

YOUNG AFRICAN REFUGEES IN URBAN CONTEXT (ABIDJAN, DAKAR, GENEVA) PSYCHOSOCIAL ASPECTS AND RESILIENCE

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Abstract. This article explores psychosocial aspects and resilience of young African refugees in an urban context (Abidjan, Ivory-Coast, Dakar-Senegal and Geneva-Switzerland).¹A review of literature, study methodology, and results are presented. The sample of our study consisted of 150 young African refugees aged 18 to 30 years. To gather and analyse the data, we employed qualitative methods (semi-structured interviews with young refugees as well as with the healthcare professionals and social workers) and quantitative methods (physical and mental health questionnaires). The results of the study show that in the three countries studied, the living conditions for refugees are difficult. Indeed, the grant of refugee status requires very lengthy procedures. The precariousness of the residence permit, settling refugees in a situation of waiting, negatively affects the psychological point of view. This prevents them from working and to project in the future; which places them in uncertainty situation. Some young refugees .have mental health problems. These problems are related to their pre-migration experiences in their country of origin and the post-migration conditions experience in the host country. More specifically these problems are linked to poverty, problems of cultural adaptation and family separation. They have constant anxiety and psychological problems characterised by fatigue, sleep disturbances, headaches and stomach pains.

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Despite the hard conditions in which a large number of young refugees in Africa and Switzerland are living, most have personal and social resources to deal with this situation.

We include some recommendations for promoting integration of young refugees in urban context.

Keywords: *young African refugees, psychosocial aspects, urban context, resilience, Abidjan, Dakar, Geneva*

Résumé. Cet article s'intéresse aux aspects psychosociaux et la résilience des jeunes réfugiés africain en milieu urbain (Abidjan-Côte d'Ivoire, Dakar-Sénégal, Genève-Suisse). Une revue de la littérature, la méthodologie et les résultats sont présentés. L'échantion était composée de 150 jeunes âgées de 18 à 30 ans. Nous avons utilisé les méthodes qualitatives (entretiens semi directifs avec les jeunes) et quantitatives (questionnaire de santé physique et mentale, questionnaire mesurant la résilience des jeunes) pour recueillir les données de l'enquête sur le terrain. Les résultats de l'étude montrent que dans les trois pays étudiés, les conditions de vie des réfugiés sont difficiles. En effet, la délivrance du statut de réfugié requiert des procédures très longues. La précarité du permis de séjour, installant les réfugiés dans une situation d'attente, les affectent négativement d'un point de vue psychologique. Cette situation les empêche de travailler et de se projeter dans l'avenir ; ce qui les place dans une certaine incertitude. Les jeunes réfugiés sont également confrontés à des difficultés d'accès à la formation et à l'emploi. Les résultats issus d'un questionnaire de santé mentale et physique et des données d'entretiens semi-directifs montrent que la majorité de ces jeunes ont des problèmes de santé mentale et physique qui sont liés à leurs expériences pré-migratoires dans le pays d'origine. Malgré les conditions de vie difficiles dans lesquelles se trouvent un grand nombre de jeunes réfugiés en Afrique et en Suisse, la plupart disposent de ressources personnelles et sociales pour faire face à cette situation. Nous proposons quelques recommandations pour promouvoir l'intégration des jeunes réfugiés en milieu urbain.

Mots clés : *Jeunes réfugiés africains, aspects psychosociaux, milieu urbain, résilience, Abidjan, Dakar, Genève*

Rezumat. Acest articol se concentreaza pe aspectele psihosociale și reziliența tinerilor refugiați africani din mediul urban (Abidjan, Coasta de Fildeș, Dakar-Senegal, Geneva-Elvetia). Sunt prezentate analiza literaturii, metodologia și rezultatele. Échantionul a fost format din 150 de tineri cu vârste cuprinse între 18-30 de ani. Am folosit metode calitative (interviuri semi-structurate cu tineri) și cantitativă (chestionar de sanatate fizica si mentala, chestionar de măsurare a rezilienței tineretului) pentru a colecta date din ancheta de teren. Rezultatele studiului arată că, în cele trei țări studiate, condițiile de trai pentru refugiați sunt dificile. Într-adevăr, acordarea statutului de refugiat impune proceduri foarte lungi. Precaritatea permisului de ședere, punând refugiații într-o lingă situație de așteptare, îi afectează negativ din punct de vedere psihologic. Acest lucru îi împiedică să lucreze și să-și planifice viitorul; îi plasează în incertitudine. Refugiații tineri se confruntă, de asemenea, cu dificultăți de acces la formare și ocuparea forței de muncă. Rezultatele unui chestionar de sanatate mentala si

fizica și a interviurilor semi-structurate arată că majoritatea acestor tineri au probleme de sănătate mintală și fizică, care sunt legate de experiențele lor pre-migratorii în țara de origine. În ciuda condițiilor dure în care trăiesc numeroși tineri refugiați din Africa în Elveția, ei au resurse personale și sociale pentru a face față situației. Noi propunem câteva recomandări pentru integrarea tinerilor refugiați în zonele urbane.

***Cuvinte cheie:** refugiați africani tineri, aspecte psihosociale, reziliență, mediu urban, Abidjan, Dakar, Geneva*

Introduction

In the 1990s, a number of conflicts exploded in various parts of Africa, particularly in the Great Lakes region and in some West African countries. These situations of war or political violence that destabilize states politically, economically and socio-culturally result in the loss of human lives and the exile of thousands of people, creating serious psychological consequences for the victims and society as a whole. According to statistics from the United Nations High Commissioner for Refugees (UNHCR, 2012), Africa is the continent with the highest number of refugees and displaced persons, with approximately 12 million people being supported by the UNHCR. In Ivory Coast, the majority of refugees are Liberians (24,300, or 97.6% in 2008). Other places of origin of refugees are the Republic of Congo, the Democratic Republic of Congo, Sierra Leone, Central African Republic and Togo. Among the refugees, the majority (54%) are female and the proportion of minors (under 18s) is 47% (International Organisation for Migration, 2009). In a context characterised by a particularly difficult economic and social situation in the Ivory Coast, refugees are at high risk of poverty due to population displacement, isolation of children, violence and particularly in the case of women, sexual abuse. Young people are exposed to diseases and epidemics, such as HIV/AIDS. This young vulnerable group is experiencing many difficulties regarding social and professional integration in Abidjan and is facing problems with access to sustainable livelihoods due to the scarcity of jobs and employment insecurity. Their major concerns are related to basic human needs such as healthcare, education, social services, sanitation and water supply.

In recent years, Senegal has become a destination for refugees from West Africa fleeing conflicts that have plagued the region since 1991, including Liberia, Sierra Leone in 1993, Guinea Bissau (1998-99) and Ivory Coast in 2002. According to statistics from the UNHCR (2008), the four main countries of origin of refugees in Senegal were Mauritania, Rwanda, Liberia and Sierra Leone.

In Switzerland, African immigration is relatively recent comparatively with traditional European immigration characterized by the arrival of migrant workers from the border regions of Germany, France, Austria, and Italy. The first migratory wave of African migrants happened between 1970 and 1990, with the arrival of people fleeing the dictatorial regimes in Zaire became the Democratic Republic of Congo), the civil wars in Angola and Somalia and famine in Eritrea

and Ethiopia. Some African students also migrated to Switzerland after the period of independence.

Since the 90s, There has been the arrival of people from African countries with political instability (Somalia, Eritrea, DRC, Ivory Coast, Liberia, Sierra Leone) and many young people coming from West Africa (Nigeria, Guinea, Senegal, Mali ..), Central Africa (Cameroon ..) and North Africa (Algeria, Morocco, Tunisia).

A quarter of the population of West Africans in Switzerland is asylum seekers. Most of them don't obtain refugee status and must leave Switzerland after their applications for asylum have been refused. According to the statistics from Secretariat State for Migration (SEM) in 2013, African countries who register the most asylum applications are in the following order: Nigeria (413 people), Guinea Conakry (211 people), Gambia (174 people), Ivory Coast (158 people), Mali (99 people) and Guinea Bissau (81 people) (see Statistical asylum in Switzerland, 2013).

In the canton of Geneva, the statistical service of the Asylum Applicant Assistance of the Hospice General indicate that until may 2011 young people (18-30 years) in sub-Saharan Africa were 537 people (373 men and 164 women). The most represented nationalities are Somalia (146) , Nigeria (72) , Eritrea (55) , Guinea (38) , Côte d'Ivoire (34) , Congo (31) , Gambia (25) , Ethiopia (22) , Angola (21) , Cameroon (18) and Guinea-Bissau (15). The majority of these young people have a precarious residence permit pending status; others are without a permit and may be deported in country of origin.

In this study of Young African refugees in an urban context, we focused on psycho-sociological aspects such as a sense of identity, and resilience, along with other characteristics of physical and mental health. We adapted the definition of health used by the World Health Organisation (WHO) that defines it as a "*state of complete physical, mental and social well-being. Health is therefore not merely the absence of disease or infirmity*".²

Review of Literature

The theoretical framework of this chapter highlights the effects of migration on the health of refugees. In most cases, migrating people leave their country of origin due to war or political violence, situations that can have an impact on their psychological well-being. Indeed, pre-migratory events experienced by refugees in their-country of origin are compounded by the forced migration characterised by a period of acculturation in the country of asylum. The theoretical elements of resilience will show a view of promoting the mental health of refugees through consideration of their personal and social resources.

² Cf. Mental health: a state of well-being, http://www.who.int/features/factfiles/mental_health/en/, accessed on 09/5/2014

Mental health of newcomer youth and refugees

The effect of migration and exile on health is a major topic of research in migration studies. A large percentage of the literature suggests that migration can be a stressful process, with a potentially negative impact on mental health (Stillman & McKenzie, 2009, p. 677). Indeed, economic circumstances, negative personal attitudes and social isolation could affect a person's physical and mental health. There is a dearth of research on the physical and mental health of young migrants (newcomers or youth of second generation). Many studies on immigrant health reflect only the adult population, or are limited to adolescent refugees' mental health (Hyman, 2001). The study by Anisef and Kilbride (2000) in Canada, for example, indicates that young immigrants aged 16 to 20 years old receive little attention in terms of their needs. Some young immigrants can have difficulties with identity development, language apprehension, lack of recognition for their prior learning experiences and home-school values which frequently create conflicts in the host country.

Khanlou has examined mental health promotion among young immigrants in Canada (Khanlou et al., 2002; Khanlou et al., 2006; Khanlou, 2008; Khanlou et al., 2008). Khanlou (2006) indicates in a study on post-migratory experiences of newcomer female youth that there are many factors which impact on their self-esteem coming from relationships, school experiences, achievements, lifestyle as well as the attitude they hold about themselves. The author insists on the necessity of multi-sectoral and context-specific mental health promotion programmes and policies in the supporting of newcomer females in order for them to achieve their aspirations.. Khanlou et al. (2008) have also studied the relation between cultural identity and experiences of prejudice and discrimination of Afghan and Iranian immigrant youth in Canada. Findings indicate that "the importance of considering how youth's cultural identities can be shaped by societal and global contexts and provide support for the concept of global valuation"³ (Khanlou et al., 2008, p. 510).

There are few studies focusing on the consequences of forced migration among young people in Africa. We can, however, make reference to one research study based on the psychosocial impact of the Ivorian conflict on migrant children returning to Burkina Faso, research conducted by Behrendt and Mor Mbaye, (2008) on behalf of Plan International, West Africa Regional Office. This research focused on the Burkinabe children (aged between 10 and 20) repatriated during and after the Ivorian crisis (Tabou crisis in 1998 and the politico-military crisis in 2002). The study's objective was to describe the mental health of children returnees, comparing them with a control group (i.e., children who lived in

³ „Global valuation is defined as the prevailing societal-esteem of a particular cultural group; it entails how that group is judged by the post-migration society as well as levels of exposure to it (for example through mass media)" (Khanlou et al., 2008, p.497).

Burkina Faso and never migrated). The research study set out to identify the needs of returnee children in terms of emotional support based on their specific life context. The results of the research showed that children who have been repatriated are more often affected more negatively than those from the control group. Returnee children, especially girls, were often sad, expressed feelings of anger and frustration, and felt excluded from their peer groups. They also often experienced post-traumatic stress disorder. The study exposed that neither children, nor their parents at any point have received any psychological support.

Resilience

The concept of resilience in the domain of child and developmental psychology has been defined as the ability to function well, withstanding stress, adversity, and unfavourable situations (Garmezy, 1985; Rutter, 1985; 1990). Resilience involves being able to recover from difficulties or change, by mobilising personal resources or through the support of one's family or community. Support provided in culturally meaningful ways, allowing a person to function as well as before and move ahead with one's life (Barankin & Khanlou, 2007; Ungar 2006).

According to Garmezy (1985), resilience factors include the following: (a) personality characteristics such as autonomy, self-esteem, positive social orientation; (b) a warm, united and educationally consistent family; and (c) availability of external support systems that encourage and strengthen the efforts of a child.

The development of resilience occurs from interaction: Interaction between personal characteristics (temperament, learning strengths, feeling and emotions, self-perception, way of thinking, adaptive skills, mental health, physical health), family-related factors (relation with parents and siblings, communication, parents' health, attachment, family structure), community-related factors (support outside the family, friends, social network, culture, language, religion, ethnical group), and social factors (socio-economic situation, media influences, education, health, sports, socio-professional situation, political situation) (Khanlou and Wray (2014). For these authors "a whole community approach is one in which the critical domains of resilience, family, school environment and community are integrated in the mission of fostering resilience through collaborative partnership and engagement" (p. 76).

A number of studies in Africa have investigated resilience amongst children in difficult circumstances. For example, Barbarin, Richter and Dewet (2001) examined the effects on children of exposure to direct and vicarious violence on the political, family or community level in a sample of 625 six-year-old black South African children. Amongst other factors, positive family relationships were found to mitigate the adverse impact on all the assessed domains of children's functioning. McAdam-Crisp (2003) was interested in factors

that can enhance and limit resilience of children in war zones (Ethiopia, Kenya and Rwanda). For McAdam-Crisp, it is very important to consider the cultural dimensions of mental health and the resilience of vulnerable children in these African countries.

Methodology

We used qualitative methods (semi-structured interviews with young people and professionals from social and health circles) and quantitative methods (physical and mental health questionnaires) to gather and analyse data. We studied the resilience of young African refugees using the interview guide used by Gakuba (2004) which focuses on the individuals' social and contextual resilience.

To obtain the information on the physical and mental health of young people, we used a questionnaire developed by the department specialising in a mental health of youth at the Haute Ecole de Santé de Neuchâtel in Switzerland, adapted to ensure its relevance to an African cultural context. The research team agreed on the questions contained in the questionnaire. The aspects of mental health covered in the questionnaire are focused on the general state of mental health, anxiety, self-esteem, and the consulting of a doctor or other health professional.

In Geneva, Dakar and Abidjan, there was a sample of 150 young refugees aged 18 to 30 years. The refugees interviewed in three cities are from countries that have experienced civil war and violence. Like many other refugees from their countries, they have also decided to take the path of exile. The sample included youth who were refugees in the host country for at least five years. Most of these people did not have refugee status. However, some Liberians in Abidjan and Mauritians in Dakar had refugee status and had lived in the host country for more than 15 years. A number of young people had no education. Others had finished high school and their university studies, but were unemployed or were employed in the informal sector.

This particular research also considered the testimonials of leaders from shelters and social associations as well as health professionals such as social workers, doctors and psychologists. The research also involved working with refugees' public representatives, members of civil society associations and international organisations such as the UNHCR and UNICEF who were working with refugees. Youth recruitment was conducted through community leaders of refugees living in the Ivory Coast and Senegal. Within the Ivory Coast, we conducted 25 semi-structured interviews with young refugees, whilst in Senegal we completed 53 semi-structured interviews with young refugees. In Geneva, we did 12 semi structured interviews.

Ethical Aspects

Before conducting the interviews, we explained to people who agreed to participate in the interviews the objectives of our study. We also asked the interviewees for permission to record the interviews, guaranteeing confidentiality regarding any personal information gathered in the interviews.

In general, young people agreed to participate and answered questions and questionnaires without any obvious difficulties. We recorded the interviews, which were then transcribed and analysed for their content. However, in some cases, refugees who found themselves in a precarious financial situation were expecting support from the research study. This expectation of support is always difficult to manage, especially from an ethical perspective when researchers are required to keep their distance. In some cases, a small amount of money was given to young refugees who were in a very vulnerable situation.

The research methodology prioritised workshops undertaken by the research team. The workshops involved group discussions as well as collaborative and formative work. During the research process, three significant workshops were organised. The first one was a methodological workshop held at the beginning of the research, permitting discussion of the research methods and elaborate of the planning study. The second was a mid-term workshop for evaluation of the work's progress and for discussion on any preliminary results. The third workshop focused on common analysis of results and the finalising of the research study findings.

Analysis

We used SPSS 18 for analysis of the quantitative data from the questionnaire regarding mental health as well as the analysis of correlations between variables. For the analysis of semi-structured interviews, we used content analysis in order to understand the meaning given by interviewees to different themes from the interview forms. The participants were grouped into different categories, depending on their characteristics (Bardin, 1988). In addition to this analytical approach, case studies of young refugees were developed, taking into account personal stories and their migratory range.

Results

1. Reception conditions and integration of young African refugees in countries of asylum

1.1 Access to training and employment

Almost all the young people interviewed in the three countries have difficulties to access to training and employment for reasons related to their precarious residence status (asylum claim rejected or unexamined).

In some cases in Switzerland, young people with refugee status have difficulty in finding an apprenticeship or found a skilled job because they don't have qualifications. Age is also a barrier for young people over 19 years old who arrive in Switzerland and who wish to vocational training. They can not be

integrated into professional transition classes or reception classes, for young people between 15 and 19 years old. This is the case, for example, most young African asylum seekers who come from Eritrea, Somalia and Guinea, or who have not finished primary school education in their country of origin. In Senegal and Ivory Coast, UNHCR supports youth in their efforts to access to educational and vocational training. It grants scholarships to young refugees, enabling them to follow vocational training. While it must be recognized that many young refugees received scholarships should, however, be recognized that such assistance is deemed insufficient and irregular. The amounts allocated do not allow quality education or training, and many people are forced to resort to personal means, or stop training. Some acknowledge having received considerable assistance from UNHCR, which has been important in their study. This is the case of this young Central African who recognizes that

“UNHCR has paid a good part of my study. If I have a good memory they paid a large part of the training they gave me 400 000 or 500 000 FCFA. The second year, my study in - Accounting has been supported and after I continued in a large school in the Deux Plateaux [district of Abidjan] where I did a postgraduate degree in management. After that, I had an internship and a little job. That's when I had the opportunity to continue to go to university, which allowed me to do a BA in Economics” (Refugee from Central African Republic in Ivory Coast).

The major difficulty that young refugees meet, both in Switzerland and in Africa is the socio- professional integration, especially in a context of economic crisis, which is the access to employment difficulties. Young refugees describe the absence of a real policy for their employability. Companies are reluctant, very often, to invest in asylum seekers who don't have a residence permit and who could go at any time.

1.2. Living conditions of young African refugee in urban context

In Geneva, some young refugees mentioned problems of acculturation to the new values culture of Western society, the feeling of discrimination in some places like buses and insufficient income to live. The hopes of these young people for better living conditions in Switzerland were dashed by the realities of the situation of asylum. For young people with asylum claim rejected, it should be noted that their living conditions are difficult. These people have the right to receive emergency assistance granted by the cantonal authorities. This aid is in the form of benefits in kind or daily cash benefits to the locations designated by the cantons. Emergency assistance is granted until the renewal of the certificate issued by the Cantonal Office of population-service foreign and Confederate (SEC). For person with asylum rejected renewal period varies from 15-30 days and for person with asylum unexamined, the renewal of their certificate consists of 5 working days.

Regarding accommodation, those asylum seekers live sometimes 4 or 5 to a room. In Geneva, some people with asylum claim rejected or unexamined live in civil protection shelters which are considered to be bunkers. In recent months, the life in civil protection shelters has been criticised by the associations that support refugees through a protest movement called Stop Bunkers. The movement protests against living conditions in these places which have negatives consequences on the health of residents. Some homes of asylum seekers have been victims of fires that caused some injuries and even deaths among asylum seekers.

For food, person with asylum rejected receives 10 Swiss francs (CHF) per day 17 CHF for 2 people, 23 CHF for 3 people, 24 CHF for 4 and 30 CHF for 5 people. These amounts are insufficient to live for example in a very expensive city like Geneva. Person with asylum unexamined (NEM), receive food: breakfast, a sandwich for lunch and a pre-cooked dinner warmed through at night in the microwave dish.

In addition to the benefits in kind, the asylum seekers receive a monthly payment for use of Public Transport. They also provide health care with some cantons - such as Geneva - having a specialized health center for migrants.

Despite these hard conditions in which asylum seekers live, we have found that a number of people prefer to live clandestinely in Switzerland when they are no longer in the asylum process rather than return to their country of origin.

In Dakar and Abidjan, the living conditions of refugees are precarious. Outside of war victims (Mauritanians and Liberians), which benefited from mass regularization, asylum seekers often have great difficulties in their efforts to regularize their status or to benefit from the socio-professional assistance. The majority of refugees in these two cities are living in conditions of extreme vulnerability and insecurity. They often face difficulties in housing and health. Many Mauritanians refugees in Dakar for example, live in buildings under construction or are housed in the suburbs of Dakar, in complete promiscuity. Others sleep in the streets and don't have something to eat. They are forced to exercise some informal jobs: shoe shiners, night guards, servants or even indulge in reprehensible activities including prostitution. Others also, especially those from English-speaking countries (Liberia, Sierra Leone), are regularly accused of reprehensible conduct activities such as, cybercrime, drug trafficking or occult practices. They are regularly victims of the violence of police. We can give here the example of Rita: A Female Refugee in Abidjan.

Rita's case

Rita is a 30-year-old Liberian refugee and a mother of two children. She has lived in the Ivory Coast since 1994 after passing through Guinea. Along with her family Rita fled the atrocities of the war that had begun in Liberia in 1989. Rita lost her Father during these bloody events.

When it started, people wanted to kill us because we said that our dad worked with the government. They killed him in front of us and our Mother was very scared because they said they would come back and kill us, they already looked for us. We had to leave very quickly and hide in the forest. Even when we were on the way, only by the grace of God they have not killed our mother. We walked for weeks before reaching the border of Guinea and we took cars to enter the country. (Rita, 30 years, Liberian refugee in Abidjan, translation from French)

When asked about the living conditions in Guinea, Rita stated that she preferred not to think too much about it because it was a terrifying time in her life. The refugees lived in indescribable conditions. When the family was able to come back together and reunite in 1994, she decided to migrate to the Ivory Coast where her mother knew some people. When the family finally arrived in Abidjan after a brief time in Dandané (an Ivorian town near the Liberian border), the mother began a small business in order to feed her family.

Living Conditions

Rita admitted that she had huge difficulties with integrating initially because of cultural differences, and in particular due to the language barrier. Rita stated that:

I often used sign language to communicate with people. Usually people understand instantly. When you use gesticulation to communicate, they understand what you are trying to say and they say it, then you repeat. That's how I managed to adapt.

When Rita arrived in the Ivory Coast, she attended two years of primary school. Thanks to the efforts of her mother, there was a chance she would complete high school. However, she did not manage to graduate from high school. Rita's high school dream fell apart when her mother died. With great sadness she found employment within the sex industry.

Especially in Abobo where we lived before, people isolated us. They told us that you Liberians you will not live here as in your own country. If you want to put your little table for your small business, you are told that the place is not for you, you must leave. You were forced to stay at home. Because of all that I had to leave Abobo to come here in Dokui but it is always the same. I think that perhaps it is their right, because every time they tell us that the country is for them, it is their country and that they will make you regret. It bothers us and it really makes us afraid.

This situation Rita was in was exacerbated by the socio-political crisis in 2011 when in particular Liberians were accused of being Liberian mercenaries and involved in the violence

2. Physical and Mental Health of young African refugees

Some young African refugees have mental and physical health problems that are related to their pre-migration experiences in the country. This is especially young people who have had traumatic situations of war or political violence or who have had a difficult migration route, for example, a boat trip or a stay in another country refugee camp. These situations are sometimes compounded by post-migration conditions in the host country. Young African refugees have also the cultural adaptation problems due to learning the language, new food, new values of Western society, climatic conditions (cold) and familial distance. Young people also live very badly awaiting refugee status and refusal of asylum. Some show the constant anxiety and psychological problems characterized by fatigue, sleep disorders, headaches and stomach aches. Mental health problems affect more women interviewed than men in Abidjan and Dakar. In Abidjan, 68% responded that they were anxious, whereas amongst men, the percentage of those who said they were anxious was equal (50%) in relation to those who stated they did not experience anxiety. In Abidjan, the insecurity that prevailed in this city, at the time of our research, is linked to anxiety among the interviewed refugees. More evidence of everyday life discrimination faced by young refugees including women in Dakar and Abidjan that have a significant impact on their mental health can be found in the following research (DuBois et al 2002; Jakinskaja - Lahti and Liebkind 2001; Verkuyeten 2002, Yao and Lee 2005; Khanlou et al. 2008). In Dakar, the majority of women reported anxiety (88%) as did the majority of men (70%). The crosstabs between the mental health of young refugees and socioeconomic variables shows a dependency between mental health and two variables: housing, and access to health services. Findings indicate a dependency between mental health and housing conditions. Housing is a major problem for young refugees who live in dilapidated houses without utilities such as water or electricity. Some refugees do not have even basic housing and have to live on the streets.

The relationship between mental health and housing is statistically significant at 0.1 (10 %). Likewise, there is also a dependency between mental health and access to health services. The relationship is statistically significant at 0.1 (10 %). The significance portends that housing conditions and access to health service influence the mental health of female refugees.⁴ Further evidence of everyday life discrimination faced by young refugees including women in Dakar and Abidjan having a significant impact on their mental health can be found in other research (DuBois et al 2002; Jakinskaja - Lahti and Liebkind 2001; Verkuyeten, 2002; Yao & Lee, 2005; Khanlou et al., 2008).

⁴ Due to the smallness of the sample, although, we had in the crosstabs, some cells with counts of less than 5, we have used the chi square.

3. Resilience young African refugees

In Abidjan, Dakar and Geneva young African refugees mentioned some of their personal characteristics which allowed them to overcome the difficulties and stress of the forced migration. Those include the ability to find a project, an ability to adapt and be self-dependent as well as religion and of course optimism. A project is usually an investment of one's own resources in education in order to improve their socio-professional situation. Also religion plays an important part in the process of overcoming the traumas. Thus, the words of God who teaches to forgive as well as courage and confidence remain important in the process of overcoming the traumas after distressing events. For some refugees, singing in choir allows them to forget the bad experiences. One of the refugee women refers to religion in the following terms:

"In all circumstances, I can say that God healed me because I used to be frightened at night, I cried and I had nightmares. After, the prayers helped me. I would go to the church and they would pray for me, I would also pray and fast. Now everything is good. (Central African refugee in Dakar, 25 years old, translation from French).

Interviewed refugees mentioned in addition to the importance of the social and educational structures providing psychosocial support such as schools, community, family and close friends was important also. In Senegal, the refugees find comfort in a community. This means that they regroup almost exclusively according to their origin. The community platform provides a system of support for its members.

However, resources of the community are not enough to overcome all the difficulties that young refugees struggle with, and especially in regards to the needs to women in particular. In fact, many members of the refugee community have financial problems as indicated by the interviewee:

"Here, I have nothing and no one; I am alone. The whole community is the same; everyone is in the same situation. At times, I am wondering: will my situation change one day? (...) These are questions I ask myself every day. I have no support or even institutional help." (Guinea refugee in Dakar, 25 years old, translation from French).

Like those in Dakar, refugees from the Ivory Coast are also organized into well-structured communities. These associations of refugees are an important social resource for its members helping them to overcome their difficulties. They are not only the intermediaries between UNHCR and the communities, but also form an important social network providing support and assistance to members in difficulty. Meetings of the members of these associations, which often revolve around cultural events, outings or detents friendly ceremonies during happy or unhappy social events (such as birth, death,

national holidays) can weld the links within the community and create conditions for a harmonious life.

Conclusion and Implications

In this article, we have shown that young African refugees in urban context live in difficult conditions. Indeed, in order to obtain refugee status one must meet a number of requirements and follow lengthy procedures. The precariousness of residence permits places refugees in a situation of uncertainty for the future. Such prolonged waiting in states of stress has a negative psychological effect on individuals. The people have difficulty finding work and realizing their projects. Pre-migration and migration situations of refugees who have fled civil war in their country of origin also have adverse consequences regarding the mental health of refugees, particularly for women. In some cases, women say they were raped or forced into prostitution in order to survive. The difficult living conditions of refugees affects women in particular and leads many to develop a state of anxiety. Access to health care in the Ivory Coast and Senegal is still a serious problem for the refugees, which is exacerbated by the lack of the financial means required to cover the medical fees. However, it is important to state that the UNHCR has a duty to cover all medical fees incurred by vulnerable refugees, such as children, pregnant women and the elderly. Furthermore, the refugee communities play an important role in attempting to ensure an acceptable level of health and wellbeing of vulnerable and discriminated people. This input from communities supports those in need to regain the feeling of being valued, and their sense of identity and belonging to the community is developed. As specified by Noh and Kaspar (2003), the existence of social self-support structures within a community helps people to stand up to discrimination and provides protection against stressors. Furthermore, findings from Khanlou et al's (2008) research suggested that the existence of vital communities can become an important factor in nurturing. To further promote the integration of young African refugees in the three cities, we can propose some following recommendations to political actors, professional and community groups who work with these young people. Measures which might be taken could include:

- Accelerate the procedures people have to follow to obtain refugee status in order to prevent the situation of prolonged vulnerability;
- Facilitate access to employment, professional training, schools or university for young refugee;
- Assist young African refugees access to decent housing;
- Initiate and introduce actions to fight against the prejudices, discrimination and racism directed towards refugee;
- Support refugee communities regarding their socio-cultural activities. For example, discussion groups led by actual members of the communities

could support and help their members to overcome the traumas associated with forced migration.

- Encourage intercultural training of social professionals who work with young refugees in order to know better aware of their cultures, their histories, stories and migration routes.

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