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**WHEN CULTURE MEETS CULTURE, PSYCHOSOCIAL EFFECTS ON MIGRANTS'
WELL-BEING.**

(A CASE STUDY OF GHANAIAN MIGRANTS LIVING IN BRITAIN).

Master's Thesis in Human Development Trondheim, September, 2015.



DECLARATION

I, **Alidu, Yasmin** do hereby declare that except for references to other extant literature, which have been duly acknowledged, this work was conducted by me under the supervision of the Institute of Psychology, Norwegian University of Science and Technology (NTNU), Trondheim, during the 2014/2015 academic year. This work has neither been submitted in whole nor in part for any degree in this University or elsewhere.

Signed:

Yasmin Alidu (Student)

This work has been submitted for examination with my approval.

Date

Signed: **Supervisor**

DEDICATION

To my lovely boys,

Salmann and Zedane.

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I am thankful to God.

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ABSTRACT

There has been great mobility due to the advances in technology, and migration takes the center stage. Achieving an optimal level of wellbeing is paramount to most people, and migrants are not different. Whereas existing literature has focused much on the economic impact of migration, there has not been much research on the impact of migration on the migrant's wellbeing. Very little is documented of the Ghanaian migrants and their wellbeing in Britain. Thus, the aim of this study is to gain a better understanding of the psychosocial wellbeing of Ghanaian migrants living in London. The present study used data from a semi-structured qualitative interview guide. Data includes interviews with five families as well as individual one-on-one interviews. Using thematic analysis, this research reveals how policies in Britain impact the health and wellbeing of Ghanaian migrants. Access to health, migration status, religious factors, as well as the lack of social support were all found to impact the acculturation process and therefore, on the migrants' health and happiness. These findings are discussed in relation to relevant theories and related work in the area of migration. Change in policies in Britain is recommended with increasing cultural diversity, and hence, the implications for community psychology praxis are considered with appropriate conclusions.

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ABBREVIATIONS

CEMAC	The Confidential Enquiry into Maternal and Child Health
CLG	Communities and Local Governments
EEA	European Economic Area
FGI	Focus group Interviews
GP	General Practitioner
HIV/AIDS	Human Immune Virus/ Acquired immune deficiency syndrome
IPPR	Institute for Public Policy Research
PBS	Point Based System
UK	United Kingdom
UKBA	United Kingdom Border Agency

CHAPTER ONE

INTRODUCTION

1.1.0 Background

The 1986 Declaration on the Right to Development defines development as a “constant improvement of the well-being of all individuals”. Similarly, the United Nations Millennium Declaration focuses on the well-being of the individual as the key purpose of development. More recently, the United Nations argued that the notion of well-being should be at the core of the global development framework beyond 2015 (UN DESA, 2012a). However, when it comes to migrants, most research and policy debates have focused their attention extensively on the socioeconomic impact and processes of migrating, ignoring the most important aspect: the well-being of these migrants once they have migrated.

In the twenty-first century, migration has become one of the greatest political concerns and policy issues in the world, and in the United Kingdom in particular. The United Kingdom (UK) has traditionally been known as an exporter of people. It is thus, quite surprising the way people are coming into the country as immigrants. It was only from the mid-1980s that, instead of sending people to newer countries, the U.K. began receiving immigrants. High levels of net immigration in the last decade have spurred economic growth for the UK in the last fifteen years (Morrisson et.al, 2008). Again, it has shown the UK’s soundness as a state while representing the diversity of its population. Migration brings a global outreach for the country, since more people coming in means more connections with the outside world. This connection is politically useful for sustaining the country’s reputation and progress in the face of globalization.

The question is: why do people migrate? To find jobs, improve their skills, and generally find better opportunities that they wouldn’t find back in their home countries. Put differently, migrants who move are driven by the desire to be prosperous and happy, as well as better their well-being. Migration no doubt offers economic benefits in the form of higher wages or opportunities for social mobility and health benefits, along with creating health problems (Hull, 1979). Similarly, the World Migration Report 2013 states, “migration improves human

development, but many migrants still struggle to achieve satisfactory levels of well-being. The culture, environment, language, family and friends, climate, social system, and norms, as well as the behaviour of individual migrants put him or her at stake of emotional stress and depression, resulting in many psychosocial issues and cognitive disorders (Berry,1996). The psychosocial effects of these migrants on the economy can also not be ignored, given the fact that these individuals are in dire need of successful acculturation, making it imperative for policy-makers to review the hindrances in successfully integrating these individuals into the new economy and culture, while regarding their own self-identities (Bhugra, 2004).

Ghanaians comprise one of the oldest and the largest immigrant African population in the United Kingdom (Morrison et.al, 2008). Historically, initial emigration of Ghanaians to other countries started after 1965, when the nation (Ghana) began to experience economic crisis of an unprecedented magnitude. The primary reasons that attract Ghanaians towards a subsequent immigration to the UK is mainly a feeling of contingency, owing to shared historical backgrounds, language, organized framework of institutions, widespread links of trading activities and the probability of extensive support from an established network of friends and family (Olesen, 2002). Then again, generally, migrants' objective of bettering their lives and improving their well-being drives them to migrate. However, on arriving in London and other cities of the UK, migrants usually restrict themselves to living in urban areas where they can get easy access to sustainable employment opportunities, mainly in the transport, cleaning, catering or health sectors (Tiemoko, 2004). However, they are unable to attract handsome salaries from their new occupations, and often remain in a low-paid job throughout their stay in the U.K. (Munshi, 2003).

The International Organization of Migration (2008) estimates that there are about 214 million migrants worldwide (Bhugra & Gupta, 2011). Ghanaians were numbered 46,513 in the 2001 census, and were ranked ninth in the largest twenty-five groups born outside Britain and living in London (Mackintosh, 2005). However, less attention has been paid to the experiences of these less established, smaller and legally differentiated migrant groups (Vertovec, 2006). This thesis focuses its investigation on the consequences of migration on the psychosocial well-being of the Ghanaian migrant, and in-depth interviews with both individuals and families living in the United Kingdom.

Well-being is a dynamic concept as it concerns subjective, social, and psychological dimensions, as well as health-related behaviours. It is a term most scholars and psychologists find difficult to define wholly as a result of its many different facets. According to Ryff & Singer (1998), the term psychosocial well-being refers to healthy sense of self; Erikson equates healthy psychological well-being to earlier successful resolution in life. Denier (2013) believes well-being to be very subjective and thus, it refers to a person's cognitive and affective evaluations of their lives. Highly correlated to Denier's study is Ball and Chernova's (2008) study, which concludes that working and having a spouse/partner are particularly important happiness factors.

Psychological well-being has also been shown to have a high correlation with purpose in life (Sherk, 1992). This current study incorporated the six widely accepted dimensions to healthy psychological wellbeing being: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth as given by Ruff & Singer (1998) to evaluate Ghanaian migrants' perception of their well-being while living in Britain. The definition by the Economic and Social Research Council was also adopted: human well-being refers to a state of being with others, where human needs are met, where one can act meaningfully to pursue one's goals and where one enjoys satisfactory quality of life (Wright, 2011) to better appreciate the situation.

Against this backdrop, the question this thesis sought to address was how experiences in Britain, and London to be specific, have impacted migrants' wellbeing in their bid to acculturate into British society. The relationship between acculturation and well-being has been the focus of debate in recent times, but most studies have been done with respect to children. In order to give a nuanced understanding of well-being outcomes of migration, both overall life satisfaction well-being indicators were included, taking into account housing conditions, job satisfaction, social life/family orientations, household income, purpose in life, relations with others, personal growth, and satisfactory quality of life, and, more importantly, factoring in Hofstede cultural dimensions would help comprehend the migrants' lives better, by giving a nuanced insight into the Ghanaian culture and its impact in contact to the British ways. Having a strong understanding of the Ghanaian culture, it was easier to interpret the new world around the participants while embarking on this qualitative study.

1.2.0 Statement of problem

All over the world, individuals and families set out daily on a journey to a new life in distant places, which, for some, is a choice, while for others, is a must. There has been an enormous amount of research providing answers to why people migrate. In spite of the large numbers of migrants, awareness about this growing population is misconstrued. Migration has become one of the basic survival strategies adopted by individuals and families to enable them to cope with difficult economic conditions in today's world, as it provides individuals with a "safe" haven, an escape route from poverty and oppression. However, migration has been characterized by loss of social networks, resources and family bonds (Nelson & Prilleltensky, 2005). The rationale for this study is to explore how cultural clashes and institutional policies affect migrants' psychosocial well-being.

Since immigrants become an integral part of the system or economy, their welfare should be paramount not only to public policy makers but also researchers. International migration is at its height and is likely to accelerate (Martin, 2001). Investigating the psychosocial well-being of immigrants is crucial. Thomas & Znaiecki (1974) term migrants' experiences as 'marginality', explained as the experience of living in two worlds and not belonging to either world. This is a painful split, with feelings of insecurity, alienation and ambivalence towards both ethnic sub-cultures and dominant society (ibid.). So, for a more holistic and comprehensive understanding of this phenomenon, the perspective of immigrant families, I believe, is necessary, since a growing body of literature on Ghanaians in the UK has tended to focus on issues of development and return migration (Henry & Mohan, 2003). The research findings will be a contribution to the body of academic knowledge about the experiences of Ghanaian immigrants in the UK. This will help provide the policy community with relevant data on central issues concerning Ghanaian migrants.

1.3.0 Aims of the Study

Premised on the foregoing discussion, the main aim for embarking the present study was pragmatically not to gain access to an abstract truth independent from human experience, but

rather, to generate understanding that will be useful to humanity (Willing, 2003, p.22). Hence, the aims of the research were:

- To explore immigrant Ghanaian families' perception of their psychosocial well-being while living in Britain.
- To find out the main factors that contribute or promote well-being and acculturation in the United Kingdom.
- To make useful suggestions to governments and policy makers as well as all interested parties in the planning of policies, by providing evidence-based informed recommendations for the provision of health services to immigrants.

1.4.0 Relevance of the Study

Every good research begins with an observation, and my in-depth observation of Ghanaian migrants living in London was the catalyst that sparked this investigation. From eavesdropping on conversations in buses, gatherings and general interactions with fellow migrants, I set out to find more and better comprehend, add to my knowledge, and objectively recommend solutions. A Nigerian brings my post; a South African teaches my children; a Ghanaian cleans in my estate; my landlord is an Indian; the list will go on and on. Migration is one of the most inevitable and contested issues today. Throughout history and in modern times people have moved. As the world increasingly becomes a global village, migration takes center stage in both political and academic debates. It is easier for people to move as a result of technology. Migration has been said to involve certain risk factors, which affects migrants' mental health substantially (Bhugra, 2004). Adaption to a new environment is a multifaceted process, which involves different strategies (Ward, 1996). More importantly, psychological adaption has been considered very important to migrants' well-being.

Again, there is growing, albeit incomplete evidence that the process of migration and health are inextricably intertwined in complex ways. But it remains an undeniable fact that achieving an optimal level of well-being, i.e., health is vital to the existence of man. It has been a concern for not only individuals, but also governments to research into migration patterns across the globe. I believe that a nuanced understanding of migrants' life in Britain would help broaden the understanding of their situation.

However, most researches focus their attention on the socioeconomic attainment of immigrants, with very little consideration of the psychosocial aspect of migrants. Research has shown that adaptation to a new culture and its impact or consequences vary and it is necessary to investigate the Ghanaian trend in the United Kingdom, one of the desired places for most migrants (Friders & Biles, 2012). How migrants balance culture interactions once in a new and unfamiliar society, and their sense of belongingness, how they manage effects of discrimination, access to amenities, climate conditions, language and identity struggle and challenges among others is worth looking into. As mentioned earlier, migrants become a part of the system and what affects them directly or indirectly affects the society.

1.5.0 Research Questions

On the basis of the aims and objectives outlined, the research fundamentally proceeded with the following questions:

- How does the environment influence the well-being of Ghanaian Migrants living in London?
- What are the key factors that account for migrating to the UK?
- What causal attribution do migrants make to their psychosocial wellbeing?
- How do you see/evaluate your fellow migrants' situation?

CHAPTER TWO

2.0 LITERATURE REVIEW

In the past few years, there has been a renaissance in the interest in the issues of migration by policy makers and scholars (Kapur, 2003; Ratha, 2003), as migration is seen as a critical issue of our times and has emerged as a contentious political issue as it epitomises major social changes in the world globally. Every country in the world today participates in migration reports (Castles & Miller, 2003). Theories surrounding migration provide a conceptual framework of thought for evaluating, understanding and responding to the psychosocial, economic and structural factors that affects these migrants.

However, most theories on migration are unidirectional. For instance, acculturation has been equated to assimilation or absorption, in which culture change is thought to occur in one direction only, concluding that people move away from their culture of origin and towards the dominant group during resettlement in a new country. But researchers like Berry (1980) think otherwise, hence adopting a bi-dimensional or bicultural approach to explain and give a nuanced understanding of the Ghanaian migrant situation. In the present study, Ed Denier's (2008) well-being theories, Berry's acculturation model and the ecological theories, notably by Bonfrbrone, as well Hofstede cultural dimension have been reviewed and adopted to serve as a good lens for discussing the research questions. As reported by Creswell (2009), the use of theory serves as a lens for finding answers to the research question as well as providing broad explanations.

2.1 Theory of Well-being.

A theory of human well-being is an account of what leads to a satisfactory life. Hence, a theory of human well-being must be suitable for and fitting to human beings and the lives they lead (Yoon, Langrehr, & Ong, 2011). It must correspond to those elements of human nature that make it possible for humans to value the lives they lead and to lead lives they can value. This commitment assumes, even more controversially, that we can develop a theory broad enough to encompass all the various ways of living a human life one which can resonate, to some degree, with very different cultural values (Yoon, Langrehr, & Ong, 2011).

Ed Denier Theory of wellbeing

Well-being has a cultural and philosophical history, making its definition cumbersome. Most theorists, however, agree of three components that can determine one's well-being: life satisfaction, positive affect or pleasurable feelings, as well as negative affect (McNulty, J. K., & Fincham, 2012). Generally, well-being theories have been grouped under three schools of thought to make comprehension easy.

The first school of thought has proponents like Freud with his pleasure principles and Maslow's hierarchical needs, where it is believed that well-being is achieved after one's needs and goals are met, when there is a reduction of pain, tension and satisfaction of both biological and psychological needs (Omodei & Wearing, 1990). Thus, when needs are met, the individual - in this case the migrant - experiences life satisfaction and hence, is in a better psychosocial state of well-being.

Secondly, the process and activity theorists of well-being are of the view that when there is an accomplishment, individuals are happier. They are of the view that people are happier when they engage in activities that equate their skill.

The last school of thought, however, believes that well-being is strongly influenced genetically by one's personality dispositions. They argue that people are born either happy or unhappy, which impacts their evaluation of themselves. This argument brings us to the cultural differences that affect people's state and evaluation of their well-being. The principle of personality congruencies comes into play, i.e., the extent to which a person's behaviours are consistent across situations and with the person's feelings. Most positivist psychologist are, however, of the view that this situation is not universally important, but is very much the case in western societies, as it is well noted that collectivist societies are less congruent. These explanations still create confusion across all three schools of thought.

In recurrent times, however, research has shown there is no one cause for well-being. Denier likens the situation to a recipe; to him, well-being has lots of ingredients to produce an outcome. Ed Denier theory of well-being is another approach often utilized to understand well-being, a person's cognitive and affective evaluation of their life and situation. Ed Denier theory refers to cultural references through which individuals or groups define and express themselves and by which they wish to be recognized. As reported by McNulty and Fincham (2012), well-being is influenced by characteristics and qualities of people's social environments as well as

psychosocial environment. Thus, it refers to a complex set of beliefs and attitudes that individuals have about them in relation to their cultural group membership which usually arises when people live in heterogeneous societies and are in contact with others outside their culture, rather than in homogeneous societies where only a single culture may exist (Milyavskaya & Koestner, 2011). The two underlying dimensions of Ed Denier theory are: 1) person's identification with one's heritage and ethno-cultural group (immigrant's native land), which is often is the non-dominant group, and 2) their identification with the larger or dominant culture.

The two dimensions are independent from one another and are not negatively correlated, meaning that more of one does not lead to lessening of the other, and also assumes that one's heritage, cultural, and/or ethnic identity may be contained within a larger national identity such as being an African-English or Ghanaian. Ed Denier theory's two dimensions are parallel to the four acculturation strategies in observing the strategy of acculturation that will prescribe more towards adaptation. According to Frey & Stutzer (2010), when both identities are asserted, it is similar to the integration strategy; when one feels attached to neither dimension (identity), it leads to marginalization; and when one dimension (identity) is strongly emphasized over the other, then one can either exhibit assimilation or separation strategy (Buunk, Gibbons & Buunk, 2013). Cultural identity is associated with belonging to one or more cultural groups and the sense of social identity that is produced from being associated and belonging to a specific culture and group. For immigrant Ghanaian youth, social identity is associated with their identity, ethnic/cultural identity (Pakistani/South Asian), and the national identity (English). To buttress this point, a research conducted by Ed Denier and Seligman (2002) concluded that happiness isn't highly correlated to income, but highly related to social relationships. Consequently, there are complications that arise from these identities if an individual is not centred in their culture, religion, ethnic origin, and host culture (Seligman, 2012).

Ed Denier and Seligman (2004) outline the profits a society can gain by enhancing individuals' well-being. As their extensive research has shown, people with higher well-being are happier, healthier, less prone to have a mental illness, live longer, create more satisfying social relationships with others, are more productive and profitable, can contribute to increasing wealth by working more and creating opportunities for others, and lastly, might facilitate governance.

These are the very reasons policy makers should pay close attention to the welfare of citizens. Again, it is clearly documented that nations with higher wellbeing have longer life expectancy, more job security, more political stability, lower divorce rates, better civil liberty and more gender equality (Diener & Suh, 2000).

2.1.0 Socio-Ecological framework

Socio-ecological theory provides a useful framework to understand and examine the phenomenon of migrant experiences in a new culture. It involves the setting, environment or world of the migrants and culture. It further illustrates how people view the world and, more importantly, behave in it. It considers the broad societal factors that affect individuals. Closely linked to Bronfenbrenner's ecological theory (1979), this theory represents empirical work on families and their relationships and part of the socio-ecological model, which was used in this thesis.

The impact on migrants' wellbeing as a result of migration cannot be attributed to a single factor when it comes to using the ecological theory. There are interrelationships, as research has shown, so it has to be viewed in relation to the border social context. For instance, unemployment of a father in a new culture may lead to low self-esteem or feelings of worthlessness that affect health and wellbeing. It's well documented that many psychological problems in the world today do not require clinical treatment but are rooted in stigmatization, loss of hope, chronic poverty, uprooting, and inability to meet basic needs or function normally among others, and these factors feature in a migrant's world and are interrelated (Bhugra, 2011). As Bronfenbrenner's (1979) proposes, the environment, to him, is made of interdependent layers or systems with each having a significant impact on the development and experiences of individuals. Connecting these component parts might help us understand the experiences of the Ghanaian migrants and migrants in general. For instance, a study by Dalgard & Thapa has shown that social integration among migrants can either lead to a positive or negative effect on immigrant's wellbeing, and this is largely dependent on the migrants' social circumstances (Dalgard & Thapa, 2007). Results from their studies indicate that social interactions vary among migrants, hence affecting their psychological state differently. Thus, in working with immigrant populations, service providers must understand both the culture of the migrants' country of origin and the immigration

experience in their social context (Chan, 2003).

Furthermore, social contexts and resources of immigrants vary widely, and they settle in an array of settings, some more welcoming than others. Ecological framework proposes that the human experience is a result of reciprocal interactions between individuals and their environments, varying as a function of the individual, his or her contexts and culture, and over time. In describing immigrants' experiences, the focus on the influence of context in particular is important, along with how they adapt in their new environment, as culture powerfully shapes human experience (APA, 2002). Hence, lack of understanding of migrants' experiences and adaptation will lead to poorly defined and ineffective policies by most government agencies.

Closely linked to the ecological theory is Hofstede's cultural dimensions used in describing the impact of society's culture on its members and how these tenets relate to conduct. His six cultural dimensions would be indepthly used in comprehending the Ghanaian migrants situation living in an ecological setting, Britain.

2.2.0 Acculturation theories

In almost all academic discourses, acculturation theories help us comprehend the experiences of migrants who are sometimes termed "newcomers". It explains the process of cultural and psychological change that follows the meeting between cultures, which causes a profound social change and challenges. Acculturation theory refers to changes in an individual's behaviour, social activities, thinking patterns, values, and self-identity as a result of contact with another culture. Furthermore, Sam & Berry (2010) explain that acculturation is a term that has been defined as cultural change that results from continuous, first-hand contact between two distinct cultural groups. Berry (1997) sees the acculturation process as complex and the literature available does not do it much justice. Acculturation theory offers an insight into versatile interactions with migrants in their "new home". Psychological acculturation refers to the dynamic process that immigrants experience as they adapt to the culture of the new country (Berry, 1980). Put differently, acculturation results in the continuous meeting or contact between cultures. Thus, it accentuates the notion of shared influence, as there is always a change in cultures.

In general, acculturation can be thought of as second-culture learning or the process of

cultural and psychological change that follows the meeting between cultures or contact with a dominant majority. According to Nelson & Prillienstsky (2005), culture mix has been a facet of most societies with an influx of migrants. Through archaeological evidences as well as oral history, migrants' experiences can be traced back to generations. Arguably, people get into contact with each other, and they adopt each other's behaviour, language, beliefs, values, and technologies among others. This is the process scholars call acculturation (Ward, 1996; Berry, 2001).

What is more, "acculturation comprehends those phenomena which result when groups or individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups" (Redfield, Linton & Herskovits as cited in Thomas & Znaiecki, 1974). Again, Liebkind & Vedder (2011) explain the process as the adaptation of ideals, values and behaviour of the receiving culture and the retention of ideals, values and belief from immigrants' cultures. Current researches have, however, theorized that acculturation patterns are experienced differently by groups (Bhatia & Ram as cited in Nelson, G. & Prilleltensky, 2005). The focus of the paper is how Ghanaian migrants manage the situation of culture mix and the possible effects these interactions have on their well-being and having a knowledge of the types of acculturation processes will serve as a guide to investigate and comprehend the Ghanaian migrant living in the UK.

Acculturation attitudes are deconstructed into four distinct types using Berry's (2001) model: integration, assimilation, separation, and marginalization. However, it should be noted that individualism has been recently added as an acculturative strategy. Assimilation strategy is often referred to when an individual decides to relinquish practices of his/her ethnic culture, but indulges in the mainstream culture by attempting to transition into mainstream society, when migrants abandon their cultural values to accept the existing host country's values and norms. Again, with separation, migrants focus on their own culture and ignore the new culture.

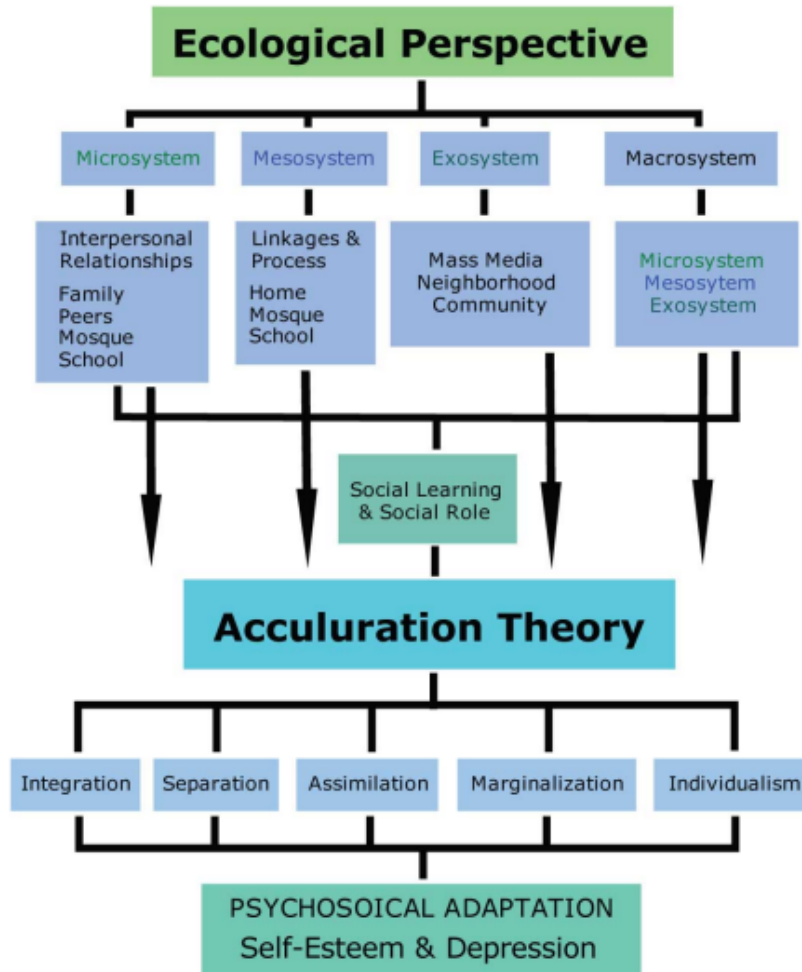
Integration strategy is when an individual holds on to his/her cultural integrity and maintain his/her ethnic culture, but also decides to transition into a host culture and to become an integral part of the larger society (Gibbons & Buunk, 2013). This is when migrants try to hold or maintain some aspects of their culture and still take on some norms and values from their existing

environment, hence leading to a culture mix. Separation strategy implies that an individual selects to maintain his/her ethnic culture while deciding not to interact with mainstream culture and has a self-imposed withdrawal from the larger society. Marginalization strategy refers to when an individual decides not to maintain his/her ethnic culture of origin and does not participate in mainstream culture; when migrants marginalize, they ignore cultures from both existing and home countries. Individualism strategy refers to an individual's feeling that it does not matter which culture he/she participates in because it is their personal feeling and choice. It should be noted that adjustments in a new environment and culture takes a lot of time and effort, and acculturation process for migrants who are cultural beings can take any of the phases above. For instance, men from the non-western world have been shown to have a positive experience during integration, while the case is different for women. This result is very much attributed to cultural settings (Dalgard & Thapa, 2007). The downside of it is that most researchers think Berry's model is a one size fits all theory (Rudmin, 2003). As there are dynamic situations of individuals, in this case migrants, situations are different with different types of migrants (refugees, asylum seekers, voluntary migrants, etc.), all of whom have different experiences in the host nation. Again, there is a campaign for a more multi-dimensional design for understanding migrants' acculturation process. However, Berry's model helps comprehend migrants' situation better, and hence, it is being used.

Generally, the minority culture is affected greatly in the process of acculturation. At the group level, the question remains how this theory facilitates explanation with regards to change in culture, customs, social institutions, language, food, and clothing among others, and, at an individual level, how acculturation impacts well-being. Yet, acculturation theory has been said to be a complex theory that explains little about when two cultures meets or clashes (Dalgard & Thapa, 2007). Kramer's (2012) acculturation theory will aid further explanation of the culture dynamics at the group level. What is more, there is still confusion in most receiving countries about it is the migrant who needs to try and adapt to the new system or the government that has to help in these situations by creating avenues for proper acculturation to take place. Since governments are very influential with drafting and regulating migration, they impact the system to affect migrants' lives positively, ensuring their well-being. For instance, are there enough jobs or even affordable houses for migrants? Is the system discriminatory? Are there avenues to enhance language skills among others available?

Then again, the assumption about the unidirectionality of the acculturation process has been criticized by a number of researchers (see Chun, Balls, Organista & Marín, 2003) who prefer to think of acculturation as a more complex phenomenon that considers at least two cultural dimensions. We are interested in studying individuals who experience a new culture due to permanent or long-term resettlement and relocation, in this case the migrant Ghanaians in Britain. To other researchers, acculturation is a multidimensional process that involves changes in many aspects of immigrants' lives including language competence and use, cultural identity, attitudes and values, food and music preferences, media use, ethnic pride, ethnic social relations, cultural familiarity, and social customs (see Yoon, Langrehr, & Ong, 2010, for a review). Acculturation may occur in stages, with immigrants learning the new language first, followed by behavioural participation in the culture (Birman & Trickett, 2001; Gordon, 1964; R. M. Lee, Yoon, & Liu-Tom, 2006). Immigrants who have lived in the United States for a long time and appear to have adopted the American lifestyle may nonetheless continue to maintain a strong identification with the values of their culture of origin. This has important implications for providing psychological services to this population. For instance, it has been seen that children learn the host country's language and culture relatively quickly, while adults take longer, having been fully socialized into their heritage culture prior to migration. Acculturation to the new culture is particularly slow for immigrants of retirement age (Jang, Kim, Chiriboga & King-Kallimanis, 2007; Miller, Wang, Szalacha & Sorokin, 2009).

More importantly, acculturation and mental health have been seen to have a high correlation. The process of acculturation may lead to acculturative stress (Lazarus, 1997), defined as stressful life events thought to be associated with the acculturation processes that lead to psychological difficulties. Whether a particular way of acculturation is beneficial depends on the kind of cultural skills needed for successful adaptation within each particular microsystem. Thus, acculturation to both cultures provides access to different kinds of resources that are useful in different settings, which in turn are linked to positive mental health outcomes (Birman & Taylor-Ritzler, 2007; Oppedal, Roysamb & Sam, 2004; Shen & Takeuchi, 2001). Mental health is a major aspect of migrants' experiences and should be investigated.



2.3.0 Review of related works

2.3.1 Conceptualizing and Representing Migration and Health

It is debatable whether migrant communities have brought considerable benefits for the United Kingdom, making it a bigger and better society, giving due regard to diversity and multi-cultures (Question time, BBC, 2014). It is indeed a very welcoming society for some hundreds and thousands of immigrants who come from Ghana and other countries in search of better living and employment opportunities. However, uncontrolled immigration poses certain lasting challenges to the UK society, shattering the confidence of the community, resulting in a stretching of resources and provisions, and other issues, causing the benefits of immigration to either fade away or be forgotten (Peil, 1995).

The UK government believes that immigrants should be welcomed in the country for all productive reasons, and they must be capable of contributing to the economic stability and regional prosperity rather than only being liabilities on the state. In the wake of providing essential health care services to migrants, the UK government aims to regulate the access of migrants to various publicly funded health services in the country (Quinn, 2007). The Department of Health is responsible for overseeing various health policies specifically designed for the migrating public, evaluating them on either being too generous for the migrants as compared to other communities, or being too hard to attain. Despite such regulatory frameworks and realization of increasing access to health care, UK migration is subjected to various health care issues that require conceptualization and rectification. In this context, it is especially necessary to first see how UK's immigrants view the whole health care phenomenon, including the issues of diagnosis, accessibility, psychological and physical disorders and other mental health care concerns that they face (Plange, 1984).

Migration to the United Kingdom is a major event in the life of an immigrant, both from a pragmatic and emotional perspective. The decision to migrate to any other country is definitely not an easy one, resulting in the development of health issues and concerns amongst the migrating populace. This health issue primarily relates to hypertension, stress, depression, anxiety, nostalgia, and other mental disturbances and disorders (Peil, 1995). These mental stresses and disorders give way to a number of other diseases over the individual's lifetime. In such cases, it is pertinent that the communication between the medical health care worker and the migrant client be improved so that issues related to the health of the migrants could be improved.

Immigrants report a sound immunity towards developing healthy lifestyles provided they are given the opportunities and access to medical amenities and health care facilities (Adams & Dzokoto, 2007). The conceptualization of health in the immigration process is important since healthier immigrants are vital for an immigrant program or process to be successful and sustained. It has been observed that immigrants are usually healthier than the native populations (Peril, 1995). The health of these immigrants tends to converge towards the people of the native town, and if their health concerns are not timely resolved, there are lasting consequences on the entire population with respect to the development of critical health issues (Ogunsiji et al., 2012).

Such observations lead to a concern that immigrant health must be prioritized by state-funded departments so that more time and budgetary expenditures are allotted towards progressing and improving the health of the nation's intake of immigrants from different countries, specifically from the Ghanaian lands. For instance, obesity is a health disorder most likely to be found amongst Ghanaian immigrants, as found in a report on the subject (Agyemang et al., 2009). As soon as the lifestyle and environment of these immigrants changes (while coming to the UK), these individuals develop critical health disorders, including the caches of obesity. Moreover, HIV and AIDS are sometimes found amongst the Ghanaian populace, and this AIDS-defining illness can further aggravate the situation and cause an alarming situation in the host country (Agyemang et al., 2009). One of the major factors causing such illnesses is late diagnosis, which results from a fear of deportation because of which Ghanaian immigrants hesitate to get themselves checked for a probable occurrence of AIDS-related disease and fear discrimination in their host communities (Agyemang et al., 2009).

2.3.2 Concept of Acculturation and its application on Ghanaian Immigrants.

Acculturation is a very well recognized area of concern with respect to the integration of new immigrants in a society. Acculturation refers to the changes or transformations that take place as a result of culturally dissimilar social influences, people, attitudes, environment and groups in the host community. It is very necessary and significant to research into the basic concept of acculturation so as to be able to perceive how Ghanaian immigrants are treated in the new community, with respect to letting them adhere to their cultural origins while gradually integrating them to newer surroundings by familiarizing them with the key cultural notions of the host country's environment and social influences. It is a very dynamic procedure that occurs when new immigrants adapt to newer surroundings and resettle in a dissimilar community (Berry, 1997). Acculturation speeds up or slows down due to a number of defining factors; for example, in the case of Ghanaian immigrants, people with colour may experience social prejudices, as a result of which their adaptation into the communities of the host country may not be achieved successfully (Kramer, 2012). Racial differences may limit their options of acculturation as these individuals might feel that the host society is hostile towards them; discrimination is very common, and leaves them isolated and socially-exclusive. Other factors include the age of the

immigrant, whereby it is contended that children takes lesser time to learn the host country's cultural values as compared to adults. Adults are usually fully engaged in their heritage culture, which is why they find it hard to acculturate into newer societies at a rapid pace. Moreover, acculturation into another culture is slower for people reaching their retirement ages.

In terms of defining the adaptation of new African immigrants to local societies as a result of acculturation, it is imperative to see that social media and Western media play a pivotal role in shaping the ways in which Africans and Ghanaians perceive their acculturation processes. Western media portrays Western super powers to be superior to indigenous Africans and creates a significant impact on the discrimination they face in their daily lives. These Ghanaian immigrants, thus, assuming themselves to be primarily isolated and inferior, find it hard to integrate into the activities of the new society. Thus, media plays a very important role in nurturing hostility towards immigrant Ghanaians in the host country, the native population's rudeness and impoliteness towards taking them in preventing them from living as normal humans do (Adams & Dzokoto, 2007). This treatment results in stressful events that lead to psychological disorders amongst the Ghanaians as a result of which their health is at dire stake. With respect to a willingness to attain the goals of bi-culturalism, it is necessary that the immigrants realize and acknowledge the heterogeneity of the United Kingdom and respect the differences of the host country as compared to the home environment. Being one of the most multi-cultural countries of the world, UK has a lot to offer to its immigrant population if only they understood the demands of this society with respect to their own acculturation processes, and acknowledge the positive attributes of the environment. This acknowledgement will indeed make it easier for the Ghanaian population to integrate into society by focusing on all the "goodness" that it offers (Zezeza, 2002).

2.3.3 Migration in the Ghanaian Context / Why Ghanaians Migrate.

Mobility and migration has long been engrained as a very old tradition amongst Ghanaian populations. According to historic researches, almost 50 per cent of Ghanaians engage in

immigration activities once in their lifetime (Twum-Baah, 2005). However, this immigration was usually done from region to region or to an internal area. It was the economic factor of the deprived African community that assumed substantial significance in the course of migration decisions, mostly amongst the Ghanaian male populace. The economic stagnation of the 1970s and 1980s compelled Ghanaians to move out, looking forward to a better life and income patterns. Bad governance and forceful military regimes further added to their miseries, and, as a result, immigration was the only way out. It was then regarded as one of the instantaneous coping strategies utilized by families and the deprived youth to get rid of a misery-stricken Ghana (Adams & Dzokoto, 2007). While women and married couples were the first ones to leave the country in search of sound economic conditions and better accommodation facilities, the trafficking of young girls and women became a very consequential issue that restricted them from entering certain slum-areas (Tunali, 2000). Some of the determining factors that persuaded the Ghanaian population to leave for the UK and other developed countries included:

- Drastic increments in poverty;
- Lack of social services like education, health and treatments;
- Lack of infrastructural developments (Taylor, 1996);
- Unequal distribution of social services;
- Lack of employment opportunities and training for skills' management and enhancements; and
- Other social and cultural benefits (Adams & Dzokoto, 2007).

Ghanaian migration to the UK resulted in many beneficial changes to their lives, a sound income source being one of the foremost opportunities that came their way. These immigrants were able to send remittances back home, and, as a result, support their deprived families and relatives (Katz, 1991). The subsistence of such families was improved due to such aids sent from abroad. Increments in employment opportunities resulted in greater autonomy for these families. The women migrants could be interdependent, and not rely on their male family members for income and support anymore (Katz, 1991). This independence greatly invoked a sense of well-being in these women, who were then able to pursue their lives in their own way (Katz, 1991).

The UK has been declared a preferred destination for immigration or long-term stay purposes, according to many Ghanaians. While the trend changes to a diverted attention to other countries as well, the UK remains a priority (Adinkrah, 2012). The immigration policies of the United Kingdom have been responsible in attracting many “outsiders” into the country, making it a preferable option. The majority of Ghanaians in London are found to be living in the regions in and around Brixton, Dalston and Lewisham (Stevens, 2004). Superior employment opportunities attracts most migrants to leave their native towns for the greener pastures with generally better economic conditions, initiating their move to most western states, predominantly including the United Kingdom. However, the drastic growth of population, of which one factor is migration, in the host country coalesced with economic downturns gradually gave birth to some pressing issues for these immigrants, which then affect the native population (Kanaiaupuni, 2000). This is a clear case in the UK, with migration being at its peak and the economic recession impacting every household and sector. Along with an increased cost of living for Ghanaian immigrants, unemployment, child labour, low salaries and low paid employments, rise in labour forces and corruption were some other problems that have wreaked havoc in the entire immigration process, making it a difficult experience altogether (Sjenitzer & Tiemoko, 2003).

It can be said that Ghanaians rely more on their family and friends’ networks for support regarding financial resources, housing and accommodation as well as for information about employment opportunities available elsewhere (Adinkrah, 2012). These people usually know someone living in developed countries, as a result of which, moving into the host country becomes somewhat easier for them. Despite an extensive amount of information provided by their loved ones, almost all Ghanaians face a cultural shock upon coming into the Britain, as a result of which their acculturation into the new society is often disrupted. Most areas of the UK are referred to as being unfriendly, impolite or even hostile towards these Africans, mostly in the case of London’s environment (Simon et al., 2004). Thus, compared to Ghana, these individuals face difficulty in coping with the loud city-atmosphere and the culturally dissimilar groups of people upon immediate arrival (Katz, 1991).

One of the other underlying phenomena related to migration in the UK is the nature and magnitude of social networks that Ghanaians cultivate with their foreign counterparts (Sam,

2000). These social networks, in case of Ghana's emigrating population, are extremely variable, based on shared values, language, ethnicities, educational, geographical and professional scenarios (Adinkrah, 2012). A large number of formal organizations in London and across the UK involve a diverse range of professions and occupations, where Ghanaians can find better opportunities to earn their livelihoods. Upon a review of the National Population Policy by Ghana in the year 2000, different evaluations of its programs and activities revealed the picture that Ghana has gradually transformed into a city of emigration (Deaton, 2001). The major pulling factor of Ghanaians, therefore, remains the presence of a very dynamic diaspora in the European, North American and British regions, which compels them to leave their places of origin despite the improvements taking place in their own economic, political and socio-cultural sectors (Adinkrah, 2012).

2.3.4 Psychosocial State of Ghanaian Migrants

The psychosocial states of Ghanaian migrants varies from country to country, owing to the treatments they receive, the social services that are allocated for them in the host country, as well as the extent to which they assimilate the new cultural traditions and values (Ratha & Zhimei, 2008). One of the most commonly found disorders amongst Ghanaian immigrants are those pertaining to psychological stress since they are exposed to totally different living conditions than expected (Deaton, 2001). This extremely aggravated psychosocial state gives way to a suicidal ideation amongst adults and children after feeling isolated and unwanted by society. Moreover, the assumed inferiority that comes along with it hinders their way to progression and synchronization into new communities. Moreover, negotiating loss and separation from one's own country of origin adds to such miseries, leaving the immigrant completely "lost in the wild" (Berry & Annis, 1974).

Loss of community, identity crises, isolation, lack of support from state organizations and hindrances in accessing relevant information about the country specifics are some of the immediate problems that Ghanaians face upon arrival in Britain, which results into psychosocial deprivation and a range of medical disorders, followed by a stressful life event (Berry & Annis, 1974). The instant social networks that these immigrants form include church-based groups and

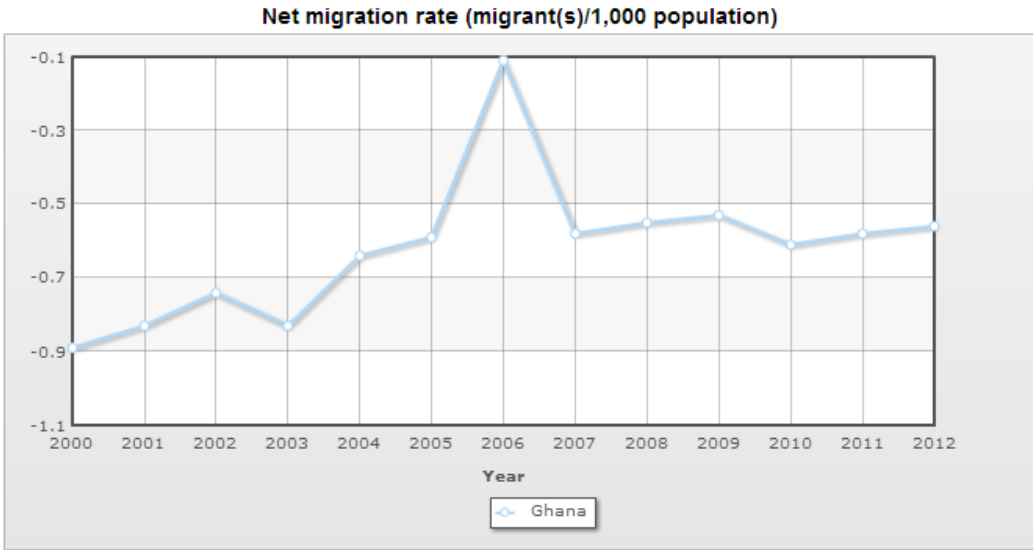
memberships of different associations in an effort to reaffirm the identities of Ghanaians in a multi-cultural environment provided for by the British (Berry & Annis, 1974). Moreover, the lack of proficiency in English language amongst these immigrating workforces makes it difficult to connect with the health practitioners if they are diagnosed with a possible disorder or state of extreme psychosocial distress (Deaton, 2001). These individuals find it hard to locate a health centre to seek medical advice, diagnosis and treatments, and if they do, there remains a potential communication barrier. The problems of psychosocial distress multiplies into different health disorders, because of which the individual resorts to either substance abuse, rape, mass killings, assassinations, trafficking of humans, and other criminal activities (Deaton, 2001). This pattern, thus, allows for many societal problems occur, and a lack of lawfulness in the country, which becomes the root of many crimes within the vicinity.

2.3.5 Incidence and Magnitude of Migrants

The official website of Ghana's high commission estimated that the total number of Ghanaians registered with the Ghanaian Embassy living in Britain is approximately 1.5 million. Some 850,000 of these are living and working in the London borough (source: High Commissioner Ghanaian Embassy, 2014).

The real figures may naturally be higher than the reported at any point in time (Kanaiaupuni, 2000); In the 2001 census, Ghanaians ranked ninth in the 25 largest groups born outside Britain and living in London (Kanaiaupuni, 2000). The incidences of migration out of Ghana indicates that the UK, US, Italy and Spain are few countries where Ghanaians are migrating in extensive numbers (Riccio, 2008).

Effect of acculturation among Ghanaian migrants



Waiting

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Ghana	-0.89	-0.83	-0.74	-0.83	-0.64	-0.59	-0.11	-0.58	-0.55	-0.53	-0.61	-0.58	-0.56

CHAPTER THREE

3.0 METHODOLOGY

In the present study, I adopted a qualitative approach because of the research objective to describe, discuss and possibly explain events in people's lived experiences. The study involved migrant Ghanaian families living in greater London. I sought their views on migrating to the UK and its impact on their psychosocial well-being through personal and group interviews with individuals and family members. The main objective of the study was to investigate migrant's psychosocial well-being in Britain, their acculturation into the British system, and how it has impacted their well-being. Again, the choice of a qualitative approach for the research also stemmed from the aims of the study, to appreciate respondents' own perceptions of migration and their psychosocial well-being, as well as how it affected their integration process living in Britain (London).

3.1.0 Research setting

The United Kingdom of Great Britain and Northern Ireland, commonly known as the United Kingdom (UK), Great Britain (GB), or simply Britain, is a sovereign state located off the northwestern coast of Europe. London, the setting for the data collection, is the capital of Britain. London covers an area of 1,579 square kilometers, and a population density of 5,491 people per sq km. The Great London Authority places London's population in 2015 at 8.63 million, making London is the most populous region in the United Kingdom; the metropolis is already Europe's largest city.

Hence, London has a diverse range of peoples and cultures and is, hence, a very good place for conducting a study of this nature. More than 300 languages are spoken within its boundaries. According to the office of the national statistics, based on the 2011 census estimates, Ghanaian migrants make up 62,896 of the total population.

I chose London as the setting for this study largely because of the availability of long standing informants (migrants) and with the assumption that I will get as much information on the topic as possible, as Ghanaians represent one of the UK's largest and longest standing communities; convenience was another factor which informed my decision. The population of Ghanaian migrants in Greater London has been concentrated in the boroughs of Southwark,

Lambeth, Newham, Hackney, Haringey, Lewisham, Croydon and Brent (Van Hear et al., 2004).

Furthermore, aside from the United States of America where there are a lot of Ghanaian migrants, UK ranks second in terms of the number of Ghanaian migrants. Again, after Nigeria, Ghana has the second largest migrants in the UK from sub-Saharan Africa.

3.2.0 Sample

A total of five families and 15 individuals were interviewed. The informants of the study were migrant Ghanaians living in London. I used a purposive and snowballing sampling technique to recruit the informants for this study. The essential selection criteria I used were:

1. Each informant should have migrated to the United Kingdom over the last two years.
2. Respondents should be permanently settled or in the process of settling.

I considered the purposive sampling procedure appropriate because it is consistent with group interviewing and individual interviewing reports (Twohig & Putman, 2002). Furthermore, the snowballing sampling offered me the chance to recruit relevant participants for the study in no time, which was cost efficient.

To begin with, I applied for ethical clearance in Norway, which I was granted in order to start the study. I proceeded to apply for ethical clearance from Oxford University, department of migration, but was informed that I could carry out the study since I have clearance from my NTNU, Norway, which is in Europe, so standards were similar.

I started by snowballing for participants, and had over 12 families willing to partake in the research, as well as 29 individuals also giving their consent, but due to limited time and resources, I used a random sampling method to achieve my required numbers. I had their contacts, so I either called or emailed to book appointments as most of them lived in the southern part of London.

After getting my required volunteers and convenient time, I scheduled an appointment to meet up with them. I proceeded with individual interviews, as it was quite easy with their time allocations. I explained the purpose and other details of the study to them before proceeding with the research questions.

Similarly, with the group/focus interviews with family members, having booked appointments, it was then very easy to meet up with family members to do the interviews, but there were times most members were not present, thus hindering the progress of the work. Once all family members were present, balanced interaction was achieved, as the atmosphere was harmonious and familiar. Operationally defined in this study, a family was mother or father with a 16+ year child. Hence, if these conditions were satisfied, the interview could go on. The 16+ years age limit was maintained as I believed that at that age, children will be more aware of their environment, and hence, can contribute substantially, objectively and meaningfully to the study.

3.3.0 Materials

The main material that aided the study was a semi-structured interview guide and a tape recorder given to me by the department, which was used to collect data for both individual and group interviews. I constructed a semi-structured interview guide (See Appendix I&II) during the drafting of the research proposal which was modified a few times to prevent sensitive questions from being asked.

For the individual interviews, there were three parts, with first part establishing a rapport, formally using the semi-structured interview guide to interview respondents, and finally debriefing the respondent. In addition to the printed questions I had, I also had a small note pad to write relevant cues I was given by migrants, which served as supplementary data for the study. Again, I was alert during the process as personal observations contributed to the research enormously, through non-verbal expressions by participants.

3.4.0 Procedure / Data collection

The procedure for the main data collection proceeded in two sequences: group interviews with family members (Focus group) and individual interviews. The interview method offered flexibility, as I was in a position to adapt questions to suit the situation. Again, it created a relaxed atmosphere for me and the participants, where thoughts and experiences were voiced out. According to Twumasi (2001), interviews offer and create a learning environment, where both

the researcher and participant can involve and impact in purposeful discussions.

3.4.1 Group interviews/ Focus group discussion

Informants were made to share experiences, in this case, in a family setting, as multiple views of a reality can exist. Thus, a focus group discussion (FGD) was chosen, as it mainly collects data to investigate informants' views and experiences (Kitzinger, 1995). It created a space where ideas, shared experiences and thoughts on the same phenomenon could be discussed. Being vigorous and interactive, the FGD is believed to possibly yield more spontaneous, expressive and emotional views from across different discussants than an individual interview (Kvale & Brinkman, 2009).

As family members shared similar experiences, this method and approach was very useful and thus yielded more results. I was determined to encourage informants to share, challenge and better still, modify their experiences amongst themselves. This process, according to Morgan (as cited in Denzin & Lincoln, 2000), is primarily the best way to listen and learn from respondents (p. 835). She further argues that it creates multiple lines of communication and establishes trust among respondents in a safe environment to share ideas, beliefs, and attitudes in the company of people from the same ethnic, socioeconomic and gender backgrounds, in this case, Ghanaian migrants.

Most families were made up of at least three members and I had a maximum of 6-member family. Although three participants fell short of the suggested 6 to 12 participants by selected researchers for focus group discussion (Willig, 2008; Chrzanowska, 2002; Dalton, Elias & Wandersman, 2007), the three family member team was very effective in the discussion of their experience. I also ensured the moderation of the discussion and ensured that all participants were actively involved in the discussion throughout the process.

Furthermore, I ensured that all participants read and duly signed the informed consent form, to indicate their willingness and voluntary participation on this research.

This approach did not only help me collect a large amount of data from informants in a

relatively limited period of time, it also reduced my involvement and participation in the discussions due to their shared experiences and related to many other members.

Again, group mood, familiarity and reduced pressure on each family member allowed members of the focus group to reflect on and describe the relationship between the comments of other family members.

The duration of the interview ranged between 45 to 120 minutes as planned. Furthermore, during the process, I observed non-verbal expressions and noted them down, which aided in the discussion chapter.

3.4.2 One on one interview (Individual interviews)

To further explore respondent's views on their psychosocial well-being in Britain and touch on areas that were impossible or very sensitive to discuss and disclose in the group setting, a one on one interview was needed. Fifteen migrants were involved at this stage.

This form of interview was also conducted to comprehend and grasp the meaning of life in the worlds of these migrants (Kvale, 1995). These individual interviews were very crucial to getting the story behind migration and experiences of these respondents in London (McNamara, 1981). Having briefed the details of the research, its aims and objectives, and they agreeing to partake by signing an informed consent form, we set out a location for the interviews, assuring the freedom of the participant, as it was voluntary and they could withdraw at any time if they deemed the research uncomfortable for whatever reason.

3.4.3 General observation

Initially, for the family setting interviews or FGI, I realized some members were overpowering, domineering and very opinionated, which affected other members' responses, hence, I decided to invite respondents to the floor instead of the open approach initially adopted, which failed.

Secondly, some questions to some respondents seem difficult, as you could tell from their facial expressions. Thus, I began to use synonyms where appropriate to reconstruct the sentences.

Again, the atmosphere in the group interviews was initially quiet and unresponsive, and I realized I needed to establish rapport, so I started by talking about general events in the UK and London specifically, which was a catalyst that sparked the interview process.

Lastly, communication proved difficult initially, as a result of different accents and pronunciations, and so, it was difficult picking up words, but as the interview proceeded, clarity was achieved.

3.4.4 Language used in data collection

The postmodernist paradigm of knowledge production to which the present study belongs posits that social reality or versions of reality are constructed, manufactured, negotiated and deployed in social interaction through the instrumentality and functionality of language (Willig, 2008; Potter & Wetherell, 2001). Put differently, social reality is constructed and negotiated through language. Flexibility and proficiency with which respondents articulated their views was key to answering my research questions. Thus, it was mandatory to use language that the respondent could relate to and comprehend easily, as well as speak. English and Twi (a Ghanaian language) were the main languages used. Most migrants could comprehend English, apart from few who expressed themselves better in Twi. The respondents had no difficulty in articulating their views and opinions on the questions I asked, as comprehensibility of respondent as well as the researcher was taken into account. Again, the use of Twi helped bridge the power gap between me and the respondent, and well as ensured credibility of data.

3.5.0 Reliability and Validity

“Reliability and validity are tools of an essentially positivist epistemology” (Walting, 1995, p.5). Reliability concerns consistency over time. According to LoBindo-Wood & Haber (1998), reliability is “the consistency or constancy of a measuring instrument” (p.558). Again, Hammersley (1992) sees reliability as the degree of consistency with which instances are assigned to the same category by different observers or by the same observer, but on different occasions. Patton (2001) argues that the instrument of credibility in a qualitative model is the researcher; that is, the effort and ability of the researcher to methodically and meticulously

provide interpretation of the research process. Thus, the establishment of reliability in qualitative research comprises reporting and proper documentation, but not essentially obtaining the same results (Opare-Henaku, 2006). This study, therefore, adopts this procedure to properly document data to produce a consistent and precise result and discussion. Brink's (1991) proposed three set of reliability aided this current study. Stability was achieved by using the same interview guide throughout the data collection period, as well as the follow up. Even though most participants did not take part in the follow up, those who did responded to the same questions with similar answers. Secondly, consistency was achieved as participant's answers remained coherent. Lastly, equivalence was not totally achieved as the research was done by me, but consistent paraphrasing and rephrasing questions helped achieve a bit of reliability.

Furthermore, validity implies truth (Silverman, 2000). Put differently, is the researcher measuring what he intended to measure? In this study, the constant checking and rechecking of data somehow answered the question of validity. Defined by Kvale (2009), "validation comes to depend on the quality of craftsmanship in an investigation, which includes continually checking, questioning, and theoretically interpreting the findings. In a craftsmanship approach to validation, the emphasis is moved from inspection at the end of the production line, to quality control throughout the stages of knowledge production" (p. 27). Thus the consistent checking from colleague master students, supervisors and insightful comments to experts on migration had a profound influence that helped validate my research.

3.7.0 Data transcription and analysis

According to Atkinson (1998), two major steps in any data analysis procedure using interviews were to transcribe and interpret the reports. I decided to transcribe the data once I was done with the interview so as to maintain freshness of the data. Again, to enable me to code everything verbatim, I adopted the word-for-word transcription method with the help of the tape recorder, factoring in the emotions expressed like tears, laughter and joy. This aided in retaining the original meaning the respondent conveyed for easy interpretation. To ensure accuracy, data was checked and rechecked.

3.8.0 Design- Thematic Analysis

The general methodological approach for this study follows a perspective which provides that the human world is socially and linguistically constructed. The design is qualitative in nature. This choice was based on the aim of the study to explore and gain insight into the experience of Ghanaian migrants in London. Thus, as indicated earlier, interviews were used to solicit responses to aid objective answer to the research questions. Thematic analysis of conceptualizing and grouping similar events and happenings (Strauss & Corbin, 1998) was adopted to comprehend the data objectively and rationally. Data collected was constantly checked to clear ambiguity and retain its originality. According to Easton et al. (2000), researchers should check and recheck their data to establish dependability and conformability of the study. This made the analysis and interpretation of themes and concepts occur naturally from the data. The process of consistently reading and rethinking allowed me to naturally make connections regarding the themes that emerged. As ideas crystallized into various codes, it was further developed into subcategories, then into categories, and finally into themes, which made comprehension easy. After collating the text, I looked for correlations and relationships on a number of characteristics, including policies, religion and culture, and access to health and social support. With the help of literature reviewed and theory, as well as research questions and research aims, interpretation was made easy. Put differently, the various positioning, contributions of participants, and experiences of migrating and living in Britain were analyzed, along with background features such as policies, culture and religion of migrants, family dynamics, social support and the effects of the media. Again, factoring in the research questions, aims and theories used, common themes and relationships were further interpreted to give a nuanced understanding of migrants' situation once in London in a summary below.

3.9.0 Ethical consideration

Ethically approved and appropriate procedures were observed throughout the study. According to Silverman (2006), all the steps of the research process: the designing of the research project, data gathering and analysis, through to documentation, demand that all relevant ethical issues are observed by the researcher. To this end, I made a copy of my detailed research protocol available to the Regional Committee for Medical Research Ethics (REK) in Norway. I

subsequently contacted Oxford Immigration Department in the United Kingdom for approval as well, but was told that since I have approval from Norway, which is a European country, I could go on with data collection. However, these did not guarantee that all ethical concerns were covered. Therefore, I observed the following in addition:

3.10.0 Obtaining Informed consent

In this study, I gave detailed information to the intended informants as to the nature and purpose of the study in the language they understood. To show their consent, I made the informants sign an actual consent form (appendix C). As there were no minors (below the age of 16), I did not seek approval from a parent.

3.10.1 Adhering strictly to Confidentiality

Anonymity of the informants was strictly observed and assured. I made sure that informants were not asked questions requiring identity information (e.g. name, residential address, migration status (legal or illegal etc.)). In order to assess which informant said what, and for the purpose of data analysis, I identified each informant using certain numbers. The recorded interviews were secured and not made public; informants' identity information was not included in the report or publication of the study.

3.10.2 Decision regarding Participation

Each informant had the right to decide on participation and withdrawal from the study at any time if they so wished. Informants could refuse answering questions they felt were very personal and sensitive or felt uncomfortable about. All participants were assured of their right to withdraw their participation from the study at any time if they so desired, as it was voluntary.

3.10.3 Debriefing

I held small meetings with participants after each interview to help dispel any discomfort caused to the informants resulting from participation in the research.

3.10.4 Trust

In any interview process, creating an atmosphere of rapport is an essential element to help stimulate respondents to speak on issues, which are sometimes very sensitive. Glesne and Peshkin (1992) believe that trust is the foundation for acquiring the fullest, most accurate disclosure from a respondent. Thus, training in establishing mutual trust is a must if a researcher is to collect accurate reliable data.

To achieve this, I started to interact with informants for some minutes about topics of their interest that they could relate to, especially as migrants. This was the catalyst that sparked the whole interview and a lively discourse began. I also ensured that the transcription of data, as much as possible, was an accurate reflection of informants' accounts, as scientific research requires.

3.11.0 Practical Challenges

One of the challenges I combated was trying to get a letter of confirmation from the Oxford Immigration Department, which I was eventually told was unnecessary. Again, cancellation of appointment with no notices from family participants was a major setback for me. Furthermore, during the interview process, trust was a big issue, as the topic was very sensitive to most participants, who misconstrued me as an immigration officer; I had to reassure them it was just for research purposes and might even help policy analysts draft a better policy to suit them. Again, as a Ghanaian myself, I battled with impartiality and biases as the result of being a migrant and having prior knowledge.

CHAPTER FOUR

4.0 RESULTS AND DISCUSSION

4.1 RESULTS

Using thematic analysis, the data collected during the interview were grouped as into codes, subcategories categories, and into themes. From the codes, 15 subcategories emerged with 7 categories and finally 3 themes with some combinations. Respondent views are italicised below under categories and explained.

Ghanaians reported a number of difficult and intense experiences with regards to migrating to the UK, and London in particular. Unemployment, depression, uncertain future, discrimination, and the climate were amongst the recurrent issues during the coding stage. The process of acculturation into the new culture was characterized by lack of belongingness, cultural and religious diversity, stress, and a loss of social network among others.

From the interviews through to this stage, result, it is evidence that people with proper migration status, a satisfying job and less stress with the British immigration system are more confident and thus experience better psychosocial well-being living in London. The first theme deals with policy issues, which have been merged as immigration and health policies in Britain. The second theme deals with cultural and religious influence on migrants' wellbeing living in London, and finally, the last theme from the results shows how family and social dynamics influence migrants' health.

TABLE 1.

No.	Gender	Age	Employment history	Reason for migrating	Years in the UK
1	Female	27	Student	Study	6
2	Male	35	Nurse	Job seeker	10
3	Female	29	Care worker	Job seeker	9
4	Male	41	Teacher	Job seeker	10
5	Male	42	Bus driver	Job seeker	13
6	Female	48	Care worker	Job seeker	16

Effect of acculturation among Ghanaian migrants

7	Male	28	Cleaner	Study	6
8	Male	19	Student	Born here	19
9	Female	21	Nurse	Born here	21
10	Female	37	Unemployed	Job seeker	7
11	Male	56	Engineer	Work	19
12	Female	39	Unemployed	Job seeker	6
13	Male	41	Bus driver	Job seeker	11
14	Female	54	Unemployed	Job seeker	12
15	Female	28	Cleaner	Job seeker	4

Background data for individual interviews.

TABLE 2.

Family	Composition	Residency	Marital status	Equality	Integration
1	3	10	Cohabiting	No	No
2	4	21	Married	No	Yes
3	2	15	Married	No	No
4	5	27	Married	Yes	Yes
5	4	15	Married	No	Yes

Background data for family interviews.

TABLE 3.

Subcategories	Categories	Themes
Stress		
Depression/ Lack of self-worth/ Feeling sick	Compromising health	Policy issues: access to health care
Stringent rules		
Uncertain future		
Entitlements	Challenges with the system	Policy issues: immigration policies
Integration problems		

Cultural diversity		
Unemployment/ Discrimination	Acculturation stress	Cultural challenges
Lack of sense of community		
Identity issues of the young/ religion	Finding self	Religious challenges
Language barriers		
Climate		
Lack of social support and family support		
Media influences		
Lack of social networks	Environmental obstacles	Family and social dynamics

Table: subcategories, categories and themes from the interviews.

Stress.

Regularizing migration status was deemed to be a very stressful transition. Stress was a common word in all interviews. Migrants described stress from coming to the UK, to finding a job, finding a school for children, getting a decent place to live in, remitting money back home, no family support, and integrating into society properly were among the common issues that contributed to migrants’ stress levels. Culture and religious shock ran through most of the discourse as causing the greatest amount of stress. Stress to interviewees causes confusion, anxiety, and even brings out anger. Respondents believed the acculturation process was the most challenging on the psychosocial wellbeing, self-development, as well as personal growth.

Again, aspirations and achievements unreached and unfulfilled fuelled the stress episode to respondent. As most interviewees were economic migrants, social mobility issues were very ingrained in their success and if not achieved, caused stress. To most respondents, social mobility was difficult to achieve, as most view the UK as a class society, and achieving this objective is increasingly difficult, causing stress. Furthermore, skilled migrants expressed frustration of not getting a job that matched their qualifications as causing an erroneous amount of stress.

These are what respondents related to with respect to migrating and causing stress:

“There is money here, but the fun is different..... more stress in Ghana, life is good in Ghana, but no money there.”

“At the present moment, I am healthy as I do not emit any symptoms of illness. I am, to a an extent, stressed for the simple reason that I have to live, work and thrive in an environment that is unwelcoming, unnatural and based on an economic system that has failed and only seeks to absolutely benefit the rich.”

Depression/Lack of self-worth/Feeling sick

Migrants interviewed described the stress associated with living in a different place with a different culture, which to most, if not managed well, leads to depressive symptoms, as most were of the view that cultural shock has made some vulnerable migrants very depressed. Again, the interviews saw that almost 80% of Ghanaian migrants were economic migrants, thus, migrants' aspirations before migrating and coming into the real context in the UK does contribute to these depressive symptoms, when achievements and aspirations are not met. Again, to most, these episodes lead to a lack of self-worth and poor self-esteem. More than half of all those interviewed said they experienced symptoms of depression on a day-to-day basis, from being suicidal to sadness, tension and inadequacy. Migrant's experiences are summed up as follows:

“When you say Health Care, you need to elaborate. If you are talking about access to a GP, well, I would say, it will take me a week on average, unless it is an emergency where I can see one after calling very early in the morning. If you are referring to having medical tests done, this is done through the recommendation of a GP and this may be a week or two. If you are referring to being referred to a Specialist by a GP, this might never happen unless a patient is in a critical condition. One generally goes on a very long waiting to see a Specialist, whether it is a physiotherapist, etc. If you are referring to access to a prescription or over the counter medication... easy, just go to a Pharmacy. I cannot go through all these procedures, as I have work to do even when depressed and my blood pressure is high.”

Stringent rules.

Rules on migration and social welfare are constantly changing, according to the migrants interviewed. The introduction of point-based system is to keep a certain category of migrants out, according to one respondent. I was made aware that the UK migration policies favour refugees who are deemed displaced and thus need help, but for other migrants like those interviewed, they are not a priority. Respondents had this to share:

“When I came, it took only two years for my wife to join me and acquire a permanent residence permit. Now, it takes 5 years. Thus, we are negatively impacted by all these changes, again, with clauses like no recourse to public funds.”

“Attaining a British citizenship is quite easy for most of the children these days, as one automatically becomes British if born here and either one of the parents are British. This was different in our times and is even difficult for us now. I have to be learned to even write the test to pass and if not, I do not know my future. I have failed the test three times and am still learning to write again, as that is the only way to get a permanent residency and have certain privileges, which I do not have now, making life more difficult.”

“For me I will not even take the test again, as I have failed several times... I will keep on renewing the visa, although I may not be entitled to so many things, I do not care.”

“She never went for antenatal. Can you imagine, in the UK of all countries, which to me is better than others, why, as she is illegal? However, when the baby was due, she went to the hospital, only to be sent a bill several months later to pay just over £5500. This is very worrying. People like my friend would even go to the extent of not immunising their babies for fear of going back home. This situation affects you psychologically and emotionally, I tell you...”

I was given more information on the income thresholds that have been introduced, which, some argue, are causing financial strain and drain on migrants with no financial and social

support. Income thresholds introduced recently have made it increasingly difficult to have your family join you, I was made aware. Some believe economic migrants are targeted as Britain cannot restrict refugees and other migrants deemed priority with pressure from international organizations.

The issue of accessing health care was discussed, and some migrants mentioned visiting the GP was very stressful and uncomfortable, especially if you don't have proper documentations, as there is an increased checking of documents once you book an appointment.

Uncertain future.

Most migrants interviewed were either economic or educational migrants, who still demonstrated that they had uncertain future.

Some interviewees expressed their feelings:

“When I arrived in the UK, it was with mixed emotions and feelings. Physically it was a bit of a shock to the system, as I had never experienced winter temperatures before. Psychologically, it was a bit overwhelming, especially coming from a place where black people are in the majority and coming here seeing that we are, on the contrary, in the minority. It was not difficult to notice the indifference, the snares and unwelcomed looks as I got off the aircraft and walked through customs.”

“Regularising my immigration status, as the result of long stay, has really made my life easy and that of my girls. We have a better life now, health wise, monetary, etc. I tell you how I have played hide and seek with the police and immigration officers over seventeen years, God only knows. I never visited Ghana; it is obvious I couldn't have come back. I have really suffered, with odd jobs, low paying ones, not visiting the hospital for check-ups, but it has been better than the life back home for me personally. But tell you what, the British are better than most European countries: my status has been legalised, I enjoy all the benefits now. See what is happening in Australia and other countries. I am glad I came to the UK. However, it was not easy.”

“These separations on immigration status automatically show that certain people cannot come over easily and these are the people who often migrate to seek a better life. If I have money, I will stay in Ghana and not come here, as the weather is not even welcoming. I do not understand why one with a good job and money will come and live in London. So these government policies indirectly says do not come.”

Entitlements.

Benefits and social welfare experiences were complex. Most respondents didn't want to talk at length on the issue. However, it constantly came up. I was made aware that, depending on the status and country of origin, entitlements to the state fund were different. It was a very sensitive area, argued most migrants. People on benefit were generally regarded as lazy and scourge, a system very different from Ghana's.

“I have three children and have never applied for child benefit for them; I didn't know such a thing existed and I was not told. I have not been told, never have I had it from anywhere. Or maybe I have not read... You see the system keeps hiding this information, although when it comes to taxes, you cannot default. Anyway, I worked to take care of the family. These benefits make you lazy, you know, as people who need it do not get it, as they are not in the know, and those who don't, apply using false information. In Ghana we say, don't count the eggs before they are hatched. The system produces lazy people who always want to depend on it and not work, and our taxes should look after them. I do not like the benefit system. Back home, people work for their money.... The system is good sometimes, when it helps those in need, it reduces stress.”

Integration problems.

Every migrant interviewed desired integration but the mention was far reached. To some, there are self-segregation and lack of interaction from people from other cultures and backgrounds. Most shared the view that integration should be at every level: mosques, hospitals, schools, and community, but this was absent.

“Some are friendly but most keep to them self which sometimes makes you fell unwelcome”.

Cultural diversity.

It is evident and obvious, according to respondents, that the Ghanaian culture is different from the British culture and adjusting initially was difficult. To most respondents, the UK has a better culture attitude with time, and to some, it has been very welcoming, considering the number of migrants coming into the country each day.

However, they made mention of major differences related to religion and some aspects of cultural differences. A respondent believed that the cultural diversity brews racism and discrimination as obviously you have some citizens who do not like migrants.

A respondent had this to say:

“There will come a time when we will not come, with their gay marriages and things, it is giving us headaches each passing day. Thinking my son may fall into the trap. The only way out is to educate him in the faith...for him to have a sound grounding. Again, it is had in England, as even some churches have adopted and accepted homosexual marriages. For me, this is the biggest cultural and religious shock. Back home it is a no-no...The others, food and clothing, are not really major for me, but some of my migrant friends complained. But in a global world, we do get a lot of Ghanaian food being imported. The weather basically detects your dressings...”

Another:

“I used to love it here, in London, till the gay things. I have a son, so will be over protective and make sure he has the fear of God, so might not go that way. I do not like it personally, it is against my background and faith. The thought of this alone causes a headache.”

Another said:

“I do miss home because being here allows me to appreciate what I always had and can never replace living in the UK. At home, the whole idea of segregation, discrimination and racism were all alien to me.”

Discrimination/ Unemployment.

Most interviewees were of the view that discrimination is perpetuated based on one's level of acculturation into society and one's status. Respondents mentioned that although the UK seems very cosmopolitan, in practice, there is a lack of support for cultural diversity, and job and racial discrimination is especially common on the basis of your immigration status and cultural background. Over 80% of those interviewed said that most employers, in their view, prefer to offer jobs to other Europeans than others from other cultural background. Respondents mentioned that they experienced a down side with regard to skills and experiences they come with.

Some had this to attest:

“Our degrees and qualifications are not regarded, forcing you to redo most degrees which obviously would not earn you money now, or do something you are over qualified for, which would earn you money now, which most of us want.”

“With the influx of more Europeans to the UK, we have had a hard time when it comes to jobs. This has in some way reduced the money we get, as they will accept an even below wage pay, which we will not, as we have to remit some home and pay rent...you know, some of us are not a priority on social housing. I personally had to give up one job as the pay the employer was offering was too low and I just had to stop. You see, with these new migration laws and coalition government, we are suffering.”

“I have had this job for years; my current employer has started doing everything in his power to lay off some of us. If you make a small mistake, as a result of more people coming and wages are coming down, he would like to give your job to them. He makes more money if your rate is low”.

Some of the informants shared their experiences:

“This causes a lot of stress, I believe I don’t pass most interviews as I am deliberately failed, be it my background, my accent or sometimes, I do not even know.”

A participant had this to say:

“I know most employers prefer their “white” “brothers” from Eastern Europe.”

“I have been looking for a job since I graduated, 16 months now. I sometimes think there is racism in the system which is believed to have equal opportunities for all. I am beginning to give up and take any job or change career path which I do not want to. I have a loan to pay off, which is pushing me to. I was born here, so going to Ghana is really not an option for me, though I hear the economy is growing at a good rate.”

“If you are legal, you will not really complain much, although there is a glass ceiling when it comes to jobs and you are in the minority, but all in all illegal migrants face a lot of hardship. The unfortunate thing is that you cannot do much as you are illegal but need to survive, so you will always be cheated and taken advantage of. It is either you go home or receive a wage below the standard. The only way out is to live in isolation and sometimes they are in close relation with few family members, as you do not know who will report you when given an incentive, isolation is key.”

Sense of community.

Respondents expressed a lack of community and togetherness amongst most of them. This feeling of not belonging cut across through most interviews.

With little and or no participation in community gathering to meeting, participants showed a lack of interest in the community, which, some argued, have contributed to their feeling of loneliness and depression, which was worrisome to most. One respondent shared this thought, *“We have participant to make us comfortable and confidaent in the system as foreigners but we are busy making ends meet, aint it”*

Identity issues/religious issues.

Ghanaians interviewed touched on identity crises, especially for children born in the UK. As described by most interviewed, the acculturation process affects their wards' development the most. Others were of the view that children brought from Ghana to the UK are the ones that have the most challenge, as they are straight out exposed to the system at times, with no smooth transitions. With the young people born there, having most relatives back in Ghana also impacted on the mental outlook and identity.

“I see my boy trying to adopt both the Ghanaian and English way of life and it is difficult, it's distressing.”

“God should be thanked for the opportunity to be in London, I have been lucky to come. Some have tried many times and have been unfortunate. I applied and by God's grace, I am here. It is a miracle indeed; I give God praise. You know what, when I was even given the visa, I fasted and prayed to thank God...”

“God is in control of our lives over here in Britain, and if you believe in him, your worse situation could tend to be a blessing.”

“Mummy makes it compulsory on Sundays we go to church together, the only exception is when you have to go to work. She is very strict with church activities so are her friends to their children. I love it there though; the community is great.”

“I love to fellowship with the family; it serves as stress relief for me after a hectic week in school. I love it in church as I can sing and share my thoughts on the Bible.”

Language barriers.

For most Ghanaian respondents, language was not much of a problem for those who had the opportunity to have a formal education back home in Ghana, as English is the language of instruction. But for those who had no formal schooling, language acquisition and mastery is a big

challenge to their very existence in the UK. A participant thought;

“English mastery is your ticket to being rich or poor, and as an economic migrant what do you expect.”

Climate.

The results showed that the climate was a major setback for most interviewees, who were exposed to sunny, warm weathers. Thus, to some, initially it was challenge, but with time, most suggested that they get over it as they have to fulfill their ambitions, expectations, commitment and aspirations on coming to Europe. A respondent view;

“It can get so cold, you would not want to get out but you have to as that the way it is here”

Family and social support.

Based on participant experiences, some voiced out that since family (both extended and nuclear) is often not close and around, it becomes extremely difficult to manage everyday duties when you have young children in the UK. According to the data, some respondents even have issues with social services, and had have to send their children back home to live with grandparents and extended relatives as they cannot manage children and work with all the stressors in the environment. To most, it was sensible to send children home to help ease the pressure. However, most agreed that upon the return of most children, they find it difficult to adjust and integrate again, creating more challenges. Again, according to respondents, access to information, either on health, education, community issues and general information dissemination to migrants is not easily achieved, leaving them in what one described a “lost world”.

“I think it is discriminating, as most other minority groups have information in their languages; Somalia, the people from Turkey, even some South African languages, but there is not a single Ghanaian language translation. This is unfair, so I sometimes do not want to go the hospital, as I understand English, but speaking it is sometimes difficult, and when you go to the doctor and is confidential and private, you cannot and do not want to have a third person. So I

will not go, and my blood pressure will be high, you see... This affects your health in the long run as you do not go to the GP. My children are, however, okay; sometimes they help, other times, they are not available to. Making me book hospital appointment when there are not around is very inconvenient.”

“I am relaxed when I meditate in my own silence or when I extract myself from all social influences. Listening to music or watching television, for example, is a distraction from all social ills and problems. Temporary as it may be, it does help me look within myself. More importantly, being with family and friends in a social setting is a welcome distraction from the mundane.”

“There is not much one can do. Back home, you get a lot of help, be it in taking care of the children, or even going shopping... It is totally different in Europe. It is hard on my sister. Even going down the road to buy something, I have to take this boy and this is what I call stress. I want to go back home, I always say.”

“No family here makes it harder. I miss all I had in Ghana. Abrokyire (London) is hard. I will differently go back, with no support, no networks and you have family, but you do not have family, you understand what I mean...everyone is busy. I have a sister who lives just 20 minutes away, but I do not see her except occasionally in church.”

“Who says it is sweet here, with no one to support you? No one to even leave your kids to after school? What annoys me here is some of their useless policies, after school club, morning breakfast...all take you you hard end money in the bid of child care. I always say I will take my boys to Ghana, but it's not that easy, but, you know, my mother is there, as well as my sisters and aunts to help take care of them, but it's all finance; need to save more money to take them surely. Time is running out.”

“I am trying to learn English to be able to function properly in the system. Sometimes I feel left out because I cannot communicate well with others... in as much as I think people do not like me, I also blame myself for not learning English; I get help from my daughter. Anyway she does most of the paper work and shopping as well.”

Media influence.

Most migrants believe that media plays a critical role in shaping and framing discourses on migration. As the result of the study indicated, most blame the media for most racism, discrimination and unwanted treatments of migrants affecting their wellbeing.

According to respondents,

“The media makes us look like we are scrounges who have come here to take up all the jobs, which I strongly believe people born here would not do, like care and cleaning; we do all those odd jobs.”

“The media to me is both a devil and a saint; it makes people compassionate about our plights and discriminate against us, in all challenging migrants issues across board.”

“To me, the media creates and adds to my stress level.”

Lack of social network.

Interviewees also talked about the loss of social capital as a result of migrating to Britain. The lack of sense of community, they all agreed, did not help build more effective networks. The reason most give was that they are busy working and had obligations to meet in remitting money back home, so are least interested in forming networks. However, most agreed that without these desirable networks, their risk of survival was slim in integrating into society. From the interviews it was clear migrants with prior experience or those who have family relatives who have migrated to the UK had a better chance in integrating, getting jobs and having better social networks.

“I worked at a bank in Ghana, thought coming to school here would land me a better job and opportunities, but still waiting for the miracle to happen.”

“You do not even get people to connect you for better jobs, only menial below standard ones.”

4.2 DISSCUSION

The purpose of this research study was to find and analyse the psychosocial effect of migrating on Ghanaian migrants living in the UK. Many explanations of migrants' situations are quantitative in nature. As this study draws literature from the postmodernist approach, it seeks to qualitatively explore migrants' situation in Britain.

Again, rather than extensively focusing on the economic effects of migrating, the present study sought to qualitatively explore some psychosocial effects migrants encounter in their "new" homes. Besides exploring the psychosocial well-being of immigrant Ghanaian families, the results from these findings are expected to generate useful suggestions for governments as well as contemporary policy debates on issues surrounding migrants' well-being. It also provides evidence based informed recommendations for interested parties that provide services to immigrants. The major themes that emerged as I transcribed the data collected during the interview process were Britain's immigration and health policies, culture and religious challenges, and family and social dynamics, which heavily impacted migrants' psychosocial existence. The ecological theory, acculturation theories, well-being theories, related works on migrants, as well as Hofstede cultural dimensions was used to explain the data collected from the informants.

4.2.1 BRITAIN'S POLICIES

4.2.1.0 BRITAIN'S IMMIGRATION POLICIES

At the beginning of 21st century, in the 1990s, the rapid increase in immigration to the UK was mainly due to the asylum seekers. In the early 1990s, however, there was an increase of approximately 20,000 applicants and by 2000, it reached 80,000 as the result of voluntary movements (McNicoll, 2011).

With the recent introduction of the point based system (PBS) to reform the UK immigration system, there are new provisions which affect migrants. The two major aims of the PBS are to limit severely low skilled migrants and regulate skilled non-EEA worker. It clearly showed that over 80% of Ghanaian migrants are affected, with most being economic migrants.

Participants' responses showed that policies of immigration affect the trend of international migration, as well as the people coming to UK, and these policies encourage or discourage the migrant and aid or hinder acculturation. Policies like passing an English test, Life in the UK test, a whole range of health related tests among others, needs to be satisfied before migrants' settlement status is regularised. Informants discussed current migration policies that are applicable to them. According to participants, there are certain policies which have to be filled in order to attain the citizenship of UK and to become a permanent resident in Britain, that is, to speak English, going through ceremonies and obeying the British law.

Again, the topical changes in the policies of UK immigration are so grim that migrants have to strictly follow the policies that include a single UK Border Agency (UKBA) for immigration to the UK (Phillimore et al., 2010). The designed policies allow those migrants who have financial assets to live in the UK (IPPR, 2009). These are further described into tier. Initially, five tiers set the policy of who can migrate (UK Border Agency, 2010). These policies described by informants are based on Border, Citizenship and Immigration Acts. Thus, depending on your migration status, proceedings and processes are different; a typical example is being a highly skilled job seeker. These exceptions are clearly admitted and stated by CLG (2008). Ghanaian immigrants also discussed that, as the levels of migration increases, the family formation or reunion also increases, but again, with challenges on visa acquisitions. According to data from Home Office (2009) cited in IPPR (2010), the visas granted for the spouses, fiancés, and partners, as well as for the dependents of UK nationals were 50,000 in 2009, which is comparatively low according to critics.

Furthermore, participants mentioned, they witnesses increased strictness across the border, as well as being asked to take certain tests to be granted visas to some was very unpleasant. However, as the UK is facing pressure on illegal migration, tightening immigration policies, introduction of stringent passport and visa technology to escalate their ability to control the illegal entrance on the fake and no documents is the way to go (UKPA, 2015).

Again, it has been well documented that a huge number of migrants are found in low-paid jobs, which can be seen as the evidence of an emergent 'migrant division of labor' in which migrants are over- represented in low paid elementary occupations (May et al., 2006; Spence,

2005). As reported by Datta et al. (2007) and Wills et al. (2009), migrants, mostly from developing countries, are crowded in elementary jobs like care, cleaning, domestic work, catering, and garbage collection, although they have high qualifications than the average British, as these low paid hourly jobs are unattractive to British born individuals. Even when these high paid and skilled jobs are available, there is discrimination on the bases of ethnic background. Again, racism and discrimination was one recurring issue among Ghanaian migrants interviewed. Respondents stressed how they felt excluded from professional and white-collar jobs, although most migrants interviewed had basic education (O and A level qualifications). These feelings significantly put migrants in a state that affects their acculturation process and more importantly, their well-being, with feelings described as lack of self-worth, depression, and self-regression. Berry (2003) reports these evaluations of self can lead to marginalization, which can causing serious psychological problems for individuals. As a matter of fact, Berry suggests that marginalization is likely to be the result of failed attempts at assimilation, combined with experiences of discrimination.

Agreeably, Walby (1999) thinks the principle of equal opportunities is fairly well established in the UK. Clearly, there is a tacit hierarchy in the labour market in London. Ghanaian migrants interviewed also told me about the restriction in migration and thus, the decrease in unskilled labour applicants is the result of many factors aside from the point based system in 2006, which facilitated the employment of highly-skilled workers and limited low-skilled immigration from outside the EEA, and to recruit low-skilled jobs from within the EU. The UK joining forces with the European Union, the British economy in recession and, more importantly, unskilled labourers' contribution to the economy is nowhere near significant. Therefore, in the context of irregular migration employment, sanction is more focused in making the external policies for working visas. Under the Asylum and Immigration Act 1996, it is illegal to employ people who do not have a work permit in UK and if they are proved illegal, they have to penalty up to £5,000, which has now increased (Layton-henry, 2004), and again, the minimum wage is set to help the vulnerable in society. These are situations where policies help and improve life.

It is worth noting that the obligatory licensing system for gang masters and employment agencies that are involved in agriculture to help reduce exploitation comes under the Gang Masters Act 2004. Gang master is a person works illegally and supplies the worker to work for another person and the person operates without license. A gang master provides a bogus license to use as an unlicensed gangs master or to thwart enforcement officers. A noticeable aspect is that this act includes both regular and irregular workers (Anderson & Rogaly, 2005).

It is been calculated that the scope for regular labours migration will increase in a couple of years. Such schemes, which are based on the low skill temporary as seasonal agricultural work scheme and the sector based scheme, have an immense impact on irregular and low skilled migrants working in many areas (Anderson & Rogaly, 2005).

More importantly discussed and sensitive was the benefit system (social welfare) in the UK. Most British and permanent residents have the right to claim benefit if they work and/or are on a low income. Thus, Ghanaian migrants who have migrated to UK are allowed certain income related benefits if conditions are met, i.e, being a legal resident (like the job seeker allowance benefits, housing, income support, child benefit and tax credits) among others. Migrants have right to claim their right of residence and other benefits and a majority have proved their identity to gain the benefits. It is, however, reported that less than 1 % of applicants are job seekers (IPPR, 2010), suggesting that most migrants do work hard. However, during the interview, it was observed that most migrants do not have access to these information and thus do not claim benefit due to them, although there have paid taxes and are legally due. One major explanation for these could be the language barrier and access to information. According to the estimations by CLG in England between 2006 and 2007, 6% of migrants were social housing tenants. In the latest earn citizenship proposals, the social housing is provided if migrants become British citizens or have become permanent residents (CLG, 2008), which helps with integration.

When it comes to health, participants complained that government policies are not helpful in meeting health needs. The limited access to health services is also reflected by the Marmot Review of 'health inequalities in England post-2010' that states absence of influence on the health policy and practice relating to minority ethnic groups. Salway et al. (2010) also state that the government has not significantly addressed the health outcomes in relation to ethnic diversity.

This has resulted in racial discrimination. Along with this the review also found that migration factors, when viewed in interaction with socio-demographic factors and ethnicity, show barriers to care and inability to fulfil their needs when the UK born individuals were compared with minority ethnic groups (Vertovec, 2007). This has significant implications on policy and practice recommendations. Considering the issues of migrants related to health care services access and the steps taken by governing rules and regulations, it is clear that the main emphasis for policy makers lies in the improvement of collection of health data (Salway et al., 2010). This, however, does not include the data collection regarding ethnicity in the access and utilization of health services such as primary care and hospital details. The routine administrative systems do not take into account the migration variables of arrival date to the UK and the country of birth. This shows the inability of the government to reduce social inequalities in terms of the differences that reside in different ethnic groups. This can also be related to the cost cutting social determinants of health (Marmot et al., 2010).

The interviewees said that migrants who have children had problems with not only communication but also the educational system. It is well known that literacy in some countries does not start till the age of 7 years, thus some migrant children who are brought from home countries also face a major problem when they start school. The cultural difference should be a top priority for the government (CLG, 2008). There is also a great pressure faced by these migrant children in the schools. Annually, the school population counts during the pupil churn and the cost for schools increases per year and churn have to spend the increased amount. The school for migrants is the core issue as also declared by IER and BMG (2008). Again, research that has shown to help integrate migrants the educational system should be re-examined.

4.2.1.1 IMPACT OF UK POLICIES ON INTEGRATION AND INCLUSION OF MIGRANTS

The respondents conveyed the distinct sense that Londoners were very friendly and accommodating, although some recalled incidents when they have been racially abused and discriminated against. The respondents stressed how they felt excluded from professional and white-collar jobs, for instance.

Based on the responses, it was found that in the phase of financial recession, United Kingdom's policies and programs were not more or less important. To increase their importance, they should value their three transformations which are investments in English language training, efforts on immigrants' work, and reform their criteria for identifying documentation and qualifications from abroad (IMS, 2013). It is also important that the government should elaborate their dynamic and long-term process and policies. Accordingly, policies should emphasize on the above-discussed transforms, which are as per Active Labour Market Policies (Somerville, 2007). Another main issue is the government's commitment of immigration groups and especially the increment in migration advocacy division (Mahroum, 2000).

The government policies regarding migrants have somewhat resulted in successful integration of Ghanaian immigrants in UK. This is possible because of the trust developed in the UK government and society. However, the participation and empowerment level towards UK society for these immigrants is still lower. The government policies that impact the living standard, work opportunities and family benefits for these immigrants have resulted in positive contribution in the process of integration for these immigrants. Then again, migrants need to integrate into society, as this cannot be done by force. An avenue for the acculturation process has somewhat been provided.

Also, government policies need to fulfil multiple dimensions of integration that are social, economic, cultural and political. Work opportunities policies are still lacking in achieving economic parity when compared to those who are native in UK society. Also, work opportunities are found to be affecting access to reasonable housing for these immigrants (Esses et Al., 2001). Thus, considering the above-mentioned responses of participants, it is found that the UK Government should address the economic integration that serves the basis more deeply.

When the social integration of these immigrants is assessed, it is found that immigrants face difficulties with barriers to education; language acquisition and social network formation are difficult and unavailable. These barriers also hinder the income, access to employment and social interaction activities (Esses et al., 2001). Political integration is highly lacking as the participants stated that they do not participate in politics and cannot avail right to vote. This is highly

important for immigrants as it allows communicating their concerns and interests to higher authorities and government.

In recent years, UK migration has been highly investigated, and these investigations have delivered a new platform for improvement. Further investigations reveal that the government should involve stakeholders (Mahroum, 2000). Some new organizations are offering opportunities; therefore, the migration advisory committee should be confident enough to decide according to economic migration criteria. According to recent discussion, there should be a better plan to integrate migrants into the system properly, as passing a test and attending naturalising ceremonies without creating opportunities for acculturation would have a negative effect on both migrants and the economy (Somerville, 2007).

4.2.1.2 ACCESS TO HEALTH CARE

Depression, stress, and anxiety left untreated for years can develop into more complex and challenging psychological problems that can considerably affect individuals' well-being. Access to healthcare is a sensitive and important channel to get treatment. However, most migrants avoid this due to a whole range of issues explored. Discrimination, no proper documentations, moved addresses, language barriers and again, stigma attached to mental health and illness.

Access to health was one recurring issue during the interviews, making it a major theme, as ideally it's a policy issue.

Hull (1979) gives a classic conceptualisation of this relationship between health and migration; to him the causal link could be in different directions, the health of the migrant may stimulate migration and again, the health of individuals may be influenced by migration. The interviews of participants revealed that the access to and use of health care services relates to the socio-economic factors of Ghanaian migrants. Thus, migration status also affects the access to these services. Put differently, access to health care has a positive correlation to immigration policies. But only few studies have explored the connection that is mostly on the smaller scale,

qualitative and local (Gower & Hawkins, 2013). This study has revealed that there are many barriers to accessing health care services for Ghanaian migrants.

The first and foremost, a barrier identified by a number of respondents was the inadequacy of information regarding the health care system for immigrants. The respondents showed unfamiliarity to the health services available for them, designed especially for the immigrants. The respondents also reported insufficient support in order to interpret and translate English to a foreign language. Some Ghanaian immigrants showed limited fluency in English during the interview, also which validates the issue at hand. Another barrier in accessing and utilizing health care was the lack of reliable transport in the areas where most Ghanaian immigrants are residing. This is because of poverty and poor services in those areas (IPPR, 2010).

Ghanaian families also shared their views regarding the types of services available for these immigrants. They showed confusion about the services they are entitled to as migrants. This was felt more in case of families with insecure immigration status. The above-mentioned barriers appear to cut across lengths of residence, affecting longer established migrants as well.

Participants disapproved that immigration status was being used as reasonable ground for refusing registration to the primary care and they should have right to be treated as the local patients in National Health Services. The interviewees also pointed out the issue of mounting confusion about GPs regarding the responsibilities they have towards the treatment of Ghanaian immigrants in the UK. The response of participants is also validated by McNicoll (2011), who collected data of 142 Primary Care Trusts and found that 42 PCTS ask for proofs of identification in order to get registered with the GP. Out of these 42 PCTs, 8 ask for proof of immigration status along with confirmation of identification. On the other hand, one individual indicated the commission specialist services given by the local Primary Care Trusts in East London and Birmingham. These services are similar to that of the GP practice and is availed by irregular migrants and asylum seekers. In this way, they can access the primary healthcare services. In these services, the participants are also satisfied with the training of staff as well as their knowledge (HM Government, 2011). Thus, they do not face any problems in health. The

responses of these participants, however, relate to the habit of mainstream GPs in not treating the difficult patients on their lists. For this purpose, the participants indicated the possibility of setting up urgent care centres and walk-in clinics. This will significantly relieve the primary health needs of the immigrated population. The problem of registration indicated by the participants is also reported by many support groups and NGOs. These groups indicated that main problem lies in the behaviour of administrative staff in gaining access to the GPs. It is possible only after many attempts or from a friend's references that a patient can be enrolled on the list of GP. Due to this complicated process, the immigrants fear to move from one GP to another, as identified by the support groups. Much problem is also faced particularly by those immigrants who registered when they were legally residents but then circumstances changed and these immigrants still kept the registration (Vertovec, 2007).

Ghanaian immigrants, particularly those with uncertain immigration status, said that they have more problems than anyone else in health care access and utilization. Although the nature of their immigration was not revealed by these individuals, it was clear that such immigrants were those who were refused visa as over stayers in the UK or who were trafficked into the UK. They can only go for emergency care but no free hospital care is entitled for them. The attitudes of all families towards the health care policies showed a widespread concern that needs to be addressed by the statutory as well as non-statutory agencies. The participants' testimonies reflect the concern, particularly at a local level. Individuals showed a negative impression about these issues due to the confusion and lack of entitlement to health services (Royal College of Pediatrics and Child Health, 2009). This impact was stronger in the families including children or pregnant women who were denied access to infant and maternity services on the basis of immigration status. The issue is also highlighted in the Confidential Enquiry into Maternal and Child Health (CEMACH, 2007), which showed that 20% of the deaths in pregnant women occur due to lack of access to health care. The causes of death are direct or indirect, which confirms the failure of policy that was introduced in 2004. In this policy, the major reason of limited access to maternity care is charging the non-ordinarily resident patients.

Access to health care for migrants was found to be scarce when existing literature was explored. The views of respondents are validated by the available findings. The migrant families

have poorer information as concluded by a survey conducted in UK in 2009. During the two weeks survey, expectant mothers from different nationalities took part. It was found that the Black and Minority Ethnic women had lesser information than white women as Black and Minority Ethnic women were booked for antenatal care later. Also, these women were treated less respectfully by staff (Redshaw & Heikkila, 2010). Another report on maternal death by the most recent Confidential Enquiry from 2003 to 2005 showed limited access to health care of immigrants as the threat. The lack of antenatal care was identified as the risk factor for Black African mothers. These included asylum seekers as well as refugees. The mortality rate was six times more for the white women, where higher proportions of black women reported no access to antenatal care or registered late bookings as compared to women born in the UK (Lewis, 2007). The responses of irregular immigrants showed that the restrictions imposed on them on the access to health care services meant no current stratification of rights to health care in the UK. The issue revealed from participants' responses showed that the data availability about the health of Ghanaian migrants in UK is limited. The severity of the issue increases as no comparison studies have been done that distinguish between the worse off and better off immigrants on the basis of economic aspects. Also, evidence based research on the health outcomes are not available on the basis of ethnicity (Care Quality Commission, 2010). Only birth and death registrations were compared in the studies on the basis of ethnicity.

Besides the access to healthcare, respondents also showed great concern in registering with the general physician. It is possible to get registered with the GP only if the individual is a regular resident. This facility is retained when the immigration status is lost (McNicoll, 2011). The problem increases many folds when the immigrants have to stay with their initial GP because of growing difficulties in GP registration even after moving to a catchment area that is different from previous one. Migrants echoed in the interviews that the concern about GP registration that health professionals consider it as an invasion of UKBA public services. The responses showed a lack of trust between public services providers and users of these services (Lewis, 2007). The trust also decreases with the significance in relationship between the legal status of Ghanaian immigrants and their fear of getting detected. Thus, majority of these immigrants are unable to access the primary healthcare services, which poses significant implications on the population's

health at higher costs for the National Health Services due to the lack of prevention (McNicoll, 2011).

Interviewees also mentioned that they faced rejection for numerous causes when they could not find any referrals to hospitals. These participants shared their own experiences to being rejected on the basis of no urgency when they were referred to the hospital for any routine operation. In such cases, problems occurred for the immigrants when their operations became critical and urgent at later times. This also results in increasing costs for the health care department (Vertovec, 2007). Migrants also have to take debts for the purpose of secondary care. This is more prevalent amongst pregnant women who fear authorities reporting them to UKBA and thus they do not avail any of the antenatal or postnatal services. This poses a great threat to the new-born baby as well as the mother. In this regard, campaigns can reduce the mortality rates of infants of the immigrants if the communities are provided public services in the catchment areas to reach the families' baby (Royal College of Paediatrics and Child Health, 2009). This also benefits the entire community.

Overall, it can be said that the degree of access to healthcare services for the immigrants is arbitrary specifically for irregular or new migrants. It is also affected by the personal attitudes and assistance services to GPs. This is because of the fact that GPs have their individual likes and dislikes towards the vulnerable group and they discourage difficult patients and easily take the safer patients on their lists (McNicoll, 2011). This shows a striking inconsistency in the health practices towards the minorities and specifically the Ghanaian immigrants. The interviewees' responses confirm the fact that the boundaries between actual and applied policies are blurred towards the health care of Ghanaian immigrants and this affects the perception of UK towards them in negative ways (Gower & Hawkins, 2013).

4.2.2 RELIGION AND CULTURE

Migration is changing the globe on an invigorating scale and culture and religion is being challenged constantly. Another theme that emerged from the transcribed data was cultural and religious influences which migrants attribute to impacting their wellbeing in London. With over

300 languages spoken in London, it is now more diverse than any city that has ever existed, made up of every race, nation, culture and religion. When migration takes place at this level, the acculturation path migrants take and migrants' attachment to their home countries mainly causes or influences their well-being. The interviews with Ghanaian families that immigrated to UK help reflect the complexity of this process and resettlement. The interviews show that these immigrants consider culture and religion as a major emotional experience and the impact differs widely on the basis of family and person.

The Ghanaian is notoriously religious (Nukunya, 2003). Religion has historically played a key role for various migrant groups, providing a vital social space and helping maintain an ethnic memory (Burrell & Panayi, 2006). It is an integral and core element of the Ghanaian worldview and again pervades all spheres of their social life. Most participants were of the view migration in itself was by the will of God, hence, they migrate. These indicators exist in most households and shape their worldviews. Migrants still hold dear to their hearts their spirituality and religion as well as their children. Research has shown that children are even socialised into their parent's beliefs and conventions assets (Salm & Falola, 2002).

Thus the Ghanaian rationalises religion, which might be difficult to do in some situations. Even on the question of why migrate from Ghana, a father was of the view that it was God's time to migrate, thus it happened. Religiosity, therefore, is a core element of the Ghanaian outlook, not only in Ghana but even when residing elsewhere.

The role of the church or mosque cannot be over-estimated. The church or mosque helps to distress most people who counter some of the feelings of frustration and exclusion. The interviews also showed that migrants consider a number of factors, playing a significant role in the resettlement process and in the beliefs and practices. These included reasons of migration, change in language, social network bonding, and place of birth of children (Berry, 2002). The immigrants stated the impact as the loss of home, family, status and language. It resulted in cultural and religious shock for many who have to go through difficult adaptation and acculturation. Religious attribution to sickness and health, to reasons of migration and

justification of some system flaws were the main categorisation by migrants, which help bring a balance in their lives and well-being.

All of these factors also result in mental stress for the immigrants and thus cause extra challenges in resettling and attaching to the new place (Zenner, 1996). Most Ghanaian participants said that they find it very difficult to adjust to the new environment, mainly because of these differences in culture and religion.

Furthermore, another barrier that reflects cultural differences is the language, which makes most migrants feel that they are part of the system, which, without literacy, makes ones need to integrate a challenge and again, literacy is somewhat compulsive as one needs to assimilate to have confidence in the system and better self-evaluation. Participants also said that the culture in UK is such that is based on individualism and the family system is not very strong. This is the opposite situation as in Ghana, where families are first and foremost (Phillimore et Al., 2010). Thus, Ghanaian immigrants said it takes them longer to adjust than other immigrants who come from Western countries with individualistic cultures.

The results from interviews revealed that Ghanaian families fear the loss of culture and religiosity from the process of migration. Many families showed the concern that when they settled down in the new environment in the UK, they bring their values, expression and knowledge with them. In this process, their cultural and religious identity is likely to suffer as it changes with the degree of belonging (Dovlo, 2004). Almost all members of five families interviewed said that they have tried to settle down by adopting biculturalism. It is because individuals claim that in no circumstances they can leave their beliefs and values behind. The adult participants showed concern on the ability to nurture their children to their homeland's culture and religion. Most of them believe they have to show greater resilience to their children in order to cope with the challenges as immigrants. The parent immigrants said that this is necessary in order to give a better future to their children.

It is evident from the perceptions and responses of participants that they suffer a cultural and religious shock. This is explained by the participants as the emotional and physical distress

when they are away from their native boundaries and environment. Thus, their feelings change greatly as most of the participants said they are affected by the new culture which poses a risk not only to their values, beliefs and practices, but also to religion (Berry, 2002). Participants indicated a change of thinking and behaving after migrating to the UK. Parents showed special concern for children as they said family, culture, religion and thinking is crucial.

Again, migrants mentioned that they find the UK culture very different as it lacks a social support network which they can consult and again, they are not aware of the resources and services available to them. Participants also complained about favouritism to native Europeans. Thus, the cultural and religious isolation results in emotional distress (Dovlo, 2004). This feeling reinforces the sense of not belonging to that land. Thus, Ghanaian families feel rejected and isolated from UK's system. This creates emotionally impacts migrants (Zenner, 1996).

4.2.2.0 UNDERSTANDING THE MIGRANT GHANAIAN USING HOFSTEDÉ'S CULTURAL DIMENSION

The five dimensions identified by Hofstede will help in identifying religious and cultural differences between Ghana and the UK to better comprehend the situation. These are uncertainty avoidance, masculinity–femininity, individualism–collectivism, power distance and short–long term orientation. Using the scores from his data and results, uncertainty avoidance score for Ghana was 54, whilst that for the UK was 35; it depicts the degree that individuals in a culture can bear ambiguity conditions. Thus, Ghanaian migrants generally, according to the Hofstede analogy, are less adventurous and avoid risk. High uncertainty avoidance score suggests their acculturation process would be very tasking and difficult, as they try to avoid change in order to achieve stability, and a lot of work and planning must go into the process of their integration into Britain. Individuals living in these cultures prefer to attain a sense of security by avoiding any uncertain conditions (Krell, 2012). This explains UK culture, where the system is such that migrants have to go through a long process to access information or facilities (Lewis, 2007). On the other hand, Ghanaian culture rates low in this dimension and Ghanaians are less concerned about the contingencies and processes, so, arguably, might function better compared to others.

Secondly, the masculinity–femininity dimension refers to the degree to which individuals possess masculine or feminine behaviours. “Masculinity stands for a society in which social gender roles are clearly distinct: men are supposed to be assertive, tough, and focused on material success; women are supposed to be more modest, tender, and concerned with the quality of life.” If individuals possess the masculine quality they are independent, dominant, assertive, have material success, self-centeredness, power, strength, and individual achievements. “Femininity stands for a society in which social gender roles overlap: both men and women are supposed to be modest, tender, and concerned with the quality of life” (Hofstede, 2001, p. 297). If the individuals possess feminine values, they are interdependent, open and have empathy (Krell, 2012). Individuals that come from masculine cultures have different characteristics that can be identified by the independence in performance and clearly defined sex roles, like in Britain’s case with a score of 46. The feminine dimensional cultures give priority to equal roles and responsibilities of sexes and improving the quality of life by helping others (Dovlo, 2004). Ghanaian culture is defined by these attributes, scoring 46. Ghanaian migrants finding themselves in such a culture probe a difficult situation to balance, and hence, the system needs to consider all these factors in the process of acculturation, as, if left unconsidered, it might affect health.

Again, Hofstede individualism–collectivism dimension refers to the degree to which the individuals in a culture are keen to gain individual needs and wants. The focus is on individualism instead of collectivism in the UK. If the culture possesses the collectivism qualities, then individuals work towards the combined efforts of the group and teamwork as in Ghana (Edmondson et al., 2008). In such an individual culture (UK), where people are used to just the immediate family, Ghanaian migrants interviewed find it difficult to adjust to the system, hence impacting health tremendously. As a collective society, members expect absolute loyalty to the group as its group orientation and decisions are based on what is best for the group, identity based on social system, and shame culture. What is more, there is dependence on organization and institutions (Expects organization/institution/group to take care of individual). More importantly, there is a “We” mentality instead of “I” and an emphasis on belonging and, furthermore, private life “invaded” by institution and organizations to which one belongs. Thus, to the Ghanaian, family is the hub of social life and the most fundamental unit, which consist of not only husband and wife and children, but extended relatives as well. So a culture with people

taking care of themselves (including immediately family only) and making decisions based on individual needs, which also emphasises individual initiative and achievement, distorts their world view and most of the times, interviewees agree, cause stress and depression on an unprecedented levels.

Furthermore, the fourth dimension described by Hofstede in understanding culture is power Distance, which reflects the degree to which individuals accept the differences between the people and value these differences. The cultures that have high power distance degree consider it distinct to measure the differences between subordinates and their superiors. This difference also gives rise to wide status differentials such as in Ghana. On the other hand, cultures where power distance is low, the reporting relationships are lean, and access to system is easy. Also, the differences between opposite sexes are not very defined as in the case of UK (Klein, 2004).

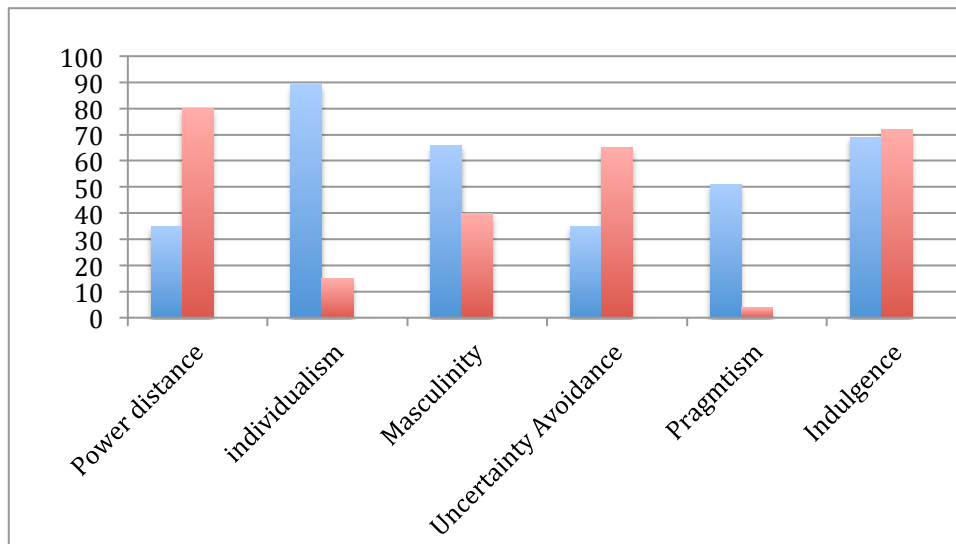
Lastly, to better understand cultures across the globe, researchers need to appreciate the cultures' long-short term orientation, which refers to the degree to which the individuals focus on the past, present and future. Cultures with short term oriented individuals focus highly on the traditions and the present, which depicts the Ghanaian culture (Dovlo, 2004). They utilize resources to meet the demands of today. Cultures with long-term orientation focus on the future. They save resources instead of availing them, which is common in the UK culture (PR, 2012). All these dimensions should be taken into consideration by the researcher and policy makers when dealing with migrants, as these factors contour their thinking and well-being and impacts their lives positively or negatively and adversely affects the nation or economy.

The Hofstede 6-D model depicts a very clear understanding of the culture relative to Ghanaians and this has been very useful in this particular study. The introduction of the dimension, pragmatism and indulgences gives this study a more comprehensive outlook.

Pragmatism shows how the Ghanaian culture and people deal with the past and how effectively they manage the future. With a low score shown in the table below, this clearly depicts how citizens “live” in the past and avoid swift change. In Hofstede’s own words, there is

a strong preference of normative ways of thinking, and his survey shows that Ghanaians have greater respect for customs and traditions. This clearly correlates to this study and interviews.

The last of the 6-D is indulgence, which concerns socialisation in a given society; weak control is termed indulgence while the opposite is restrain. Thus, such cultures are deemed to have lots of fun and enjoy life with positive attitudes, while valuing leisure time, acting as pleased and spending money as they wish, and Ghana is a typical example, with a very high score.



Red represents Ghana's scores

Blue represents scores of the United Kingdom.

The responses of migrants showed their experiences and views about the cultural adaptations, that the process of acculturation affects both psychological and psychosocial dimensions. Their views are validated in the light of explored literature that the events are created when two cultures come in contact (Berry, 2002). These events are similar to the process of moving against, towards or away from the stimulus. In terms of cultural correspondence, the events result in simulation, deculturation, rejection or adaptation. In this specific study, the families stated the feeling of rejection in which the families seem to withdraw from larger society, as described by Gordon (1964). In case of rejection, the outcome can be extreme as it results in deculturation and segregation. Most Ghanaian immigrants in UK become assimilated. However, the identities respond to cultural differences in different ways at different levels. Only one of the members stated that the dominance of UK culture is such that cultural differences

disappear and assimilation occurs. However, here there is a need to differentiate between identification, structural and behavioural assimilation.

The family members also indicated that the original Ghanaian culture they follow is subjected to certain changes as it comes in contact with UK culture. Thus, subsequent changes in the original Ghanaian cultural patterns affect the lifestyle and thinking patterns of these individuals. This confirms the phenomenon of acculturation due to which the individuals of one group come into contact with the other culture and variation occurs in either one of these cultures (Gordon, 1964). It is important to note that acculturation can also result in the psychological distress of migrants as their cultural identity changes.

From the responses, it is clear that due to the process of migration of Ghanaian families to UK, acculturation results in the domination of UK culture over the Ghanaian culture. This domination is at an individual level and can be categorized in six domains when viewed in association of acculturation. These include religion, food, shopping, language, and entertainment habits (Zenner, 1996). More complex human attitudes can be added to acculturation, such as cognitive styles and behavioural attitudes and patterns. As these are difficult to comprehend, the impact is harder to analyse. However, language is one area migrants believe they have to assimilate with no compromise.

Migrants interviewed also linked the concept of acculturation with self-identity, personality, and self-esteem. Ethnic, cultural and racial identities are also part of the identity, wherein the construction of identity can be changed in the development process from the changing owing to migration. One respondent said that gender, socio-economic factors and family dimensions are also important as they contribute to identity development in coming to the UK. Where as in places like the US and Canada, immigration lies at the heart of national identity, migrants in the UK think it is a different approach (IOM,2013), and Ghanaian migrants believe the UK has a lot to do with respect to helping migrants find themselves (identity).

4.2.3. FAMILY AND SOCIAL DYNAMICS.

4.2.3.0 SOCIAL AND COMMUNITY SUPPORT

Several studies have demonstrated that social support has a positive effect on migrant's well-being. Again, it is well documented that stress causes a lot of damage when it comes to migrating and adjusting to a new environment (Cohen & Wills, 1985; Cohen et al., 2000). Migration can be said to be an ecological transition (Hernández, 2003), as the whole system impacts the individual, as one has not only to adapt to the socio-cultural context, but institutional norms and values among others, which vary from one culture to the other. Thus it distorts one's established relationship and new ones need to be formed in home countries. To be able to successfully negotiate this, most migrants resort to the acculturation stages. According to Berry's acculturation model (1997), immigrants may use the four approaches: assimilation, separation or segregation, integration and marginalization.

The acculturation process is an extremely complex while network and social support are key factors in this process. A multidimensional construct, social support is the psychosocial as well as the material resources available to individuals in their interpersonal relationships. Support from family and friends have been found to be effective in coping with stressful life events (Cohen, 2004) and well-being (Uchino, 2006). Research indicates that higher levels of social support play a significant role either in buffering or in diminishing stress appraisal and response, thereby decreasing distress or ameliorating health and wellbeing altogether.

Most Ghanaians pride themselves in a communal social support system, where there is help from most extended family members even when they are abroad. But when the situation is different, social support may not be forthcoming. This clearly depicts that migrants operate on different stages depending on the stage of acculturation, and stress levels may vary. The long-term psychological consequences of this process of acculturation are highly variable. Migrants who integrate well might need less social support and thus, will be able to function with less stress and a better wellbeing in general compared to those who separate from the culture. Encouraging interaction between migrant families and care providers is essential to their well-being. Although social support is essential for migrants, it is not enough to solve their complex problems in the areas of policy (employment, housing, legal status or ethnic prejudice, discrimination among others). Due to the social, economic and political basis of most of these

problems, social programs and services are necessary in order to promote equal opportunities and a fair distribution of resources, regardless of the ethnic or national origin of the people. The development of programs directed to strengthening social support is essential, if not compulsory, on policy advocates.

Arguably, the United Kingdom is one of the most culturally, ethnically, religiously, and linguistically diverse countries in the world. Past research concerning recent immigrants has focused mainly on adults and there is a paucity of research literature on the immigrants' psychosocial experience. Despite the increased attention on immigrant Ghanaian youth, little is known about their acculturation and psychosocial adaptation with relevance to social media in Britain. Research has concluded that ecological factors are negatively correlated with self-esteem, depression, happiness, sense of identity, and health (Seligman, 2012). A few scholars have attempted to observe the adaptation experience of Ghanaian youth in London. In discussing the adaptation process of immigrant Ghanaian youth in London, it is helpful to understand the issues that arise from migrating to the United Kingdom.

4.2.3.1 IDENTITY CHALLENGES AMONGST THE YOUTH AND MEDIA INFLUENCE

When immigrant children and adolescents leave their country of origin to immigrate to the United Kingdom, they often leave behind their nuclear and extended families, familiar language, culture, community, friends, and social system. The migration process has been viewed to be associated with negative effects on individuals' self-esteem, happiness, and sense of identity and media in London has served to highlight the issue at the public level. Furthermore, Yoon, Langrehr & Ong (2011) suggest that immigrant youth should have difficulty in achieving social and economic parity with the native-born English population because they must overcome a number of obstacles including discrimination, a new culture, and a new language. In addition, Ward & Kagitcibasi (2010) explain that the assimilation of immigrant children from some groups can lead to deterioration in psychological health outcomes over both time and generation in the United Kingdom.

According to Yoon, Langrehr & Ong (2011), Ghanaian youth may be less likely to assimilate than youth from other religious backgrounds. In a study conducted in British public schools, Frey & Stutzer (2010) found that Ghanaian adolescents were much more likely to retain their own values than Hindu or Sikh adolescents. Similarly, a study of primarily second

generation North English Ghanaian youth discovered that Ghanaian youth strongly desired to retain their religious values (Seligman, 2012). In another study conducted in Britain, Ward & Kagitcibasi (2010) found that Ghanaian adolescents were concerned with Islamic values in comparison to British adolescents who were concerned with secular themes such as idolizing and meeting famous people. Finally, Buunk, Gibbons & Buunk (2013) found that Ghanaian migrants born or raised in the United Kingdom identified with the cultural heritage of their immigrant parents, which, in turn, influenced the decisions they made in regard to their marital decisions in the future. These studies indicate that immigrant Ghanaian youth tend to identify with their parents' culture and concerns about Islamic values. Furthermore, the literature suggests that when it comes to ethnic culture and religious values, Ghanaian youth are likely to utilize separation strategies toward acculturating rather than assimilative, integrated, or individualistic acculturation strategies.

Migrant youth are also more likely to adapt to the host culture faster than their parents (Schwartz, Unger, Zamboanga & Szapocznik, 2010). Ghanaian youth in America participated in Western culture to a greater extent than their parents and are constantly faced with the need to accommodate potentially conflicting points of view. Findings of this study indicate that parents and youth have significantly different levels and natures of perception. In an illustrative case study, Yoon, Langrehr & Ong (2011) discovered the existence of parent-child conflict due to Pakistani Ghanaian parents misunderstanding their adolescent daughters' behaviour, which was age appropriate in the United Kingdom. Given the significant effects of socialization during the teenage years, many Ghanaian parents fear that their children will be socialized into Western secular values that will do little to advance their children's well-being in this world or the next. These studies suggest that Ghanaian youth may be more likely to utilize an assimilative acculturation strategy rather than strategies of integration, separation, individualism, or marginalization. However, assimilation into Western culture may threaten family cohesion, which, in turn, may affect their psychosocial adaptation.

Transitioning into a new school setting for immigrant Ghanaian youth can also be difficult. Practicing Islam in the public school system can lead to conflicts for immigrant Ghanaian youth, where secular discourse predominates. It is difficult enough to be an immigrant

youth in the United Kingdom, but to be an immigrant Ghanaian youth can be even tougher, especially for Ghanaian youth, who choose to adhere to certain practices associated with their religion and beliefs. Many Ghanaian youth have been harassed because of their religious beliefs and stereotypes that have been perpetuated by the media (Ryan & Deci, 2011). Ghanaian immigrant youth also experience peer pressure because they may not follow secular values. Ward & Kagitcibasi (2010) suggest that many adolescent Ghanaian females are ridiculed because they choose to wear a Hijab, which covers their forehead and hair.

In addition, many immigrant Ghanaian youth encounter conflicts because of differences in sexual values of their families and the larger English society. Secular dating habits are incompatible with Islamic values and many immigrant Ghanaian youth feel pressured to conform to secular beliefs. Certain aspects of sex education can also conflict with Islamic or Christian beliefs relating to modesty. These studies illustrate the gender differences that exist in observing the acculturation and psychosocial well-being of immigrant Ghanaian youth. Research has neglected the overall experience and adaptation of Ghanaian migrants, even with heightened interest.

What is more, factors of psychosocial adaptation (self-esteem and depression) are important variables to examine because adaptation is often determined by an individual's psychosocial well-being and acculturative attitude pertaining to mass media in Britain. There are mixed conclusions when discussing psychosocial adaptation among immigrant youth. The process of adaptation has been associated with some negative effects on individuals' psychosocial well-being, which encompasses self-esteem, depression, happiness, health, and sense of identity. However, Frey & Stutzer, (2010) suggest that there is little evidence that supports the association of declined psychosocial well-being in association with adaptation experiences. Immigrant Ghanaian youth are different from other immigrant youth when it comes to psychosocial problems that may be associated with adaptation because of their ethnic and religious distinctiveness. An association between adaptation and psychosocial wellbeing maybe dependent on numerous protective and risk factors that an immigrant youth may encounter. Some of these factors may buffer risks, while other may place immigrant youth at risk.

In addition to studying acculturation, this study observed two factors of psychosocial adaptation: self-esteem and depression. These variables were used to determine the overall adaptation of immigrant Ghanaian youth. Sam & Berry (2010) state that prescribing to a specific acculturation strategy has implications on psychological adjustment. Frey & Stutzer, (2010) explain that acculturation is a term that has been defined as a cultural change that results from continuous, first hand contact between two distinct cultural groups. Acculturation attitudes are deconstructed into four distinct varieties: integration, assimilation, separation, and marginalization. However, individualism has been recently added as an acculturative attitude. Assimilation attitude is often referred to when an individual decides to relinquish maintaining practices of his/her ethnic culture, but indulges in the mainstream culture by attempting to transition into mainstream society. The English media in London instils integration attitude, that is, when an individual holds on to his/her cultural integrity and maintains his/her ethnic culture, but also decides to transition into a host culture and to become an integral part of larger society. Separation attitude implies that an individual selects to maintain his/her ethnic culture while deciding not to interact with mainstream culture and has a self-imposed withdrawal from the larger society. Marginalization attitude refers to when an individual decides not to maintain his/her ethnic culture of origin and not participate in mainstream culture. Individualism attitude refers to an individual's feeling that it does not matter which culture he/she participates in, because it is their personal feelings and choice that matter most. Oftentimes, immigrants operate a balancing act that is largely dependent on the particular situation. Identity development is a major psychosocial task during adolescence, but identity development becomes more complex and of greater importance for immigrant youth who are a minority living in a dominant culture. For immigrant youth, the process of cultural identity encompasses examining their religious and ethnic attitudes, values, and practices associated with their ethnic culture and family and that of their peers and dominant society. Immigrant youth can vary in having a strong or weak cultural identity which is associated with their sense of acceptance or rejection by the dominant culture.

CHAPTER FIVE

5.0 GENERAL DISCUSSION AND CONCLUSION

Most studies have addressed problems facing most minority groups, as well as their acculturation process (Ward, 1996; Berry, 2001; Dalgard & Thapa, 2007; Birman & Trickett, 2001; Gordon, 1964; R. M. Lee, Yoon & Liu-Tom, 2006). The present study specifically looked at the well-being of Ghanaian migrants living in London.

Arguably, in the eyes of the UK, public immigration creates a better and financially sound society; others see migrants as a drain to public services. However, the analysis of the data indicated three recurrent plots/themes impacting migrants' wellbeing in London. The following repeatedly surfaced during data collection and transcription: issues regarding Britain's policies not only on migration but health, access to health care, religious and cultural practices, family and social dynamics in Britain.

The findings of the present study show that within most Ghanaian migrant families, there are problems related to integration, which impact health. Migrants are expected to learn the language and fashion a normal life in a new unfamiliar environment, usually with little help. Most responses by individuals and families show that the process of integration is not smooth and is quite difficult depending on various factors, which forms a barrier to integration, like lack of job opportunities, housing, language, attitudes of citizens, recognition of qualifications, restrictions like right to vote among others affect their psychosocial wellbeing living in London. It has been evident that social and cultural factors help to either ease their integration into the system or not. Thus, integration should be ecological at every level in society and better policies can be created to facilitate the process. The data indicated that respondents appeared to adopt acceptance from the host society through assimilation, becoming a part of the host culture. Only a few participants indicated their desire for marginalization. Biculturalism was also found to be common with Ghanaian immigrants.

Furthermore, the lack or confusion to access health care services impacts wider determinants of health (Salway et al., 2010). This becomes critical for Ghanaian immigrants

when they are also denied essential welfare benefits, transport to care services, poorer nutrition and good quality housing. Migrants suffered health problems due to certain barriers in which the most commonly found were inability of accessing necessary health care, inhospitality, hostile GP staff, and problem in understanding regulations regarding entitlements, poorer knowledge, and inadequate living conditions (McNicoll, 2011). All these factor together cause stress among migrants, especially when their immigration status is uncertain. Thus, from the responses, it is clear that the health needs of Ghanaian immigrants are growing. Their needs are diverse in nature and thus emerge as a challenge for the UK government in dealing with foreign population (Commission on Integration and Cohesion, 2007). Worryingly, the participants appear to be dissatisfied with the health care access system for Ghanaian immigrants, whose needs are currently only partially acknowledged and addressed (Phillimore et al., 2010). The government is also unable to target the health needs of immigrants because of their failure of addressing ethnic equality in terms of health care. It needs to consider many important factors such as the impact of services on the health of immigrants, their health needs, and experiences. These measures should also include the immigrant dimensions such as length of residence, country of birth, immigration status and language (IPPR, 2010).

Another discovery was that Ghanaians migrants are victims of not only racism and discrimination but are sometimes socially excluded. They have no opportunity to participate in decision-making. They lack access to many amenities, as information is limited or not easily available. The macro-causes identified are the policies, the system and migrants themselves. Within the lens of the bio-ecological theory, migrating stimulates growth and development. It is well documented that most migrants do so to better their lives and that of their family, indirectly benefiting the Ghanaian society back home. As migrants blame the system back home as a major reason for migrating, it is these inadequacies, dysfunctions and unfavourable situations that 'push' the journey and not the (biological) dispositions of these migrants. Changes within the micro and macro levels are needed. At the micro level, most migrants should actively seek information and be ready to learn the culture in Britain to aid their acculturation process. At the macro level, the system in Britain regarding policies both at the central and local government must be drafted with migrants in mind, as these policies impact their very livelihoods.

Inferring from the findings of the present study, most migrants see Britain, London as an

unequal grounds field and thus, if policies were made with migrants in mind, discrimination and racism at work or even in receiving care would minimize to a greater level. Whatever approach is taken, there is clearly a need for a much stronger evidence base to understand better the linkages between migration and wellbeing. Additional research and better indicators of migrant well-being are also needed to generate a clearer understanding of the implications of migration for the human component of well-being. Migration will continue unabated in the future.

5.1 Limitations of the Study

This study aimed to help understand the processes and influences of acculturation once in a foreign land, from the perspective of Ghanaian migrants. However, the choice of data collection is not without flaws.

The sample itself is not a “real” representation of the Ghanaian populace, but with limited time, I had an insight into participants’ psychosocial challenges in Britain.

The information gained through the interviews might have been slanted as a result of the constant interruptions during the family interview sessions and this might have affected the in-depth information.

Again, it is difficult to assess how significantly I managed to put away all my personal biases and perceptions from bearing on the research as a migrant myself in Britain.

Finally, operationalizing the residence status of participants in the research sample study makes it unreasonable for the results of the study to be generalized.

5.2 Strengths of the Study

Regardless of the aforementioned weaknesses in the study, this study presents significant understanding of the experience of migrants’ well-being in Britain. The study has helped document the experiences of these minority groups. My position as a migrant also helps to

explore the issues deeper. Its focus on situational rather than dispositional factors has also helped to point out some important oversight in the conceptualization of migrants. It offers a useful heuristic point of departure for future studies aimed at Ghanaian migrants in the diaspora.

5.3 Implications and Recommendations

5.3.1 Community Psychological Interventions and Praxis

The first step to undoing the damaging effects of these experiences is getting to know them. With this research, the experiences of migrants would help draft better policies on how the acculturation and integration process should be. The present study offers empirical evidence about Ghanaian migrants' experiences. Thus, community psychologists can engage actively with the prevention and change of conditions of these migrants, challenging the media perception of influencing government policies, as empowering migrants, helping with integration, challenging social injustices are core concerns, values and principles of the community psychologist field (Nelson & Prilleltensky, 2005).

Media plays a very direct role in heightening and polarizing controversial elements when it comes to migration. Then again, they fail to recognize the fact that migrants contribute more in taxes than they receive (UKBA, 2012)

Community psychologists, in collaboration with other stakeholders, can engage in consciousness-raising exercises to create awareness about the well-being of migrants.

At the community level, community psychologists can lobby institutions of the government to draft better policies that integrate migrants. Governmental and non-governmental organizations can help support these acculturation processes by giving out information, organizing meetings and spreading health awareness.

Community psychologists can also help migrants interact and get empowered. More importantly, community psychologists can advocate for the full implementation of the several relevant international conventions, protocols and legal statutes regarding the welfare and empowerment of migrants in Britain. Clearly, there is a contextual need to reframe some

problems of migrants so that there can be a more structural and nested ecological levels of analysis of the etymology of migration worldview.

With international migration reaching unprecedented levels, the wellbeing of migrants has never been more crucial. To understand their situation better, research into this area is very important. The present study has provided another justification and framework for ecological analysis of how their lives are being affected by migration. I have argued and empirically demonstrated that the community and the whole social system impact tremendously their wellbeing. In this regard, community psychologists can work in partnership with families, religious and civil society organizations, as well as institutions of law enforcement towards social change.

5.3.2 Research on migrant's wellbeing

There is a paucity of research that recognizes the complex casual nexus between migration and wellbeing (health). Migration and wellbeing is by no means a new research area, but because of changes in the population (demographics, motive for migrating, cultural background, health status, among others) especially in Europe, It has become paramount to look into the less established groups, like the Ghanaian migrants. Thus, there needs to be a constant empirical research on these groups.

Migration has always posed a difficult problem in economic and social planning, not only in the UK, but most receiving countries, and health planning is not an exception. Migration and health are inextricably linked. It is, therefore, imperative for policies and programs to target the health and wellbeing of migrants, as it is a crucial means by which they adopt to their new environment. The result of this study has provided valuable insight into social support, stress and health influence. This study has also delineated practical strategies that could be adopted by policy makers and researchers alike to carry out future research with a more detailed dataset.

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APPENDICIES

APPENDIX A

Interview Guide (individual)

Personal Data

Male /Female

How old are you?

How long have you been here?

Are you in paid employment? Where is your place of birth? Could you describe how you felt when you first arrived in London? What situation in Ghana before coming to London. Could you tell me what you think about yourself now in London? Why did you leave Ghana, what influenced your decision? How would you describe life before migration? If you had a choice would you have migrated to London?

Psychological well being and Health

What does the term well-being mean to you?

Do you see yourself as being capable now in London financially, emotional, socially?

Acculturation and Identity

Do you speak English fluently?

Do you think you can make an impact in the British society?

What about the way other people see you?

On migrating

Why did you decide to migrate?

Would you say the UK is welcoming?

Do you intend going back to resettle in Ghana?

APPENDIX B

Interview Guide (family)

Since the UK has no international migration policy, do you think this has an impact on the family with regards to being able to integrate into the system?

What do you understand by well-being?

Do you think you have equal opportunities as other migrate groups of receiving social services?

Can you say something about your family?

Do you get involved in community programs if any?

Thank you for your time and effort in answering the questions. Maybe you have thought of something that I have left out. Is there anything else that you would like to tell me about your experiences so far?

APPENDIX C

Informed Consent Form

INFORMATION

My name is YASMIN ALIDU, a Student of Master of Philosophy (MPhil) in Human Development at the Norwegian University of Science and Technology (NTNU), Trondheim, Norway. I am currently spending part of my graduate programme in London (Great Britain) collecting data on the chosen area of study for my master's degree thesis. The topic of my research is, "the psychosocial wellbeing of Ghanaian migrates living in London." The study will, with the consent of informants, involve group and individual interview with five families. The project is approved by the Data Protection Official for Research at Norwegian Social Science Data Services in Norway. The discussions and interviews would be audio recorded so that responses can accurately be documented. This would enable the researcher to review the topics and responses later for purposes of analysis. Participation is possible if only you are willing to have the interview or discussions recorded.

AIM

This study is significant in that the findings will help provide a better understanding of immigrant's situation with coping in a new cultural context in London, and be useful for all interested bodies involved in the welfare of minority groups. Again, the study will provoke further research in the academic community and help stimulate an all-encompassing approach to the investigation into, and discussions on cultural clashes.

IMMIGRANT FAMILIES PERCEPTION OF THEIR PSYCHOSOCIAL WELLBEING. CONFIDENTIALITY

All information provided in this study will be in absolute confidence and Participation is strictly confidential as well as voluntary. The tapes would remain in the custody and control of the researcher always and would not be given out for any purpose to anyone who is not working

directly with the researcher. The researcher will not share information which could identify you with anyone or in publication. The information would be destroyed when the entire research is over.

PARTICIPATION

Your participation is strictly voluntary as mentioned earlier. If a participant decides to participate, he or she/ family have the right not to answer any question(s) they feel uncomfortable with and of course they can withdraw their participation at any time if they do not want to continue.

CONTACT

If you have any further questions or concerns, please contact me at yasminalidu@yahoo.com and also contact my supervisor, timo.lajunen@svt.ntnu.no.

_____ Signature of Researcher (Date) (Yasmin Alidu)

IMMIGRANT FAMILIES PERCEPTION OF THEIR PSYCHOSOCIAL WELLBEING.

Consent of Informant

I certify that the purpose of the study has been thoroughly explained to me in a language I understand to my satisfaction and I have received a copy of the consent form. I understand that any information obtained from me for this research will be kept confidential. To further ensure privacy, I have the option of using a pseudonym. I understand that participation is voluntary and I have the right to refuse participation at anytime in the course of the interview. I agree to participate in this study.

_____ Signature/Initials/thumb Print
(Date)

(Informant)

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Vår dato: 08.05.2012

Vår ref:30544 / 3 / KH

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 26.04.2012. Meldingen gjelder prosjektet:

30544	<i>When Culture meets Culture. Its Effects on Migrant Groups Well-being</i>
Behandlingsansvarlig	NTNU, ved institusjonens øverste leder
Daglig ansvarlig	Hroar Klempe
Student	Yasmin Alidu

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

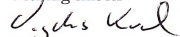
Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, eventuelle kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/forsk_stud/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://www.nsd.uib.no/personvern/prosjektoversikt.jsp>.

Personvernombudet vil ved prosjektets avslutning, 01.08.2013, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen


Vigdis Namtvedt Kvalheim


Kjersti Håvardstun

Kontaktperson: Kjersti Håvardstun tlf: 55 58 29 53
Vedlegg: Prosjektvurdering
Kopi: Yasmin Alidu, Herman Kragstveit 23-41, 7050 TRONDHEIM