarkable event that challenged the notion that migrants will steadily have positive experience in the host country.

Of the two participants who voluntarily left their jobs, one did so because of the fear of contracting Covid-19, while the other left because of a change in working conditions brought about by Covid-19. The former, Sulaiman, said, "I had to leave my job…I think I was a bit scared, so I had to leave the job because of Covid" (Sulaiman, #14). When asked how his employer took the resignation, he stated: "…they are always so professional…they don't force anyone to do anything. If you tell them you don't want to work anymore, so long as you stick to the terms of employment, no issue. They won't even beg you to please stay. That is their problem. They are always too professional, unlike in Nigeria where your boss will be asking you what happened" (Sulaiman, #14). The second participant, Isabella who voluntarily resigned from her job said: "Covid-19 affected one of my two jobs. The one it affected, I was told we will be in the group home till thy kingdom come for like three weeks, and I can't do" (Isabella, #23). These findings corroborate the research of Fassani and Mazza (2020), who reported that most migrants (such as Sulaiman and Isabella) worked in temporary employment that did not allow them to work remotely. The critical point here is that "skills" matter and that "skilled migrants" may have jobs that are more amenable to remote working than "less-skilled migrants'" jobs.

Aside from those who lost their jobs, some could not work at all or worked for a short period due to lockdown restrictions – their jobs were not regarded as "essential services". One of them narrated hisexperiences thus:

> Covid-19 was one of the toughest times in America and every part of the world. But in Chicago where I stay, Covid-19 was tough and most people were unable to go to work…During Covid, then I was doing Uber, yes I was affected because nobody was going out, in and out, because everyone was scared of their lives, and the income dropped from, like making $1,000 weekly to making like $400 weekly, we struggle…businesses were not moving the way it was, the jobs were not the way they used to be and life was not like the way it used to be…But people that were working in the health sector were so super rich during that period because they made more money. They made more money they were begging them with extra bonuses, just for them to come to the hospital to take care of people and everything. (Bolaji, #22)

Some lessons can be gleaned from the quote above, mainly because it relates to early narratives from other participants. One, it reminds us of Henry (quoted earlier), a care worker (health sector) who took the position of co-workers who were afraid to come to work. Two, it resonates with the assertion of Sulaiman that employers did not force employees to work.

Some participants reported less effectiveness in their job because the online method had some deficiencies. For instance, Fatima reported how she telecasted a laboratory experiment to students. In an attempt to ensure that Covid-19 did not paralyze academic activities, teachers resorted to disseminating knowledge virtually. While this may work better for those in humanities, it may not work well for disciplines where laboratory experiments are required.

Other participants whose jobs required travelling reported immobility as a negative effect due to lockdown restrictions during the peak of Covid-19. In this regard, Adewale, who was in the process of career progression, narrated how immobility stalled the series of job interviews he was supposed to attend:

> So, during Covid, I came to stay with my younger brother. He was the one based in this South Yorkshire region, which was where I stayed. So, like I said, I started going for interviews. I was leaving the house, going to the office location to do those interviews. When Covid started, I couldn't go anywhere again. Some interviews went online in order to continue the process. And as the realities of Covid came, they actually suspended those interviews because recruitment could not go on again, and they were actually laying off staff and all that. So, during that period, I was just always walking around, maybe going to the corner shop, that sort of thing. I didn't have like a particular appointment or anything, because you know, everywhere was locked down. So, that happened till October, when I finally got a job that was like training. And then finally, I finally secured this job that I have, which is where I said I started as a customer service agent. In fact, even this job I started, it is because logistics was considered an essential service. That was part of why I could leave the house and go to the office. So, you know, some people were forced to have

> to work from home, but logistics, healthcare, all those were still essential services. (Adewale, #5)

An important question here is: Why do some report positive effects of Covid-19 and others report the direct opposite? To reiterate, the answer lies within two explanations at least. First is the description of certain occupations as "essential" and others as less crucial. Those who worked in the former category could retain their jobs and even earn more. Caldwell et al. (2020) raised some ambiguities in determining which job was essential and how it exposed people in the "non-essential" sectors to precarious situations. Two, the nature of migrants' jobs (formal, informal or semi-formal) also played a crucial role. James stated in that regard:

> You know the way it is here, you can't just lose your job anyhow, before it gets to the point where you lose your job, it must be a severe matter. So, if you lose your job because of Covid, you will be paid something, in fact most companies are mandated to pay, you may not go to work but at least you are getting something, of course I know some people who don't have a regular employment. I mean, now I'm not talking in terms of people who have a full-time employment. I'm not talking about part-time like some of these *jaman jaman* that people do. I'm not talking about people who have contracts. (James, #6)

"*Jaman jaman*" refers to different forms of irregular or informal employment migrants engage in to earn a living. The participant made a distinction between formal or regular employment and employment that is not regular (employment where people are paid based on the number of hours they work). This resonates with the report of the ILO (2020) that migrants who work as freelancers (what participant 6 described as *jaman jaman* above) were severely hit by Covid-19. To be clear, I asked whether people in informal and irregular work were paid by their employers during Covid-19; the participant said:

> No, no, no, it doesn't apply in that because it's not a formal employment, you only get paid on that one based on how many times you come…They have this sort of arrangement, they make it look formal, but trust me, if you read the contract very well, they are not liable to pay you anything, you only get paid based on number of times you show up, your benefit is tied to how long you show up. So really, being in that kind of employment when there was Covid is like I just indicated, someone might even get frustrated. So, you see people picking up food from charity store. (James, #6)

These findings corroborate the research of Che et al. (2020), who reported unequal effects of Covid-19 on migrants and "a serious mismatch between workers covered by the social safety net and those who really need it" (Che et al., 2020, p. 1). The implication is that Covid-19 has

exacerbated inequality between and within groups. Within the migrant groups, the privileged migrants who were employed in regular jobs were affected differently from those who worked in the informal sector. Also, migrants who had been naturalised were affected differently from those who were recent migrants. In addition, migrants such as Kolade, who had family support because his families were in the US before he joined, was differently affected than those who had no family in the host country prior to their emigration.

9.3 COVID-19 AND HEALTH OF MIGRANTS

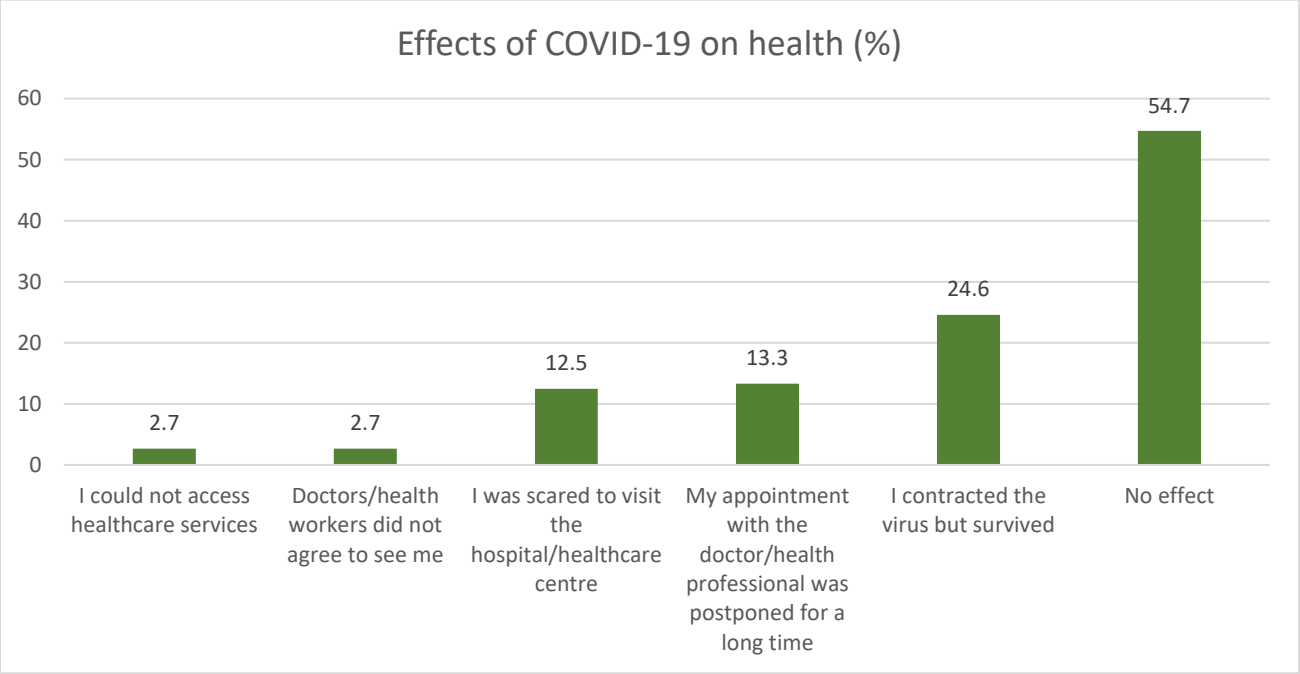

Figure 9.2: Effects of Covid-19 on health of migrants

The survey data in Figure 9.2 above shows that 2.7% of the respondents could not access healthcare services due to Covid-19. The same proportion of respondents reported that doctors or other health workers did not agree to see them. Approximately 13% of the respondents said they were scared to visit the healthcare setting because of Covid-19. Approximately 13% also said their doctor or healthcare personnel appointment was postponed for a long time. This finding is consistent with the report of Einav and Tankel (2022) that many patients avoided seeking medical attention due to fear of the virus.

About a quarter of the respondents said they contracted Covid-19 at least once but survived. The fact that 25% of the respondents contracted Covid-19 speaks to the argument earlier in the literature that migrants are more vulnerable due to (1) work precarity and (2) living in an environment that makes social distancing practically impossible (Hargreaves et al., 2021; Orcutt et al., 2020; Willie & Garba, 2020b). As I will show soon, many interview participants who contracted Covid-19 got it during the work process.

Some survey respondents who indicated "others" wrote: "fear and anxiety of contracting the virus",; "I had to be treated via phone consultation"; "Long appointment and delay in responding",; "Most times appointment was on phone/virtual". Two fundamental differences were observed between the effects of Covid-19 on employment and health. One, unlike employment, no one reported any positive effect of Covid-19 on their health. The only thing that may count as a positive effect was that many people relaxed and spent more time with their families because of lockdown restrictions. Two, working remotely was advantageous to many people, but booking an appointment or being treated remotely was perceived in a bad light. Concepts such as "telemedicine" and "telehealth" are used to describe situations where patients are treated remotely due to Covid-19, and both patients and physicians have reported some challenges and dissatisfaction with this new mode of diagnosis and treatment (Breton, 2012; Ftouni et al., 2022).

The qualitative interviews shed light on the results of the survey. Four participants declared a neutral effect of Covid-19 on their health. By saying Covid-19 did not affect their health, they meant they did not contract the virus. To the participants, being affected by Covid-19 in this regard meant (1) contracting the virus or (2) needing to visit the hospital during Covid-19. As Bolanle said, "Because I was protecting myself, I didn't have Covid during that period…Because I didn't go to the hospital during that period, I'm fine". Another participant said, "It didn't affect me, I was lucky because for some reason we think that Nigerians have a very very good immune, immunity to all these kinds of things, it didn't affect, Covid didn't affect me" (Bolanle, #24).

Nineteen participants reported at least one negative effect of Covid-19 on their health, and their expressions resonated with the findings of earlier studies and the report in Figure 9.2 above. For the purpose of analysis, I discuss the effects of Covid-19 on migrants' health around (1) catching Covid; (2) mental health; (3) lack of access to healthcare services. I wish to emphasise that the three themes are not mutually exclusive. For example, it is expected that someone who caught

Covid-19 would have some level of fear and anxiety (mental health theme) depending on the severity of virus.

9.3.1 Catching Covid

Of the 19 participants who reported negative effects of Covid-19 on their health, ten people (Rachael, Simon, Adewale, James, Mark, Tunde, Ajibade, Jacon, Henry, Atinuke) contracted Covid-19 with varying degrees of seriousness. While some participants had Covid-19 once and treated themselves at home without complications, others had it up to four times, and some underwent surgery.

Recall the case of Henry, who made more money during Covid-19 by assuming the positions of co-workers who did not show up at work because of the fear of contracting the virus. He reported that he had Covid-19 a few times:

> First time I had Covid, I couldn't even go to the hospital because I had a child during the period. When my wife was in labour I took her to the hospital, I was warned that if I leave, I won't be able to come back to pick her up. So, I had to stay there like five days without going out. When we had the baby, we left. A few months later, I contracted Covid, and there was nothing I could do…I had to do emergency surgery to seek that out. After that, I had to return to work. Nobody cares because they needed staff. I got like 14 days to stay at home. Six months later, I had Covid again. I stayed at home for ten days and then returned to work. Another four, five months later, I had Covid again. I stayed at home for five days. Recently, I had Covid again, but it's not the way it used to be. The one I had recently, I just isolated myself. I didn't feel anything. It was only the first time that I felt sick. (Henry, #25)

Readers may assume that Henry prioritises money over his health. I wish to state that a reason that some migrants keep working in the face of precarity and danger is because of the overblown expectation and pressure from the home country. There is evidence that many African people have an exaggerated view of life in the West (Danso, 2002; McKenzie et al., 2013; Rynderman & Flynn, 2016). The qualitative aspect of this study did find that Nigerian migrants experienced expectation-reality discrepancy, but that is beyond the focus of this chapter. While migrants are already facing reality, their families and friends at home still have the illusion that "the United States is filled with gold, you walk on gold, and everywhere is shining" (Hannah, #28) and that the UK is "a fantastic place" (Rachael, #1) where "everything has to be perfect" (Sulaiman, #14). This exaggerated view makes families and friends expect too much from migrants. The need to meet

expectations by sending remittances home is one of the reasons that migrants over-work to the detriment of their health.

Back to those who had Covid-19, another participant, Mark shared his experience thus: "In terms of health, I had Covid last year, and it was really serious…So, I went to the doctor, and he said I was fine. He never knew I had Covid. It was when I went home that I ordered a test kit, and it revealed I had Covid. That was how I started my isolation" (Mark, #13). Another participant, Ajibade shared unpleasant experiences during the peak of Covid-19: "We had like two deaths from prisoners. A lot of people were on quarantine when the thing was at its peak. A lot of correctional officers had Covid. In fact, we lost an officer due to co-existing medical condition" (Ajibade, #17). Similarly, Adewale said, "Covid played a huge factor in it, even when I was diagnosed with Covid because my office used to do weekly Covid tests. At one point, one of my results came back positive. I just had to come home and isolate. When I came back, I did a test, and when it was successful, I resumed back" (Adewale, #5). One commonality in these cases is that they were related to the work process. Perhaps it was for this reason that Trummer and Krasnik (2017) asserted that work and health are related in bidirectional ways. Good health is required to carry out duties and responsibilities. The working conditions of employment can also make or mar an employee's health.

Some participants mentioned things that relate to traditional medicine and the politics of healthcare. The narratives of two more participants are important here:

> I had Covid like twice. As Nigerians, when Covid-19 started, we were hearing about the native herbs that we can use. People were like we should blend ginger, garlic, lemon, together and start drinking it. Before I had Covid, I already heard about it, and I've started using it. What we heard about Covid is that, once your immune system is strong, it will fight it. So, when I had Covid, it wasn't something serious. America had over 70 000 cases before I had mine. I and my cousin that were staying together had it at the same time. So, we were just taking care of ourselves, and we recovered from it. The second time also, we already know what we used the first time. So, we used it the second time. We were able to treat ourselves with the traditional recipe because when we had it, our hospitals were already filled up. So, what they do tell us is that, once we contract it, we should self-isolate, eat well, and rest well. But, if it gets worse, we should call 911. They will come to get you and make sure you are treated. (identifier is concealed)

> My brother said all his body was aching him. For like three days, he couldn't move. Like I told you the other time, all my Nigerian traits are still in me. I drink herbs. So, during that Covid…I went to research fruits that have high PH, like pineapple, lemon and ginger, and

> I started cooking them. I recommended this to so many people, and they used it to treat their Covid, and it worked perfectly well. Before he got it we started drinking that, but he's just a nonchalant person, he doesn't pay attention to all these. When he got it, I had to place him on three doses of that herb every day. After five days, he went for a test, and it was negative. He never visited the hospital. The only thing I added to the herbs is Tylenol because he had body pain. (identifier is concealed)

These two participants attributed potency to some traditional herbs as cures for Covid-19. Although the next section is dedicated to coping strategies, where I discuss how migrants coped with the effect of Covid-19 on their employment and health – including how they got treated – the narratives of participants raised issues around the politics of Covid-19 and the marketisation of healthcare.

9.3.2 Effects on mental health

Recall that the effects of Covid-19 are subsumed under three themes, namely: (1) catching Covid; (2) mental health; (3) lack of access to healthcare services. Regarding the second theme, seven participants (James, Maryam, Gbenga, Bimbo, Fatima, Hannah, Tokunbo,) narrated how Covid-19 affected their mental health differently, including depression, boredom, fear and anxiety. This finding is in line with earlier studies that demonstrated the mental health effects of Covid-19 on migrants and refugees (Bernardi et al., 2021; Liddell et al., 2022; Palit et al., 2021; Spiritus-Beerden et al., 2021).

Hannah gave an account of how they were fearful, as a nursing student, of infecting their family despite not testing positive: "…I was working because they were using nursing students to test people for Covid. My greatest fear at that time was to bring Covid to my family. But, God was so good, that throughout the pandemic, none of us got sick for Covid" (Hannah, #28). Another participant expressed similar fear: "Yes, I had Covid scare. One of my friends had Covid, we were together, I had the symptoms, but I did not test positive" (Fatima, #21). The two narratives show the mental burden that people carried even when they did not test positive for the virus.

The five remaining participants shared a commonality: the mental health issue they had emanated from the changes in the day-to-day activities that came about because of Covid-19. It appeared that the world was stagnant to them. They expressed feelings of being held to ransom against their will because they could not go out and could not freely interact with family and friends whom they socialised with regularly before Covid-19. As Tokunbo narrated:

> …That's mental health for a lot of people, I mean, for someone who is a day to day person, you always leave the house or in the morning, and then you come back to that night, working has become a part of you. It really took tolls on people, I mean, Covid took toll on everybody, directly or indirectly, because it's not easy just sitting between the four corners of your house doing nothing. I mean, you even get tired of watching TV, you get tired of everything you're doing… (Tokunbo, #29)

Bimbo also narrated her experience: "It affected my health significantly because I added a lot of weight, and I was really depressed during that period, the reason been that I could not go home. Usually, I go home every year to see my family. Then, I was unable to go, and it made me depressed. It was a terrible time in my life, but I'm grateful things are better now" (Bimbo, #16). Like Bimbo, James was also disturbed by the disruption caused by Covid-19 and the mental health effects:

> It was terrible, the lockdown was something else. Covid time was really terrible. I have a lot of people with mental, like, mental health issues like depression everywhere….I wasn't working at that time. So, I was always in the house… even when I'm going to the mall, you have to be very careful with the person sitting beside you, you want to greet people, no, no, it's a very terrible experience. I don't think it's something anybody would want to experience again and you know, the news of people dying left, right and center. Like someone you see yesterday, you know, the next thing, this person is gone. You know, it's quite frightening. (James, #6)

9.3.3 Lack of access to healthcare services

Aside from contracting the virus and mental health problems, healthcare settings were overwhelmed by Covid-related matters. Some hospital staff and other health resources were channelled towards combating Covid-19. This caused little or no attention to those suffering from other illnesses, including chronic ones, and also reduced people's access to healthcare services. Healthcare providers were unwilling to see people in person at the hospital unless it was a suspected Covid-19 case. A participant stated:

> Every manner of consultation was done over the phone, which I didn't think was good enough. You know, you call, you complain about this, and the doctor will just ask you questions, blah, blah, blah, and they will just dispense your drug. They will tell you to come and pick up your prescription. Or they will send your prescription to a pharmacy where you can just pick up the drug. So, at the initial stage, you know, the first two or three months, there was no physical contact. Then, when things started to ease just a little bit, and I've discovered that if you don't sound desperate, they won't see you. There was a time—I can't remember what it was—I said, "Please, please, I'm in pain." I just had to pretend as if I was crying. They asked if it was that bad. I said, "Yes." So, they said okay,

> come to the hospital and come to the surgery. Do you have any Covid symptoms? They do ask several Covid-related questions. In fact, when they do ask me if I've gone out, I will tell them yes, I've gone because I'm a support worker. (Identifier is concealed)

The participant quoted above raised at least two issues. One is the perceived reduction in the effectiveness of doctors' examinations and diagnoses of patients due to telemedicine (Breton et al., 2021; Ftouni et al., 2022). The second is that the effects of Covid-19 are still living with us. Another participant expressed the possible effects of Covid-19 on waiting time thus: "I don't know if the NHS has been like that. However, the truth is that their services are shitty. I'm telling you. My father-in-law has issues that needed him to see the doctor. They gave him like two months of appointments. That's somebody who is in his 80s and need a health checkup" (Identifier concealed). The implications of this effect of Covid-19 are that (1) people exaggerate their symptoms to get quicker health attention; (2) people resort to self-treatment because of long waiting times and lack of trust in the effectiveness of doctor's examination and diagnosis. Some participants never visited the hospital. They "treated" themselves at home without the advice of any healthcare professional (more on this in the next section).

9.4 COPING STRATEGIES: IMPLICATION FOR RELATIONAL INTEGRATION

This section draws from the effects of Covid-19 on employment and health (discussed earlier in sections 8.1 and 8.2) and documents how migrants coped with such challenges.

Concerning coping with employment-related challenges caused by Covid-19, participants coped mainly with the support of the host country's government. Recall the case of Bolanle (#24), discussed earlier, who reported that she made more money during Covid-19. It was partly due to government support. The participant reported that she was pregnant during Covid-19 and could not work, which qualified her for support funds dedicated to unemployed people at that time. However, only some were eligible for such money because household earnings and other factors were considered. It is important to reiterate that, when evaluating their treatment in the host country, participants compared the response of the government of their home country to that of the receiving country. In a remark that seems appreciative of the host country's government, Tokunbo narrated that:

> You know, a lot of people applied for unemployment grant at a time and the government was paying everyone a fraction of what they would get monthly, weekly, bi-weekly. So,

> the government came through for everyone like in Nigeria when they talk about palliative, palliative and all that, here too, we had Covid relief packages programs, and it was really good. Like, there was one time me and my wife went somewhere and they give us diapers for my babies like, that's to show you how much care they showed, they gave food to people, they gave money, a lot of people lived without jobs for six months and you know, they could afford it because the government was paying them. That's the reason why even after Covid outbreak and everything, a lot of people didn't want to go back to work, because they were making enough money to sustain themselves. We saw the news about Nigeria, people hoard palliative and everything. No, it didn't happen here. (Tokunbo, #29)

Tokunbo referred to the unpleasant experiences in Nigeria where Covid-19 relief packages donated by the federal government and private individuals were hoarded and stored in different warehouses nationwide while the populace was starving during lockdown restrictions. BBC News (2022) reported cases of discoveries of Covid-19 relief packages in the residences of politicians. One such politicians claimed that "he was planning to share the items on his birthday – two days after his home was looted" (BBC News, 2022). The implication of this for relational integration is that unfair practices against migrants by government of the host country will go unnoticed. If the government of the home country could hoard relief packages, why would migrants complain about British/American government after receiving little support? Hence, migrants' perception of (in)equality in the host country may be connected to the state of affairs in the home country and the character of the political class.

Another participant, Bolaji shared a testimony of the support they received from the government of the host country thus: "There was a government program that helped people pay up their rent, so at least I got some funds from that. So, with that, I could pay, like, six months of my rent from that government-sponsored scheme, and some of my other bills too" (Bolaji, #22). Aside from government support, religious organisations and wealthy individuals also assisted the needy during Covid-19. However, this was not across all states in the US and counties in the UK. So, the support received by migrants varied depending on their location. Also, some state or county governments made a law for house owners not to evict tenants because of their inability to pay rent during the peak of Covid-19, but this varied geographically. The narrative from Jacob is relevant in this regard:

> Thank God the American government gave us stimulus. The first was $1,200. The second was $609. The third was $1,400. In lot of apartments, if you are going through financial struggles, you will let them know. So, instead of them placing late fees on your money, they don't. Immediately I lost my job, I contacted my apartment, and I add them now. All

> you need is determination mail. You pay your bills when you have them. No lateness on it. Then, a lot of churches support people. They have food. They support families with what they have. When I had that job, I was living in Nevada, but immediately I lost that job, I moved to Maryland with my family. (Jacob, #19)

Regarding strategies adopted to cope with the negative effect on health, most of those who contracted Covid-19 reported that they isolated and treated themselves at home. Except for the Henry who contracted Covid four times and had pre-existing health conditions, none reported that they were hospitalised for Covid-19 treatment. As Rachael stated: "Because where I work, people were falling sick. People did tests and they had it. I also did it. And that was how it came out positive…No, I didn't use any drugs. I did everything by myself. They just asked you to keep testing every morning. They asked me to keep taking water. Just keep doing the normal basic things, as in keeping the place ventilated" (Rachael, #1). Another participant who refused to report their case to the health system narrated that:

> So, I had to do a sort of self-treatment. So, I had to boil the back of a pineapple, lime, and this Chinese ginseng…Then I also had to boil ginger and garlic. Then this other thing, I think cinnamon too, Yeah, So, I treated myself. I discovered that when I had Covid I also had a shortage of breath. So, during that period, what I usually did was stay outside and stay in a more oxygenated environment. We have a lot of well-ventilated environments on the outside. (identifier is concealed)

Like the participant quoted above, those who never contracted Covid-19 also used herbs as preventive measures.

To cope with mental health challenges, some participants resorted to virtual sociality during the peak of Covid-19. They spent some time talking to families and friends over the phone. Some took a solitary walk (sometimes with family) to avoid boredom. When the lockdown restrictions were relaxed, some participants resorted to visiting friends around their neighbourhood. The primary concern for some participants was boredom and staying indoors for a long time. To avoid this, one participant temporarily shifted his occupation to the "essential service" sector that was allowed to move. When asked how he coped with boredom, the Tunde stated: "At that point in time, delivery was paying well, and I had a delivery app a year before. So, anytime I felt like, I'd go do some of those jobs" (Tunde, #15). Watching TV and spending time on social media also helped some participants to cope with boredom and anxiety.

9.5 CONCLUDING REMARKS

This chapter has discussed the effects of Covid-19 on the employment and health of Nigerian migrants in the US and UK. The effect of Covid-19 on the participants' health was mostly negative; the only possible positive effect was that some people spent more time together with their families. Migrants had Covid-19 and also had limited access to healthcare services. During the peak of Covid-19, access to healthcare professionals was based on the perceived severity of a case, not first-come-first-serve. To get medical attention, some migrants exaggerated their symptoms to healthcare professionals.

The effect on employment was negative for those who worked in the informal or less regular sector (such as small-scale enterprises). Thisis known as “jaman jaman” in South-West, Nigeria. Those who worked for regular and more extensive organisations outside the health sector were paid during the peak of Covid-19 while working from home. Those in the health sector had greater work burdens and increased exposure to Covid-19. In other words, nature of employment was important in determining the effects of Covid-19 on migrants. The governments of the two host countries stepped in to provide support for citizens and documented migrants.

CHAPTER TEN. SUMMARY AND CONCLUSION

10.1 PRELUDE

This is the concluding chapter of this thesis. The chapter is divided into four sections. The first section discusses the summary of the work and findings. The second section is an extrapolation of the main results. Beyond discussion, the section raises some questions related to the findings and some dominant forms of knowing in migration studies. The third section discusses the contribution of this thesis to knowledge, while the last section focuses on the conclusion and suggestions for further studies.

10.2 SUMMARY OF WORK DONE

This study focused on the experiences and integration of Nigerian migrants in the US and UK. The study's research objectives and questions revolved around (1) how Nigerian migrants identified themselves and what they understood by "immigrant integration"; (2) factors influencing the labour market and health experiences of Nigerian migrants; (3) variations in the experiences and integration of Nigerian migrants across the US and the UK; (4) how Covid-19 affected the employment and health of Nigerian migrants and their coping strategies. The study adopted mixed methods of data collection. Data were collected online: 256 respondents completed an online survey (129 from the US and 127 from the UK), and thirty-one participants were interviewed across the host countries (17 from the US and 14 from the UK). Data were analyzed using quantitative and qualitative data analysis software (SPSS and Nvivo, respectively). The results of the study are as follows:

1. At the descriptive level, approximately 54% of the respondents reported a positive labour market outcome. More than half (58%) of the respondents said they experienced higher labour market equality. Approximately 46% of the survey respondents had an adverse health outcome. More than half (57.4%) of the respondents reported easy access to healthcare services. A little above one-third (33.98%) of the respondents reported that they had experienced discrimination in a healthcare setting.
2. Regarding the first research question, it was found that most of the participants identified with the Nigerian culture more than with the host culture. Their reasons include an

attachment to Nigerian food, language, accent and attire. Citizenship, duration of stay and ideology were also reasons for identification with the Nigerian culture. Only a few participants fell into the category of assimilation (where they identified more with the host culture), and this was because of the negative experiences they had in their country of origin before emigrating. Despite identifying with the Nigerian culture, most participants defined "immigrant integration" as the process of copying, imbibing and sinking into the culture of the host country (that is, as a process of assimilation).

3. Concerning the second research question, religion, name, and education were not significant predictors of any of the five dependent variables used to measure immigrant integration at a 95% significance level. Being a Muslim did not attract a penalty to Nigerian migrants if their Islamic identity could not be gleaned from their name or physical appearance and dress. In other words, religion alone did not attract "(un)deservingness" in isolation. It intersected with name, appearance, and so on to shape migrants' experiences.
4. Having an English name or name that a host country is familiar with increased migrants' chances of being called for an interview, but it did not necessarily guarantee their employment. Although the name is a marker of "(un)deserving" migrants, being black and Nigerian was an indicator of "otherness" regardless of the name. Rather than education, a course of study was important. Studying IT-related courses or engineering or health-related courses (medicine, nursing, etc.) increased migrants' chances of securing long-term stable employment.
5. Gender and place of education are statistically significantly associated with one dependent variable, each at a 95% significance level. Women experienced significantly more discrimination in a healthcare setting than men. A certificate degree from the host country increased the odds of a positive labour market outcome. Residency status and duration of stay were the most critical factors, statistically speaking, in explaining migrants' experiences and integration. Residency status is significantly associated with four of the five dependent variables (labour market outcome, labour market equality, access to healthcare and experience of discrimination), while residency status is significantly associated with three variables (labour market outcome, health outcome and access to healthcare).

6. For the third research question, at the quantitative level, Nigerian migrants in the US had better labour market experiences than those in the UK. Also, those in the US had better access to healthcare services and experienced lower levels of discrimination in healthcare settings compared to their counterparts in the UK. At the qualitative level, participants reported better labour market opportunities in the US than in the UK. However, the health system in each of the host countries had its pros and cons. In the UK, health is cheap and regarded as a welfare programme, but access to healthcare is not easy due to long waiting times and overcrowding. Health is commodified and expensive in the US, but access is easier than in the UK. However, migrants cared more about cost than access.
7. Regarding the fourth research question, Covid-19 was a blessing and a curse for Nigerian migrants in the US and the UK. Regarding employment, some migrants earned more during the peak of Covid-19, and some were working from home with no effect on their salary. On the other hand, some were relieved of their jobs, while some voluntarily resigned due to fear of Covid-19. Regarding the effect on health, some contracted Covid-19, and many could not access healthcare for treatment. The nature of employment (regular or irregular, permanent or temporary) mattered for how Covid-19 affected migrants' employment and health. Most of those who had regular or permanent employment retained their jobs and pay and were able to use private health insurance paid for by their employer.

10.3 EXTRAPOLATION OF RESULTS

10.3.1 Are Nigerian migrants integrated? An appraisal of "relational integration"

This study has shown that integration in migrants' experience is not static, and neither is it two sides of a coin where categorisation is mutually exclusive – that is, where migrants can either be integrated or not integrated, or either have a positive experience or a negative one. I agree with Penninx and Martiniello (2004) that integration is a process. However, it should be clarified, and specifics should be discussed regarding immigrant integration (Macleod, 2021) because fully integrated migrants may be challenging to find, if they exist at all. To this end, I agree with Hadj Abdou (2019), Schinkel (2017) and Joppke and Morawska (2014) that a fully integrated society – where immigrants and nationals have absolutely equal access to opportunities – does not exist. It only exists in the imagination of some politically motivated actors.

In addition, some migrants may have positive experiences in health and employment (which in this study are aspects of integration) but may not have a sense of belonging due to experiences of verbal discrimination in the host country. It is for this reason that earlier studies stated that integration is a multidimensional concept (Di Bartolomeo et al., 2015; Dustmann & Frattini, 2011; Masinda et al., 2014; Penninx, 2005; Schneeweis, 2011), and scholars should refrain from assuming to have studied integration in its totality when they conduct their research. As Lin et al. (2020) rightly asserted, there is no consensus as to what constitutes immigrant integration and how it should be measured. Recently, Harder et al. (2018), having measured integration from different dimensions, stated that "the term 'integration' remains difficult to measure and compare universally" (Harder et al., 2018, p. 6).

Immigrant integration is a process of positivity and access to opportunities in the host country. It also refers to the process of experiencing treatment similar to the host country's nationals. In other words, integration is a "process of relational equality" (Klarenbeek, 2019, p. 4).

This study has shown that immigrants' "disintegration" or "de-integration" is possible. If integration is a process of moving up the ladder and having a positive experience, "disintegration" will refer to moving from a positive to a negative experience, which is the case for some interview participants. Those who lost their jobs (voluntarily or involuntarily) and those who could not access healthcare services due to Covid-19 could have experienced disintegration in terms of employment and health. Another example may suffice. Having realised that Nigerian students bring the highest number of dependants to the UK, as shown in Figure 5.1 in Chapter Five, there have been insinuations that the UK may tighten its immigration policy (Wright, 2022). If that happens and international students cannot bring their families as dependants to the UK, it can be regarded as disintegration in the aspect or dimension of family.

Back to the question of whether Nigerian migrants in the US and UK have positive experiences and are integrated, first, in four of the five dependent variables, a little more than half of the survey respondents reported desired outcomes and experiences (that is, positive labour outcome, higher labour market equality, and easy access to healthcare services), but also more than half reported no experience of discrimination in healthcare settings. Going by this, one may say (1) Nigerian migrants are integrated in some aspects of the labour market and health; (2) some Nigerian migrants are more integrated than others.

Two, the notion of "relational integration" (Klarenbeek, 2019) emphasises the importance of perceived inequality rather than objective inequality. In other words, if Nigerian migrants do not see themselves as being maltreated or as inferior in the host country, then it makes sense to say that they are integrated. The qualitative interviews showed that most participants believed that the system in their host country was better and that relative equality existed in access to privileges and opportunities. Some narratives from the qualitative interviews are important to buttress this point. Some participants were asked if equality exists between migrants and nationals. Most of them responded in the affirmative. For example, James said, "yes, based on where I work, we try to teach diversity and inclusion, it is a big deal for us. It doesn't have to do with whether you are black or white, even if you are disabled, everyone is treated equally. Yeah. Because we understand the peculiarities and differences in different individuals" (James, #6). Bolanle elaborated thus:

> Migrants are treated the same as citizens in some ways. Okay. We can't say that categorically because there are so many things that a citizen can do that a migrant cannot do. If you are a migrant, you're not allowed to vote because you're not a citizen. So, there are some certain things that are program for their citizens. They're not programmed for you. But it doesn't mean that you don't benefit in one or two ways. If you are legal, and you're able to do like, 98% of what their citizens do, I don't see you having a problem. If you want to apply for a job, they always write that, are you a US citizen? Or are you a legal permanent resident? There's a difference because there's some work that you cannot apply to, you cannot work as a postman. You cannot work for the government if you're not a citizen. Despite the fact that you are a permanent resident, there are some jobs that you cannot apply for, because they require clearance. (Bolanle, #24)

The argument here is that there are objective differences and inequality, but they are not perceived as problems by most Nigerian migrants. After all, integration is a social construct, according to the relational perspective. If immigrants believe they are doing relatively okay, why should researchers problematise their experiences? While relational integration is important and allows us to dodge the accusation of conducting integration research in a manner that creates animosity between migrants and nationals, *à la* Schinkel, it is rooted in subjective comparisons of experiences in the country of origin and the host country. This is why Garcés-Mascareñas and Penninx (2016) opined that integration should be viewed as a three-way process – it relates to the home country, migrants themselves and the host country. Migrants' experiences in their home country will determine their relational integration (whether or not they perceive discrimination or inequality in the host country). A brief note on the situation in Nigeria is important here.

The situation in Nigeria is becoming unbearable such that Nigerians are willing to take risks to emigrate (see Alabi & Olajide, 2023). Inequality and unfair practices have been institutionalised in the Nigerian system. A few examples may suffice. In academia where I work, admission into federal universities in Nigeria uses the "catchment policy", which the government and policymakers claim will ensure fair representation of people from different regions. By implication, students from the region where a university is situated have higher chances of being admitted than those from outside the region if they have the same scores

For example, according to the cut-off points of a federal university in the South-Western region published in 2021, an admission seeker who is from Imo State (South-Eastern region) and wants to study Civil and Environmental Engineering will not be admitted if they score 70%, but another candidate from Ekiti State (South-West) will be admitted into the same course if they score 64.5%. There is also a ridiculous system called educationally-less developed states (ELDS), where the cut-off marks are ridiculously low for students who are from the states designated as "ELDS". The principle of federal character, which led to the "catchment policy", is also applied in recruitment into many government agencies.

Second, lives and property are not safe in Nigeria. Citizens are being kidnapped for ransom. Terrorism has gained ground in the country to the extent that terrorists attack military bases. In health, many Nigerian doctors and nurses have emigrated, causing a shortage of available health facilities. This is to the extent that the National Assembly, in 2023, passed a bill seeking to mandate doctors to work for at least five years after being licensed in Nigeria before they can emigrate.[20] Even the political class seek healthcare services from the UK, US, Germany and India. As of early 2023, a university professor or medical doctor in the public sector in Nigeria earns less than $1,000. As regards the polity, there is no hope in sight because of the antecedent of the ruling political party and the country's new president. The fact that Nigerians stranded in Ukraine refused to return to their home country despite the Russia-Ukraine war (see *The Punch* newspaper of February 28, 2022) may hint to readers about the situation at home.

With these states of affairs in Nigeria, will Nigerian migrants in the US and UK perceive discrimination in a country with 24-hour access to basic facilities such as internet, water, and

[20] https://guardian.ng/opinion/that-medical-bill-is-no-solution-to-doctors-exodus/

electricity? Will they perceive inequality in a system that is relatively transparent and reliable? In other words, the Nigerian system infuses hardship and pain in the psyche of Nigerians so that they see a relatively fair system as excellent. In fact, during my data collection, some participants advised me not to return to my university in Nigeria even though I am an academic staff member. They advised that I migrate to the West instead for a better life. This shows the extent of fear of the Nigerian system and how life in the West is perceived as better regardless of the challenges migrants face there. I state, conclusively, that there is no level of inequality or discrimination that Nigerian migrants in the US and UK can face which does not already exist in their home country. I ask again: if migrants are primarily satisfied with their experience in the host country, why should researchers paint a problem? Despite the recent electricity problem (load-shedding) in South Africa, Nigerian migrants believe it is far better than their experience at home, where power can be cut abruptly for days without any notification or explanation. This reiterates the fact that relational integration is based on migrants' comparisons of their experiences at home and in the host country.

Although I find relational integration interesting because it tends to encourage peace and responsible research, it has some setbacks that are worthy of note. One, it allows researchers, policymakers, governments and even migrants to accept the status quo and not worry about objective inequality between nationals of wealthier countries and those from poor countries. Two, it motivates governments of major receiving countries in the West to be content with and possibly ignite underdevelopment and suffering in the sending countries of Africa so as to create a sense of improvement when Africans migrate to the West. For example, despite the fact that British health workers in the UK are complaining and quitting their job[21], the UK is a preferred destination for many Nigerian healthworkers. In other words, Nigerian healthworkers are emigrating to take jobs that the British healthworkers are leaving. With this in mind, what sense does it make for anyone to expect development assistance from the West? With the population of young Nigerians who are studying in the US and UK and pay expensive fee annually, should we expect the West to wish our education system well? Three, because relational integration does not concern itself with real (objective) equality, it blurs reality: problems only exist when migrants believe they are victims. In addition, it may lead to unnecessary emphasis on a problem that does not exist since it focuses

[21] https://www.bbc.com/news/health-63080462

on perceived inequality. If a migrant group perceives that they are being unfairly treated, relational integration pushes us to see a problem even if such problem may not exist in reality.

10.3.2 Identification and the meaning of integration: debunking neocolonial scholarship

In all, this study has shown that categories of migrants' identificaton are not mutually exclusive; a migrants can practice elements of many cultures. In addition, what is mostly likely is hybridity as opposed to total practice of one country's culture. Furthermore, identification changes; a migrant can self-identify with a particular country or culture today and another tomorrow. However, this study has shown that while Nigerians expressed assimilationism because they self-identified more or entirely with the host culture, an overwhelming majority of the migrants identified with more than one culture but to varying degrees. The majority of my study participants self-identified more with the Nigerian culture than the host culture An important question here is, if Nigerian migrants are reported positive experiences in the host country, why do they still identify with the Nigerian culture?

One, assimilation may lead to the loss of original cultural identity (Patel, 2012). As one of the participants I categorised as cultural radicals remarked, the whites will never regard you (a Nigerian) as one of them, no matter how much you try to be like them. This means that assimilationists tend to lose both ways (losing the original cultural identity and not being accepted by the white community in the host country). Perhaps it is partly for these reasons that Nigerian migrants hold tenaciously to some of their original cultural elements.

Two, most study participants lived in Nigeria for more than 20 years before emigrating to the US or UK. The Nigerian culture had been ingrained in them, to a large extent, and their person had been formed. By implication, no matter their experience in the host country and no matter how unpleasant the situation in the country of origin is, Nigeria remains home to many migrants. As James said, "Really, nobody wants to stay abroad forever, everyone is just trying to see how best they can better their lives, and they can improve their country" (#6). Home is not just a physical space. As Dawson and Rapport (1998) write, home means many things. It could be used in the "Durkheimian sense of solidarity communities…home comes to be found in a routine set of practices, a repetition of habitual interactions, in styles of dress and address, in memories and myths, in stories carried around in one's head." (Dawson & Rapport, 1998, p. 7). Three, as Dawson

and Rapport (1998) rightly noted, tangible and intangible components of a culture are essential. As Chapter Five has shown, the food, attire, language and the like tie Nigerian migrants to their roots. Wherever Nigerian migrants go, their love for Nigerian jollof rice, egusi and efo riro, and their dress style make them remember home. Nyamnjoh (2018) has emphasised the importance of food as an important aspect of migrants' culture that connects them to their roots.

Lastly, the impersonal, calculated and perceived rigid lifestyles in the West are unfamiliar to Nigerian migrants. The idea of relating with colleagues on a personal basis, sharing problems and ideas and attending social events is ingrained in and appreciated by most Nigerian migrants. The calculated, impersonal lifestyle of the West is boring to some of them. Owambe events allow Nigerians to "live their life" and "have a good time". Since such a lifestyle is not common in the US or UK, it causes Nigerian migrants to miss home.

Surprisingly, despite the overwhelming cultural identification with the home country, Nigerian migrants understood "immigrant integration" as synonymous with assimilation, where immigrants copy and embrace the culture and lifestyles of the host country. Surprisingly, many of them did not perceive integration from a socio-economic perspective, where migrants make progress in the labour market, etc. This reminds us of a few things. One, it reminds us that "words are a dangerous game. They don't just describe reality; they also create it" (Sitholé et al., 2022, p. 1). The discourses around immigrant integration in public and the media have been to make immigrants learn and imbibe the culture of the host country. This enters the psyche of the migrants, hence their conception of integration. Bartram (2021) indicated that governments of the host countries want immigrants to embrace the cultural identity of the host country. This is done through various "integration policies", including how the government defines integration, the kinds of words state officials use in immigrant integration discourses, and so on. It was this observation that prompted Schinkel (2013) to investigate the definition and measurement of integration by the SCP, that sees it as the process through which migrants forget their previous culture and embrace the identity of the new (host) country.

Two, integration in public discourse and academia is often used synonymously with assimilation. Suppose assimilation refers to the process by which migrants embrace the host country's culture at the expense of the original culture (Berry, 2001). In that case, it means integration will equally mean the same thing. I agree with Schinkel (2013, 2017, 2018) that this notion of integration is

neocolonial and suggests that the Western culture is superior to the culture of migrants. In the opinion of Favell (2019, p. 2) "the move from assimilation to integration…is a retrogressive and ingenuous one – it solves nothing. Most seriously operationalised integration measures are in fact assimilation measures…The terms are interchangeable." It is views like this that caused Schinkel to maintain pessimism and express doubt about the use of "integration" in migration research. For me, assimilation and integration are two different things, and Berry's (2001) typologies may be apposite here. In the cultural sense, assimilation means that migrants copy and embrace, largely, the cultural identities of the host country. Integration, in Berry's understanding, means that migrants can retain elements of the original culture while also practising some aspects of the host culture; that is, there is mutual accommodation. Assimilation is a one-way process, while integration is, at its simplest, supposed to be a two-way process. Assimilation is less heavy. Integration is theoretically loaded and has many dimensions. Integration is a process through which migrants experience positive well-being and enjoy, in Klarenbeek's (2019) notion, relational equality with the nationals of the host country. It is because of the multiple dimensions of integration that it is difficult to say with certainty that one migrant is integrated and another one is not. Even host country nationals do not have positive experiences in all spheres of life, let alone migrants. It is for this reason that it becomes important to talk about labour market integration, educational integration, health integration, family integration, political integration and so on of migrants.

This study found a contradiction in Nigerian migrants' self-identification and their understanding of integration. I ask: if Nigerian migrants expressed cultural radicalism or what Berry (2001) calls separation (that is, they identify more with the Nigerian culture than the host culture), and they (the migrants themselves) but perceive integration as the act of copying and embracing the lifestyle of the host country, could this mean that they are not integrated? Surprisingly, the participants themselves believe that they are "integrated" or "being integrated" (meaning that they are blending into the culture of the host country). What this means is that Nigerian migrants can manage multicultural identities – although there is a tendency for one culture to reign supreme over the other. Nigerian migrants embrace some aspects of the host culture – especially those related to their employment – as a means of survival, escaping discrimination, and being perceived as an "outsider". At the same time, they retain some aspects of the original culture. For example, some participants know how to switch accents. They used the accent of the host country where necessary

and used a Nigerian accent in the Nigerian community and when conversing with families and friends back home. In addition, some have embraced equality by calling everyone by their first name at work. They also dress in a "corporate" manner. But they resort to deference, wear Nigerian attire, eat Nigerian food, and speak pidgin English in non-official settings.

10.3.3 Factors influencing experiences and integration of migrants

At the statistical level, religion, education and name type were not statistically associated with any of the dependent variables. This does not mean that religion, education and name type are not important; it means that the variables do not, statistically, significantly explain differential experiences or levels of integration of Nigerian migrants. This may be due to the small sample size of 256.

Regarding religion, the statistical results did not give credence to the assumptions of a Muslim penalty and a hijab penalty. The interviews, however, showed how religion and religious dressing might subtly affect (un)deservingness in the workplace and other spheres of life in general. Title VII of the Civil Rights Act of 1964 in the US and the Equality Act 2010 in the UK both prohibit discrimination against people, especially in the workplace, because of religion or belief.

With the existing laws, it becomes difficult for employers, health professionals, or anyone in an official setting to overtly/openly discriminate against Nigerian migrants because of their religion. If at all discrimination occurs based on religion, it will be subtle. The interviews reveal evidence of Islamophobia in line with the study of Weichselbaumer (2020), which is different from the Muslim/hijab penalty. Islamophobia is the fear of Muslims and Islam and the act of distancing oneself from them. Muslim/hijab penalty refers to the (un)deservingness that Muslim migrants experience based on their religion or religious appearance.

However, being a Muslim does not suffice to attract discrimination because it may be difficult to tell which religion people belong to. Other signifiers of Islamic identity, such as ways of dressing, appearance and names, intersect with religion to shape migrants' (un)deservingness. By implication, a non-Muslim may experience a Muslim/hijab penalty if they dress and behave in a manner that suggests they are Muslim. Any possible discrimination or hatred is not towards the person but towards the religion and anything associated with it. A fervent Muslim may escape discrimination or any form of penalty if no form of Islamic identity is gleaned from their

credentials, appearance or behaviour. This reinforces the theory of intersectionality and the finding of Sweida-Metwally (2022) that other factors, such as race and nationality, intersect with religion to shape the experience of discrimination or privilege.

The finding on religion has implications for relational integration (Klarenbeek, 2019). At the statistical level, no evidence suggests that religion is a significant predictor of migrants' experience or integration. In other words, the experience of real (in)equality is not based on religion. However, at the relational level, both Muslim and non-Muslim participants attested to the existence of Islamophobia and the Muslim penalty. Consequently, I ask: if there is no evidence of real religious discrimination, but migrants believe that Muslim migrants may be discriminated against based on their religion and values, does that warrant a research problem? Schinkel (2013, 2017) narrated that the idea of integration in the minds of far-right nationalists in Europe is that migrants, especially Muslim migrants, are culturally dissimilar and inferior. So, they need to be integrated. It reinforces the study by Choi et al. (2023) that Muslims are generally believed to be conservative with little or no progressive outlook.

The finding regarding name type is consistent with earlier studies that focus on whether names affect who is called for an interview (Ahmad, 2020; Arai et al., 2016; Bertrand & Mullainathan, 2004; Booth et al., 2012; Liebkind et al., 2016; McGinnity & Lunn, 2011). A name is a signifier of belonging or otherness. However, it only increases the chances of being invited for interviewees but not necessarily getting the job. Other studies that investigated issues of name did qualitative research (Ryndermann & Flynn, 2016; Udah et al., 2019) and operated from the perspective of relational in(equality) where participants cited their names as factors in their experience in the host country. However, potential employers do not cite reasons for the disqualification. In fact, some participants believed that many CVs are first screened by computer and that employers have already programmed the machines to automatically reject some applications based on names or other indicators of cultural dissimilarity. Indeed, there is evidence that computers and artificial intelligence are being used to screen CVs and job applications (Fritz et al., 2020; Pant et al., 2022). "Amazon developed a machine learning system designed to analyze the résumés of job applicants and rate them with respect to their technical skills" (Fritz et al., 2021, p. 4). The system was reported to be biased in the screening.

Regarding education, one may be pushed to argue against the tenets of human capital theory, which states that investment in education will yield positive results for the economy and individuals because education is not associated with the labour market and health variables. However, education provides opportunities for Nigerian youth to migrate in the first place. It would be recalled that many of the participants migrated along the study route to pursue master's degrees. This means they must have gotten their bachelor's degrees in Nigeria. Having tertiary education provides the basis and opportunities for Nigerian youth to (1) work, earn and save enough to afford the high cost of emigrating to the US/UK; (2) be qualified to apply for a postgraduate degree in the US/UK. Many migrants with bachelor's and master's work in jobs that do not require tertiary education, which constitutes underemployment and occupational downgrading. Some of them agreed that they would never do their current job if they were in Nigeria. However, most migrants themselves do not seem to perceive a problem with such occupational downgrading because what they earn is enough to pay their bills and send little remittances to Nigeria. From the perspective of relational integration, if the migrants themselves are happy with the underemployment because they earn far more than professionals in Nigeria, should migration scholars raise an issue about the existentialities of such migrants?

It is important to state that the experience of occupational downgrading varies by course of study and skills. Most participants who studied core science and engineering courses have stable and permanent employment. Those with IT skills are equally better-placed in the labour market than those who studied social science and humanities. This study shows that some host country nationals avoided "hard courses" in the core sciences; they opted for humanities and social sciences courses instead. Hence, regular job positions for social sciences and humanities graduates are mostly occupied by nationals because the host countries have abundant and qualified nationals in that regard. To be a step ahead, Nigerian migrants who studied courses in the social sciences and humanities opt for certification in the host country, and some even diversify ultimately by taking IT and health-related courses. The fact that receiving education in the host country increases the chances of positive labour market outcomes reinforces the notion of cultural similarity and supports literature that cite a local experience as a factor in migrants' employment (Rynderman & Flynn, 2016; Barker, 2018).

For gender, migration to the US and the UK allows women to appreciate gender equality at work and in the family. Access to opportunities and experiences of discrimination is not based on gender alone. For female professional migrants at the top level in their career, being black intersects with gender in their experience of work-related discrimination. Despite some level of equality in workplaces in the US and UK, some top positions in some sectors – such as construction – are still occupied by men. So, women trying to break the glass ceiling are received with discrimination from their counterparts.

This study has shown that women experienced discrimination more than men in healthcare settings. In general, Nigerian migrants do not visit the hospital often for regular check-ups. All things being equal, a woman will visit healthcare settings more than a man in her lifetime. It is difficult for men to declare experiences of discrimination in healthcare settings because they hardly visit there in the first place. To regularise their stay in the US and UK and secure a better life for their children, Nigerian migrants give birth in the host country. In fact, some people living in Nigeria engage in birth tourism – the practice of travelling to another country on a tourist visa in the last trimester of the pregnancy to give birth and obtain citizenship for the child (Jaramillo et al., 2019). By implication, when a couple has a child in the host country, the woman is likely to have visited the hospital for healthcare-antenatal and postnatal care- more than the man.

Two variables that stand out from the quantitative analyses in this study are the duration of stay and residency status. While the finding on the duration of stay is consistent with the time-income hypothesis and earlier studies on the association between duration of stay and migrants' socioeconomic status (Gruber et al., 2021; Sow et al., 2019), it contradicts the assumption of the healthy immigrant effect. The latter may be due to the differences in the health systems of each country. Most of the participants averred that the US and UK had better health systems than Nigeria. In simple terms, the finding on the duration of stay follows the "e go better" statement that Nigerians make, and it may explain why the interest in emigrating keeps rising in the country. The finding suggests that no matter your situation when you first arrive, your life will get better with time. So, the early years of hardship and struggle will eventually pay off. An important question here is, how long does it take before migrants' well-being changes for the better? At what point does it begin to change, and what circumstances explain the change? How does this change

and time effect vary across different groups of migrants? There are areas of research I wish to explore in the future.

One thing in the time-effect hypothesis is knowledge of and familiarity with the terrain of the host country. It makes sense to expect that, with time, most migrants will continually familiarise themselves with the physical and social structure of the host country, as well as navigate opportunities. In addition, someone who has spent decades in the host country is expected to be more knowledgeable about the host country than a newcomer. Where and how to seek healthcare, dos and don'ts when applying for employment, may be less known to a newcomer. Consequently, the duration of stay is a marker of (un)deservingness. It resonates with the notion of "JJC" (Johnny Just Come). In Nigeria, JJC refers to someone new and naïve to a place. As a JJC, navigating the terrain is tough, and people take advantage of your lack of knowledge of the new system. However, with time, one begins to understand the system and how to explore the opportunities therein. My argument does not suggest that the positive time effect is naturally occurring. If a migrant remains constant and refuses to engage with and explore opportunities in the new country, there is a tendency that their well-being will remain the same.

The findings on residency status resonate with the idea of "layering of migrants". It also reinforces the idea that words, concepts and categories are not neutral; they may be used as markers for (un)deservingness. Earlier studies have shown that asylum seekers, refugees, migrants and permanent residents have differential experiences of health in the host country (Campbell et al., 2014) and employment (Kavuro, 2015). Categorisation has implications for employment and health and what non-citizens (in broad terms) can and cannot do. Embedded in the categorisation is class, which indicates that some categories of migrants are better than others. In addition, even the type of visa with which people migrate is a marker of class and determines who gets what.

In the UK, study participants who travelled via the study routes are praying to get the skilled worker visa or what many participants called a Tier-2 visa. According to the UK Home Office[22], "A Skilled Worker visa allows you to come to or stay in the UK for an eligible job with an approved employer. This visa has replaced the Tier 2 (General) work visa." In other words, the skilled worker visa attracts some privileges. In the US, participant 5 migrated on an EB-5 visa. An

[22] https://www.gov.uk/skilled-worker-visa

investment visa attracts upper-class people with the financial wherewithal to invest in the US economy. The participant narrated that "Work got me here in February 2020. It is in the form of what is categorised as the EB-5 visa category, which entails an investment that can employ. With that investment came the visa. We were entitled to residency and family residency, and of course, that means so much benefit" (#30). This already suggests that each category of migrants has its privilege or precarity.

An important question is whether individual and state-related factors are equally important in migration experiences. Of course, this study focuses on individual-level factors, but some are related to state policies. For example, residency status is the doing of the host country's government– that is, the criteria for belonging to each category of migrants (permanent resident, migrant worker, etc.) is stipulated by the state. For this reason, people designated as undocumented migrants may need to work under someone else's name, as discussed in a previous chapter, because being undocumented attracts some precarity and being a documented migrant or being a permanent resident attracts differential opportunities. This study submits that state-related factors are automatic and are supposed to be constant. For example, if certain privileges accrue to permanent residents, I assume all permanent residents will benefit from them, *ceteris paribus*. But what determines whether or not migrants will qualify to be permanent residents in the first place may be related to individual factors such as skills acquired, education, course of study, place of education and wealth.

10.3.4 Variations between the US and the UK

Like earlier studies, this study has shown that Nigerians in the US have better labour market opportunities and health outcomes than their UK counterparts (Ecer & Tompkins, 2013). However, those in the UK have almost-free access to healthcare, while those in the US buy healthcare (Adeniran, 2004; Ham, 2005).

For most Nigerian migrants, the purpose of leaving the country was to seek better lives – better pay, a free and secure society, a clean environment and so forth. Health is a less important motive for many young Nigerians. Moreover, since the US has better economic opportunities than the UK, and the former pays more than the latter for people doing the same job, one expects that Nigerians will desire to migrate to the US rather than to the UK. The 2018 Afrobarometer dataset did show that 32.5% of Nigerians who had migration intentions wanted to go to North America

compared to 21.2% for Europe. According to the African Polling Institute (2020), more Nigerians prefer to emigrate to the US (55%) than the UK (43%). Since most Nigerians emigrate to seek better lives, and MIPEX data has shown that it is easier to become a permanent resident or citizen in the US than in the UK, one can expect that Nigerians would prefer to emigrate to the US than to the UK. The abundance of opportunities in the US is not unconnected with the largeness of the country in terms of size, population and economy.

However, going to the UK is easier than going to the US. Seeking postgraduate admission is easier for UK universities. The IELTS (International English Language Testing System) is the most required exam, which some universities in the UK waive for Nigerian students if they can prove that they were taught and assessed in English. For the US, however, many universities require GRE (Graduate Record Examination), which many applicants believe is tough. In addition, many master's courses in the UK are completed in one year and PhDs in three to four years, but it takes longer in the US.

Furthermore, the UK currently allows postgraduate students to work up to 20 hours a week while on their programme. They are eligible for a graduate visa afterwards. According to the UK Home Office[23], "A Graduate visa gives you permission to stay in the UK for at least two years after completing a course in the UK". Since they can work unlimited hours under the graduate visa, many young people prefer to apply for a one-year course, especially those who are self-funded. The graduate visa allows students to bring their spouses and children to the UK. While the candidate can only work up to 20 hours a week, the spouse can work for unlimited hours. Partly for these reasons, Nigerian youth are emigrating in large numbers to the UK. The UK Home Office noticed that Nigerian postgraduate students bring the highest number of dependants to the UK. Emigration to the UK on a study visa is increasing to the extent that a number of blogs have been created on social media to "teach" Nigerians how to migrate to the UK and share the experiences of those already in the UK. However, for many Nigerian migrants, the UK is a stepping stone to other countries such as the US and Canada. A few Nigerians prefer Canada because of the fear of gun violence in the US.

[23] https://www.gov.uk/graduate-visa

The description of the US as “a land of opportunity” and “a land full with milk and honey” in the media and academic papers creates a narrative that the US is the promised land – a narrative that Nigerian migrants believed and expressed during the interviews. Being in America and having an American passport are among the best things many Nigerians believe could happen to them. The belief is that you will be respected everywhere you present your American passport. The US government has successfully created a narrative that the US is the best country in the world in many regards. Hence, being in the US is regarded as a remarkable achievement that is worthy of note and thanksgiving for many Nigerians.

10.3.5 Covid-19 and migrants

Undoubtedly, the Covid-19 pandemic affected all spheres of life, including the employment and health of human beings. Covid-19 has exacerbated inequality within and among groups. A critical factor in the effect of Covid-19 on migrants is the nature of their employment (whether formal or informal) and residency/migration status. In some ways, Covid-19 positively affected the employment of some migrants who had formal and regular employment, while those in the less regular sector could not work. In addition, Covid-19 increased waiting times and increased the rate of teleworking and telemedicine, thereby reducing patients' physical access to health professionals. Indeed, migrants were vulnerable during the peak of Covid-19, as stated by earlier studies (Willie & Garba, 2020a, 2020b), considering the number of survey respondents (24.6%) and interview participants (at least ten out of the 31 participants) who reported having had Covid-19 at least once. An interesting finding is that some of the participants migrated during Covid-19 and had to be quarantined when they arrived in the host country. This shows the extent to which emigration is at the heart of many young Nigerians.

However, despite the effects of Covid-19 on the employment and health of Nigerian migrants, none of the study participants reported unemployment at the time of this study. Nigerian migrants appeared to have moved on. Meanwhile, in Nigeria, some people are yet to find new employment after being relieved of their jobs during Covid-19. In addition, some migrants received support from the host countries' governments and private individuals. However, in Nigeria, politicians hoarded Covid-19 relief items. Some rebranded the items as if they were privately bought. This has implications for relational inequality, as some participants noted. Even if Nigerian migrants were treated unfairly in the host country during Covid-19, the attitude of the political class towards

Covid-19 relief items will make Nigerians in the diaspora appreciate the host country's government for very little effort. Consequently, inequality can be a thing of the mind and reflects migrants' subjective comparisons of the state of things and the attitude of governments of the original and receiving countries.

10.4 CONTRIBUTION TO RESEARCH AND THEORY

10.4.1 Empirical contribution

Empirically and methodologically, this thesis has contributed to migration studies and research in a few ways. One, the study has contributed to the existentiality of Nigerian migrants in the US and UK. Specifically, some issues of employment and health have been discussed. In addition, the study has shown how Nigerian migrants navigate between their original and host cultures. Importantly, the stidy has shown that the practise of hybrid culture is prevalent, although migrants may self-identify with one country or culture than the other. In addition, how migrants understand the concept of immigrant integration demonstrated in this study is a huge empirical contribution. Two, this study has shown that some factors are associated with the experiences and integration of Nigerian migrants and that duration of stay and migrant/residential status are important in predicting the (un)deservingness of migrants. Three, this study has contributed to the understanding of the synergy between quantitative and qualitative methods. I submit, based on experience and a multitude of encounters, that most sociologists and sociology departments have a bias in favour of one research method rather than the other (qualitative or qualitative). This study has shown that these methods are not the opposite but should be viewed as complementary. In addition, the study has contributed to our understanding of digital and online research methods by showing how migrants can be sampled and how data can be collected online without physical contact with respondents and participants. Lastly, the study has contributed to the field of public health by showing the health-seeking behaviour of Nigerian migrants and how institutional barriers such as high financial costs and long waiting times may discourage people from seeking healthcare from hospitals.

10.4.2 Theoretical contribution

Theoretically, this study has contributed to understanding some essential concepts in migration studies. This study debunks the fixed categorisation of migrants into a either assimilation or separation and argues that in the world of super-diversity, the most likely occurrence is hybridity, which will increase the rate of creolisation. Second, this thesis has shown the need to better understand progress and the opposite within the prism of "immigrant integration." The thesis has shown that deintegration is possible with change in government policies and occurrence of phenomena such as Covid-19. In addition, the thesis provided a conceptual clarification between unintegration and disintegration or deintegration. Third, the thesis has shown that the idea of relational integration, despite its setbacks, has some relevance for responsible research and immigrant integration. It has demonstrated to researchers that there is a need to express caution in the problematisation of some issues about migrants so as not to create problems where there is none. In addition, the thesis argues that migrants' perception of (in)equality rests on the comparison of state of affairs in both home and receiving countries. Fourth, the study has applied and expanded on Muslim and hijab penalties, the healthy immigrant effect and gender socialisation theory. In addition, the thesis demonstrated the importance of intersectionality in understanding how different social positions may combine to determine who gets what.

In all, immigrant integration remains a controversial topic, and its discussion and debates will not end soon. While its understanding has been shifting from cultural connotation to socioeconomic progress in the host country, the discussion of culture in concept of immigrant integration remains salient in sociological parlance partly due to the origin and history of the concept. However, migrants themselves need to begin to see integration in the light of socioeconomic progress, not the extent to which they "sink" into the host country's culture. Despite the controversy surrounding the concept and the different meanings attributed to it, immigrant integration research need not be scrapped. We can do responsible immigrant integration research by avoiding a "we" versus "them" framework that puts immigrants against nationals of the host country.

10.5 CONCLUSION AND SUGGESTION FOR FURTHER STUDIES

The conception of immigrant integration by Nigerian migrants is largely cultural. They do not conceive of integration in terms of access to opportunities and privileges in the host countries; they see it as the process of negotiating between the original and host cultures. Narratives are a powerful tool for shaping people's thoughts and behaviour. Aside from the narratives exuded by the host government and media, the narratives in scholarly writings on immigrant integration have found their way into the subconscious of Nigerian migrants. Hence, they construct integration as assimilation. I submit that the two concepts are not the same, and any attempt to equate integration with assimilation is colonial and is guilty of culturism.

Immigrant integration is not static. It is a change process from neutral/worse to better in the host country. Disintegration is the opposite. At the objective and quantitative level, integration should be the process whereby migrants enjoy opportunities and privileges similar to the host country's nationals. At the relational level, integration is the result of migrants' subjective comparison of (1) their situation before and after emigration and (2) themselves with the nationals of the host country. Whether measured using real or relational equality, full integration is impossible because there are many dimensions of human existence or experience. Even among nationals of the most equal country in the world, full integration is not possible. Everyone cannot be equal across multiple dimensions. Hence, it makes sense to speak of different levels of integration. It also makes sense to refer to specific dimensions of integration.

Nigerian migrants moderate between the original and host cultures. While holding to some cultural elements such as food, attire and language, they also embrace some work-related cultural elements of the host country as a way of belonging. For most Nigerian migrants, Nigeria is home. However, the country's unpleasant political and economic situations are why many still live abroad.

Regardless of a state's policies and sentiments about immigrants, immigrants are bound to have different experiences in the host country because they work and live in different communities and amongst nationals with different views of migration. Some nationals and communities have a far-right nationalist outlook that denigrates immigrants and see them as inferior, while others have a friendly and liberal view of immigrants. Where migrants live and work and whom they work and live with may shape their migration experience. It is for this reason that state-related factors alone may not suffice in explaining migration experiences.

Gender, place of education, duration of stay and migrant/residential status have a place in explaining migrants' integration and experiences. However, I advise against assuming that other factors, such as name type, education and religion, do not play a role in explaining immigrant integration. Sullivan and Feinn (2012) have demonstrated how sample size may affect p-value. Hence, the fact that some variables were reported to be statistically not associated with migrants' experience and integration does not mean that such independent variables are unimportant. The statistical insignificance could be due to a smaller sample size. In addition, the variables could affect migration experience in ways that are beyond the focus of quantitative analyses, as this study has shown.

Nigerian migrants in the US and UK are doing relatively well except for undocumented migrants, whom I could not interview. Although Nigerians experience occupational downgrading in the US and UK, the fallen value of the Nigerian currency makes them appreciate the pay they receive from jobs that are below their educational and professional qualification. Despite any unpleasant experiences Nigerian migrants may have in the host countries, they prefer their current situation to their years of experience in Nigeria, and they believe that the system in the host country is working and more effective than Nigeria's.

I do not claim to have covered all aspects of the experience and integration of Nigerian migrants. Hence, I have some suggestions for further studies – issues I am also willing to investigate for postdoctoral research. One, the small sample size of survey responses could have affected some of the findings. Consequently, future studies should draw a large sample (say 1000 or more) of Nigerian migrants in the US and UK. Two, there is a need to compare the roles of individual, community and state-related factors in migrants' experiences. Using an ecological framework, future studies may investigate community factors such as residential patterns and how these explain levels of migrants' integration. Three, qualitative research has pointed in the direction that education alone does not matter as much as a course of study. This may be an interesting area for future studies. Four, the quantitative survey has shown the importance of the duration of stay in migrants' integration. However, at what point do things turn around for migrants and under what circumstances? Future qualitative research should investigate this. Five, this study only asked participants what they understood by "immigrant integration". Since their definitions suggest assimilation, future studies should investigate how they derive their understanding of integration

(in other words, what is their source of information or knowledge about the concept). Lastly, a longitudinal study is required to ascertain the claims of the healthy immigrant effect. Such study may take the health records of new entrants and do follow-ups over ten years to see whether the health of migrants improves or deteriorates, as well as which aspects of health (physical, mental, etc.) are affected.

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