

## Evaluating the Psychosocial Needs and Reintegration of Returnee Migrants in Nigeria

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### Abstract

Returnee migrants in Nigeria face complex psychosocial challenges that hinder their reintegration into society. This study evaluated the psychosocial needs and reintegration experiences of returnee migrants across Nigeria. A mixed-method design was used to assess returnees' psychosocial needs. Quantitative data were collected from 1,316 returnee migrants using a structured, pretested questionnaire with a 5-point Likert scale, selected through multistage sampling across Nigeria's six geopolitical zones. Qualitative data were obtained through 8 focus group discussions (FGD) with 12 participants each. Quantitative data were analyzed using SPSS version 28.0, while qualitative data were analyzed thematically using QDA Miner. The mean age of respondent was  $29.11 \pm 6.21$ . Psychosocial needs assessments revealed limited access to mental health services (36.6%). Most respondents reported weak community belonging (75.7%) and high levels of social isolation (84.7%), while stigma related to returnee status was widely prevalent (85.1%). Psychosocial factors such as Sex, and religion shows a strong independent association with psychosocial needs among returnees. Male respondents have significantly higher odds (AOR= 5.533:  $p < 0.001$ ) of reporting psychosocial needs compared to females. Muslim participants reported lower odds of psychosocial needs (AOR=0.559:  $p = 0.026$ ) compared to Christian respondents. Qualitative findings revealed widespread stigma, broken relationships, and systemic exclusion, particularly affecting women. Returnees emphasized the need for trauma-informed mental health care, sustainable livelihoods, and structural support such as transitional housing. Returnee migrants in Nigeria experience profound psychosocial distress characterized by stigma, economic hardship, and weak community integration. Interventions should focus on reducing stigma, strengthening community acceptance, and integrating psychosocial support.

**Keywords:** Psychosocial Needs, Returnee Migrants, Reintegration.

### Introduction

Returnee migrants often face significant mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD) [1]. Studies highlight that the migration

journey itself can involve traumatic experiences, including exploitation, abuse, and exposure to unsafe conditions. For example, migrants who are forcibly returned may experience heightened distress due to the abrupt nature of their return, compounded by feelings

of failure and societal stigma [2, 3]. Also, the stigma surrounding mental health in many countries exacerbates the reluctance of returnees to seek psychological support [4].

Social reintegration is a major challenge for returnee migrants. The loss of social networks abroad and difficulties in re-establishing connections in their home communities create a sense of isolation [5]. Returnees often experience alienation due to changes in societal norms and expectations during their absence [6]. Additionally, family relationships can become strained, as returnees face disappointment or resentment from family members who expected financial success abroad [7]. Women, in particular, may encounter unique gendered expectations and pressures upon return, which can intensify their psychosocial stress.

Economic insecurity further exacerbates the psychosocial difficulties faced by returnee migrants. Many struggle to secure employment or initiate business ventures due to limited financial capital, skill mismatches, and social discrimination [8]. Such economic instability fosters frustration, low self-worth, and depressive symptoms.

Interventions or programs, whether delivered intentionally or unintentionally, are anticipated to yield health benefits as their primary outcome, while also potentially generating social, economic, or psychological effects on the individuals exposed to them [9]. Psychosocial interventions encompass a broad range of strategies designed to address behavioural, psychological, and health-related issues. Psychological and psychosocial interventions focus on modifying processes or situations by implementing strategies for change. These approaches aim not only to reduce risk factors but also to activate and enhance protective factors [9].

Returnee migrants in Nigeria face difficulties reintegrating into their communities [10]. Many returnees return without employment prospects or opportunities to

resume income-generating activities. This results in depression for many migrants' returnees. Unemployment or dissatisfaction with income is a major factor driving migration for many Nigerians. Although some returnees can find work in their previous sectors, such as hairdressing, welding, and motorcycle riding, many had to sell their businesses, land, and properties and borrow money to finance their journeys [10]. Economic support is crucial for returnees, but finding employment in Nigeria's high-unemployment context is challenging. Most returnees lack qualifications or professional experience, making job acquisition difficult. Consequently, many seek to create their own income-generating activities, which require startup capital, another significant challenge due to limited funding for reintegration assistance [10].

Returned migrants may experience stigma and discrimination, particularly from their families, if they are unable to meet societal expectations, potentially leading to the development of an inferiority complex and significant mental health challenges [11]. Both voluntary and forced returnees often face social stigma and rejection upon returning to their home country, which can negatively impact their mental well-being [12]. Returnee migrants often exhibit significant levels of resilience, post-traumatic growth (PTG), and a sense of coherence (SOC) [13]. Moreover, limited access to psychosocial support services in Nigeria compounds the vulnerability of returnees, leaving many without the necessary resources to cope effectively with post-return challenges. Studies have highlighted that psychosocial well-being plays a pivotal role in the overall reintegration process, influencing an individual's ability to regain social functioning, secure employment, and rebuild self-esteem.

Despite growing policy attention to reintegration programs, there remains a significant gap in understanding the specific psychosocial needs of returnee migrants in Nigeria. Existing interventions have largely

prioritized economic empowerment, often overlooking the mental health and social dimensions of reintegration. Evaluating these psychosocial needs is essential to inform evidence-based strategies that promote holistic reintegration and sustainable wellbeing among returnees. This study, therefore, seeks to assess the psychosocial needs and reintegration of returnee migrants in Nigeria, identifying key challenges, coping mechanisms, and support systems required to foster psychological resilience and social inclusion. By addressing this gap, the research contributes to the broader discourse on migration, mental health, and reintegration within the Nigerian and sub-Saharan African context.

## **Methodology**

### **Research Design**

This study adopted a mixed-method research design, combining quantitative and qualitative approaches to evaluate the psychosocial needs and reintegration of returnee migrants in Nigeria. The quantitative component involved a structured questionnaire administered to a representative sample of returnees, while the qualitative component consisted of Focus Group Discussions that provided deeper insights into the lived experiences of reintegration and the psychosocial needs of returnee migrants. This design was particularly appropriate given the complex and multidimensional nature of psychosocial issues faced by returnees.

### **Study Setting and Population**

The study was conducted across Nigeria, the most populous country in West Africa, known for its ethnic, cultural, and linguistic diversity. Nigeria is administratively divided into six geopolitical zones, North Central, North-East, North-West, South-East, South-South, and South-West, each characterized by unique migration trends, socioeconomic contexts, and reintegration challenges.

The target population consisted of returnee migrants who had previously migrated outside Nigeria and had now returned, either voluntarily or involuntarily, under various reintegration programs. These individuals represent a vulnerable group often confronted with significant psychosocial, economic, and social reintegration challenges.

### **Inclusion and Exclusion Criteria**

The inclusion criteria for this study focused on individuals who had returned to Nigeria after a period of migration, whether voluntarily or forcibly. These participants were expected to have experienced some form of psychosocial challenge during or after their migration journey. To ensure the collection of informed and mature perspectives, only adults aged 18 years and above were considered eligible. Participation in the study was entirely voluntary, and only those who provided informed consent were included, ensuring that respondents fully understood the study's purpose and agreed to take part willingly.

Conversely, individuals below 18 years of age who had not undergone international migration and return were excluded from the study. Additionally, persons with cognitive, psychological, or mental impairments that could hinder their ability to comprehend the study objectives or give informed consent were not included in order to maintain the ethical and methodological integrity of the research.

### **Sample Size Determination**

Given the large number of Nigerian returnees, it was impractical to include all individuals in the study; therefore, a representative sample was determined using Cochran's formula, adjusted for a finite population to prevent oversampling. The 2024 population of 30,573 returnees assisted by IOM under the UN-IOM Joint Initiative for Migrant Protection and Reintegration served as the population size.

Since the Finite population size is known, Yamane's Formula below was utilized to calculate the sample for this study [14].

$$\frac{N}{1 + N (e)^2}$$

Where:

n = sample size

N = total population (30,574) [15]

e = margin of error (commonly 5% or 0.05)

deff = 3

$$\frac{30,574}{1 + 30,574 (0.05)^2}$$

$$\frac{30,574}{1 + 30,574 \times 0.025}$$

$$\frac{30,574}{77,435}$$

$$= 395$$

The design effect (deff) adjusts for the increased variability introduced by sampling methods such as cluster sampling. When a deff of 3 is applied, the sample size is increased accordingly to obtain the adjusted sample size which is

$$= n \times \text{deff}$$

Where:

n = 395 (original sample size from Yamane's formula)

$$\text{deff} = 3$$

$$= 395 \times 3$$

$$= 1,185$$

$$\text{Non-response (10\%)} = n/0.9$$

$$n = 1316$$

For the qualitative phase, 8 FGDs were conducted across the geopolitical zone, each comprising approximately 12 participants, ensuring broad representation and diversity in experiences and perspectives.

### Sampling Techniques

A four-stage multistage sampling technique was employed to ensure representativeness across the six geopolitical zones.

The sampling process was carried out in four distinct stages to ensure that the selection of participants adequately represented returnee migrants across Nigeria. In the first stage, returnees were categorized according to the

country's six geopolitical zones: North Central, North-East, South-East, South-South, North-West, and South-West, using data obtained from the National Population Commission (NPC, 2021) and the International Organization for Migration (IOM, 2023). This stratification reflected the varying numbers of returnees across zones, ranging from the highest in the South-South to the lowest in the North-West.

In the second stage, the study employed a Probability Proportional to Size (PPS) technique to determine the number of participants to be drawn from each zone, ensuring that regions with larger returnee populations had a proportionately higher representation. Consequently, 1,316 participants were distributed across the zones, with the largest share allocated to the South-South and the smallest to the North-West.

The third stage involved a further breakdown within states. The PPS approach was again applied to allocate participants to specific states such as Edo, Delta, and Lagos, maintaining proportional representation across the country and ensuring that no region was underrepresented.

Finally, at the community level, convenience and snowball sampling methods were employed to identify and recruit participants. This stage relied heavily on existing returnee networks, such as the Greater Returnee Foundation, to reach potential participants. This approach was particularly useful given the high mobility and scattered distribution of returnees, allowing the research team to access respondents who might otherwise have been difficult to locate.

### Data Collection Procedure

Data collection was carried out using both quantitative and qualitative methods to ensure a comprehensive understanding of the psychosocial needs and reintegration of returnee migrants. The quantitative phase involved administering a structured interviewer-administered questionnaire to

eligible participants across the six geopolitical zones of Nigeria. Trained research assistants facilitated the process, ensuring clarity of questions and accuracy of responses. Prior to data collection, participants were briefed on the study objectives and their rights, and informed consent was obtained. The questionnaire captured information on demographic characteristics, psychosocial need of returnee migrants in Nigeria. Quantitative data was collected between May to July 2025.

For the qualitative phase, 8 Focus Group Discussions were organized in each geopolitical zone, with each session comprising 12 returnee participants. These discussions provided deeper insights into personal experiences, coping mechanisms, and community reintegration challenges. Each session was moderated by a trained facilitator and recorded with participants' permission. Notes and audio recordings were later transcribed verbatim for thematic analysis. The combined approach allowed for triangulation of findings, enhancing the richness and validity of the study results.

### **Data Collection Instruments**

Data collection was carried out using a carefully structured, interviewer-administered questionnaire that had been pretested to ensure effectiveness and reliability. The questionnaire was developed to obtain comprehensive information on the psychosocial needs of returnee and reintegration experiences of returnee migrants, covering key areas such as socio-demographic background, migration and reintegration history, and various dimensions of psychosocial challenges. The Psychosocial Need was measured using a 5-point Likert scale. The Likert scale is a commonly used tool for assessing ideas, feelings, or attitudes that cannot be directly observed, using a set of organised response options [16]. It presents a number of statements or questions, each followed by a balanced range of answer choices that show how strongly a respondent agrees or

disagrees. In its usual five-point format, responses can range from “Strongly Disagree” to “Strongly Agree”, with options such as “Disagree”, a neutral “Neither Agree nor Disagree”, and “Agree” in between. The Likert scale tool for used this study was adapted from Koo & Yang, (2025) research on Likert-Type Scale [17]. To ensure cultural relevance and respondent comfort, the tool was piloted on two separate occasions over a two-week period among a small sample of returnees. Feedback from this pilot exercise guided revisions to improve question clarity and phrasing, while emotionally sensitive items were reworded in a more empathetic and culturally appropriate manner to foster honest and accurate responses.

### **Validity and Reliability**

Content validity was established through expert review by specialists in migration psychology and public health to ensure that items accurately captured psychosocial-related constructs. Criterion validity was confirmed by aligning the questionnaire with validated international tools used in migrant health research.

Reliability was tested using Cronbach's Alpha, yielding a coefficient of 0.80, indicating strong internal consistency. Test-retest reliability was also confirmed, with a correlation coefficient of  $r = 0.85$ , indicating the instrument's stability over time.

### **Data Analysis**

Data was first entered and cleaned in Microsoft Excel, with incomplete or inconsistent responses (approximately 20%) removed before analysis. Quantitative data were analyzed using IBM SPSS version 28.0. Descriptive statistics such as frequency and percentage was used to summarize the assessment of psychosocial needs of the respondents. and identify associations between psychosocial factors, and socio-demographic variables. Multivariate logistic regression analysis was used to assess the factors

associated with psychosocial needs among returnee migrants. The level of significance was set at  $p < 0.05$ .

For the qualitative data, all FGDs were audio-recorded, transcribed verbatim, and analyzed thematically. Thematic analysis involved coding, categorizing, and identifying emerging themes using QDA Miner software, which facilitated systematic data management and triangulation with quantitative findings.

## Result

### Quantitative Analysis

#### Socio-Demographic Characteristics of Returnee Migrants

Table 1 shows that the majority of returnee migrants were young adults aged 18–30 years (65.7%), with a mean age of  $29 \pm 6.2$  years, indicating a predominantly youthful population. Females (56.5%) slightly outnumbered males (43.5%). Most respondents were single (58.3%), while over one-third were married (38.4%). Christianity was the dominant religion (79.0%). In terms of ethnicity, Edo respondents constituted the largest proportion (50.9%), followed by Hausa (15.8%), while Igbo (7.9%) and Yoruba (9.7%) accounted for smaller shares.

**Table 1.** Socio-Demographic Characteristics of Returnee Migrants

Variables	Category	Frequency (n=1316)	Percentage (%)
Age Category	0-17 Years	5	0.4
	18-30 Years	864	65.7
	31-50 Years	441	33.5
	51 Years	6	0.5
Mean Age		$29 \pm 6.212$	
Gender	Male	572	43.5
	Female	744	56.5
Marital Status	Single	776	58.3
	Married	506	38.4
	Separated	5	0.4
	Divorce	24	1.8
	Widowed	14	1.1
Religion	Christianity	1040	79.0
	Islam	276	21.0
	Hausa	208	15.8
Ethnic Group	Igbo	104	7.9
	Yoruba	127	9.7
	Edo	670	50.9
	Others	207	15.7

### Assessment of Psychosocial Needs of Returnee Migrants

Table 2 shows that most returnees were neutral about having access to mental health support services (50.2%), while 35.3% disagreed. A strong sense of community belonging was limited, with 51.1% disagreeing and 24.5% strongly disagreeing. Financial hardship was widespread, with 60.1% strongly disagreeing that they experience financial difficulties, reflecting the absence of stable

income sources. Additionally, most respondents disagreed that reintegration was a challenge (72.1%), while social isolation was common, with 72.5% agreeing and 12.1% strongly agreeing that they felt excluded. Stigma was also prevalent, with 34.7% agreeing and 50.4% strongly agreeing they experienced stigma as returnees. Housing access was limited, as 50.2% disagreed they had adequate shelter, while 59.6% were neutral about having strong family support.

**Table 2.** Assessment of Psychosocial Needs of Returnee Migrants

Variable	Frequency (n=1316)	Percentage (%)
<b>I have access to mental health support services</b>		
Strongly Disagree	16	1.2
Disagree	466	35.4
Neutral	660	50.2
Agree	167	12.7
Strongly Agree	7	0.5
<b>I feel a strong sense of belonging in my community.</b>		
Strongly Disagree	324	24.6
Disagree	673	51.1
Neutral	87	6.6
Agree	176	13.4
Strongly Agree	56	4.3
<b>I experience financial difficulties affecting my well-being</b>		
Strongly Disagree	792	60.2
Disagree	486	36.9
Neutral	17	1.3
Agree	9	0.7
Strongly Agree	12	0.9
<b>I struggle with reintegrating into Nigerian society</b>		
Strongly Disagree	156	11.9
Disagree	949	72.1
Neutral	100	7.6
Agree	102	7.8
Strongly Agree	9	0.7
<b>I feel socially isolated or excluded.</b>		
Strongly Disagree	8	0.6
Disagree	103	7.8
Neutral	90	7.0
Agree	956	72.6
Strongly Agree	159	12.1
<b>I have experienced stigma related to being a returnee migrant</b>		

Strongly Disagree	21	1.6
Disagree	108	8.2
Neutral	67	5.1
Agree	455	34.6
Strongly Agree	665	50.5
<b>I have adequate housing and shelter.</b>		
Strongly Disagree	78	5.9
Disagree	660	50.2
Neutral	402	30.5
Agree	168	12.8
<b>I have a strong support system from family and friends</b>		
Strongly Disagree	50	3.8
Disagree	43	3.3
Neutral	784	59.6
Agree	434	33.0
Strongly Agree	5	0.4
<b>I feel safe and secure in my living environment</b>		
Strongly Disagree	32	2.4
Disagree	353	26.8
Neutral	684	52.0
Agree	238	18.1
Strongly Agree	9	0.7
<b>I have access to job opportunities that meet my skills</b>		
Strongly Disagree	65	4.9
Disagree	613	46.6
Neutral	456	34.7
Agree	168	12.8
Strongly Agree	14	1.1

Table 3 presents the results of a multivariate logistic regression analysis of factors associated with psychosocial needs among returnee migrants. After adjusting for covariates, several sociodemographic characteristics remained significantly associated with higher psychosocial needs among returnee migrants ( $p < 0.05$ ). Sex showed a strong independent association with male returnees had significantly higher odds of reporting high

psychosocial needs compared to females (AOR = 5.533, 95% CI: 3.984–7.683,  $p < 0.001$ ). Religious affiliation was also significant, with Muslim respondents showing lower odds of psychosocial needs compared to Christians (AOR = 0.56,  $p = 0.026$ ). Ethnicity showed strong associations, as Igbo, Yoruba, Edo, and other ethnic groups had significantly lower odds of psychosocial needs compared to Hausa returnees ( $p < 0.001$  for all).

**Table 3.** Multivariate Logistic Regression Analysis of Factors Associated with Psychosocial Needs among Returnee Migrants

Variable	COR	95%CI	P value	AOR	95%CI	P value
<b>Age</b>						
0-17 Years	Ref	-	-	Ref	-	-

18-30 Years	0.322	0.037-2.981	0.325	0.366	0.034-3.884	0.404
31-50 Years	0.465	0.051-4.192	0.495	0.355	0.033-3.815	0.393
51 Years	1.250	0.058-26.869	0.887	1.109	0.040-31.026	0.951
<b>Sex</b>						
Male	7.683	5.876-10.044	<0.001*	5.533	3.984-7.683	<0.001*
Female		Ref	-	Ref		-
<b>Religion</b>						
Christianity		Ref	-	Ref		-
Islam	1.823	1.369-2.427	<0.001*	0.559	0.335-0.933	0.026*
<b>Ethnicity</b>						
Hausa	Ref		-	Ref		-
Igbo	0.151	0.090-0.255	<0.001*	0.234	0.103-0.531	<0.001*
Yoruba	0.149	0.090-0.246	<0.001*	0.073	0.035-0.151	<0.001*
Edo	0.206	0.140-0.304	<0.001*	0.085	0.042-0.174	<0.001*
Others	3.496	1.766-6.918	<0.001*	0.097	0.052-0.181	<0.001*
<b>Education</b>						
None	7.378	0.849-64.078	0.070	1.311	0.829-2.073	0.246
Primary	10.982	1.254-96.200	0.030*	0.805	0.572-1.134	0.215
Secondary	6.490	0.755-55.808	0.088	1.572	0.889-2.779	0.120
Tertiary	13.621	1.526-121.558	0.019*	0.189	0.018-2.002	0.167
Dropped out	Ref		-	Ref		-

\* $p < 0.05$  statistically significant, COR (Crude odd ratio), AOR (Adjusted odd ratio).

## Qualitative Result

### Psychosocial Needs

#### Major Social Challenges Faced After Returning to Nigeria

Returnees face deep social challenges that hinder reintegration, including stigma, broken relationships, and systemic exclusion. These issues often overlap, worsening psychological and social strain, especially for women and those returning without financial success.

#### Widespread Stigma and Rejection

Returnees are often labeled as failures, criminals, or sex workers, shaping how others treat them.

*“People look down on me because I returned empty; others succeeded.”* — R7, Kano 2 FGD

*“My marriage ended because people assumed I traveled for prostitution.”* — R3, Lagos FGD

*“Employers reject me when they learn I’m a returnee.”* — R4, Kano 2 FGD

#### Broken Trust and Emotional Strain

Many described losing trust in others and withdrawing socially due to fear of judgment.

*“Noise disturbs me; I avoid gatherings.”* — R1, Ikorodu Lagos FGD

*“Men suspect I traveled for sex work; finding a partner is impossible.”* — R4, Abuja FGD

#### Systemic Exclusion and Daily Struggles

Returnees often face structural barriers that deepen their marginalization.

*“My certificates don’t stop employers from rejecting me.”* — R5, Lagos FGD

*“Transport and electricity shortages make daily life stressful.”* — R3, Abuja FGD

*“I drown memories in alcohol and drugs.”* — R4, Yobe 2 FGD

Returnees navigate stigma, distrust, and structural neglect, with women facing the harshest gendered stigma. Their experiences reveal that social reintegration remains incomplete without addressing prejudice, institutional exclusion, and trauma recovery.

### **How Has Your Return Affected Your Relationships with Family and Friends?**

Return migration reshapes personal relationships, often blending relief with resentment. While some returnees rebuilt trust and found emotional renewal, others faced alienation, stigma, or permanent estrangement.

### **Reconnection and Strengthened Bonds**

For some returnees, coming home brought emotional healing and restored unity.

#### **Family Relief and Celebration**

*“My family now celebrates my birthday; my return healed their ailments.”* — R1, Fremnet House/Oreyo Lagos FGD

#### **Mending Past Trauma**

*“Marriage made my family forget the pain of my journey.”* — R5, Kano 2 FGD

#### **Advocacy and Healing Roles**

*“I now educate others to avoid the mistakes I made.”* — R4, Ikeja Onigbongbo Lagos FGD

### **Fractured Trust and Emotional Distance**

Others described damaged relationships marked by guilt, debt, and distrust.

#### **Financial Strain and Disappointment**

*“My mother went into debt for my trip, and I can't repay her.”* — R4, Ikeja Lagos FGD

#### **Self-Isolation as Defense**

*“I avoid family to escape the shame of my condition.”* — R4, Ogiyo-Ikorodu Lagos FGD

#### **Unspoken Trauma**

*“I can't talk about Libya, and that silence creates distance.”* — R4, Ikeja Onigbongbo Lagos FGD

### **Selective Support Systems**

Some returnees found fragmented but meaningful support, often from unexpected sources.

#### **Unexpected Allies**

*“One friend checks on me when family won't.”* — R4, Fremnet House/Oreyo Lagos FGD

#### **Gendered Divides**

*“My marriage ended, and I lost custody of my kids.”* — R4, Ogiyo-Ikorodu Lagos FGD

#### **Conditional Acceptance**

*“They fund my care but complain about the cost.”* — R4, Yobe 2 FGD

Return migration acts as a powerful test of relationships, repairing some while breaking others beyond recovery.

### **Do You Feel Accepted and Supported by Your Community? Why or Why Not?**

Community acceptance reveals deep divisions between returnees and the societies they rejoined.

### **Systemic Exclusion from Residential Communities**

Most returnees viewed their neighbourhoods as unwelcoming, where interactions were often driven by curiosity or material interest.

### **Stigma and Mockery**

*“The community stigmatizes us; they only ask what I brought from abroad.”* — R4, Kano 2 FGD

### **Exploitative Expectations**

*“They don't support us—they only take from us.”* — R1, Fremnet House/Oreyo Lagos FGD

*“My church mocked me after I shared my story, so I left.”* — Ikeja Onigbongbo Lagos FGD

### **Gendered Exclusion**

*“Acceptance matters more for women who rely on others; men face indifference.”* — Ikeja, Lagos FGD.

### **Returnee Networks as Alternative Communities**

When local acceptance failed, returnees-built solidarity among themselves, forming informal support networks.

### **Mutual Understanding**

*“Only fellow returnees accept us—we’ve become each other’s family.”* — Ikeja, Lagos FGD

Collective Advocacy

*“Our sensitization programs help others avoid the pain we went through.”* — R2, Fremnet House/Oreyo Lagos FGD

### **Conditional Acceptance**

A small number experienced partial acceptance, often dependent on perceived success or financial contribution.

### **Tolerance Without Support**

*“My community accepted me but offered no help since I came back poor.”* — R1, Abuja FGD

Fragile Reconciliation

*“My family reunited after I returned—but only briefly.”* — R3, Ikeja Onigbongbo FGD

Community acceptance remains largely conditional and fragile, shaped by social status, economic outcomes, and gender expectations. The findings reveal a need for inclusive community initiatives that promote empathy, equality, and sustainable reintegration rather than judgment or transactional acceptance.

### **What Support Do Returnee Migrants Need Most to Successfully Reintegrate?**

Returnees outlined a holistic vision of reintegration, emphasizing that financial assistance alone cannot resolve the layered challenges they face. Their responses call for integrated systems that prioritize mental health, economic stability, and structural reform.

### **Mental Health and Psychosocial Support (MHPSS) as the Foundation**

Participants consistently emphasized that psychological recovery must precede economic empowerment.

*“Psychological support must come before business grants—trauma doesn’t leave at*

*once.”* — R2, Fremnet House/Oreyo Lagos FGD

*“Four of six training days should focus on mental health stabilization.”* — R3, Ikeja Onigbongbo Lagos FGD

### **Economic Empowerment with Structural Safeguards**

Returnees stressed the need for sustainable and dignified livelihood opportunities rather than short-term relief.

*“The current grants can’t sustain reintegration—we need mentorship too.”* — R3, Fremnet-Ogijo Lagos FGD

*“Government should provide one-year living stipends during transition.”* — R3, Benin City FGD

### **Systemic Enablers of Reintegration**

Returnees identified structural reforms needed to create a stable foundation for reintegration.

Housing as a Priority

*“Shelter is urgent, many can’t return to stigmatizing communities.”* — R4, Ikeja Lagos FGD

*“Government and NGOs should establish transitional housing camps.”* — R6, Ikeja Onigbongbo Lagos FGD

Returnees envision reintegration as a gradual, multi-phase process that begins with trauma healing, advances through sustained economic empowerment, and is reinforced by systemic protection. Effective reintegration, they argue, depends as much on emotional recovery and dignity as on financial stability.

### **What Are the Most Critical Needs for Returnee Migrants’ Successful Reintegration?**

Returnee migrants identified three core pillars for effective reintegration: mental health recovery, sustainable livelihoods, and structural community support. The findings outline both immediate needs and long-term policy priorities for holistic reintegration.

### **Mental Health as the Foundation**

Returnees consistently stressed the importance of trauma-informed care before economic interventions, noting that current psychosocial support remains inadequate.

*“Four of six training days should focus on mental health stabilization—business skills come after healing.”* — R3, Ikeja Onigbongbo, Lagos FGD

### **Sustainable Livelihood Opportunities**

Participants called for structured employment pathways and vocational programs that ensure dignity and long-term stability, rather than short-term grants.

*“Government should link us to contracts that match our skills, not just give temporary stipends.”* — R1, MaryLand, Lagos FGD

### **Structural Safety Nets**

Systemic issues such as housing insecurity and stigma were identified as major obstacles to reintegration. Returnees proposed institutional measures to ensure protection and inclusion.

*“Many can’t return to their communities; we need dedicated reintegration shelters.”*  
— R3, Ikeja, Lagos FGD

Successful reintegration, according to returnees, requires a sequenced and dignity-centered approach; healing first, empowerment second, and protection throughout.

### **Have You Faced Stigma or Discrimination as a Returnee Migrant?**

Returnee migrants reported widespread stigma that shaped nearly every aspect of their reintegration. Discrimination appeared through social exclusion, verbal abuse, and institutional bias, reflecting entrenched stereotypes about migration failure.

### **Institutional Stigma within Support Systems**

Many returnees described humiliating treatment from organizations responsible for their welfare, eroding trust in aid services.

*“IOM staff insult us like beggars, their body language shows disgust.”* — R3, Yobe FGD

### **Gendered and Sexualized Stigma**

Female returnees endured heightened discrimination linked to assumptions about morality and motherhood.

*“My betrothed said countless men must have used me abroad.”* — R1, Benin City FGD

### **Community-Level Dehumanization**

Participants frequently recounted social rejection and public ridicule within their neighborhoods.

*“They call us ‘never-do-wells’ and treat us like failures.”* — R4, Kano 2 FGD

Stigma against returnees operates at institutional, community, and interpersonal levels, reinforcing cycles of exclusion and psychological distress.

## **Discussion**

Findings from this study shows that majority of respondents expressed lack of community belonging, inadequate job opportunities, poor housing, and limited access to mental health services. Alarming, 72.6% reported feeling socially isolated, and 50.5% strongly agreed that they experienced stigma related to being a returnee migrant. Financial difficulties emerged as the most pressing issue. These findings are consistent with Tessitore et al. study who documented that Nigerian returnees often face hostility, unemployment, and economic marginalization, which hinder reintegration and worsen psychological distress [18]. Stigma, in particular, has been identified as a barrier to social reintegration, as communities may perceive returnees as “failures” or carriers of foreign problems [19]. A study by Nwozor et al. reported that many Nigerian returnees faced ostracization upon their return, with

communities viewing them as failures for not achieving the success often associated with migration [20], This social rejection created a sense of alienation, contributing to loneliness and a lack of belonging. The absence of robust social networks made it difficult for returnees to access resources and rebuild their lives effectively.

Psychosocial needs assessments indicated several critical gaps. Sex shows a strong independent association with psychosocial needs among returnees, where males have significantly higher odds (AOR= 5.533 ; $p<0.001$ ) of reporting high psychosocial needs compared to females [21]. Religion also independently influences psychosocial needs; Muslim participants reported lower odds of psychosocial needs (AOR=0.559:  $p=0.026$ ) compared to Christian respondents, suggesting that religious affiliation may shape mental health experiences and access to support. Ethnicity plays a significant role, with Igbo, Yoruba, and Edo respondents showing substantially lower odds of high psychosocial needs compared to the Hausa ethnic group, indicating that cultural and social factors linked to ethnicity affect psychosocial well-being.

Stigma emerged as one of the most significant challenges for returnees. Being labelled as failures, criminals, or sex workers eroded their sense of dignity and obstructed community reintegration. The intensity of stigma was particularly gendered, with women bearing disproportionate burdens linked to assumptions of prostitution, sexual exploitation, and single motherhood. These findings resonates, Richardson & Laurie research, who highlighted the sexual stigma trafficked women face post-return. Institutional discrimination, whether from employers or even state actors further entrenched marginalization [22]. This suggests that stigma is not only interpersonal but also systemic, perpetuated by policies and practices that fail to protect returnees' dignity. The relational disruptions described by FGD participants

reflect how trauma reshapes interpersonal bonds. Withdrawal, self-isolation, and difficulty sustaining romantic partnerships illustrate the lingering psychological scars of migration. Distrust, both of others and of self, points to diminished relational confidence. Comparable studies also show that family expectations of financial gain, coupled with returnees' migrants inability to meet these, often fuel estrangement and shame [23]. For women, the collapse of marriages, engagements, and loss of custody illustrates how migration outcomes intersect with gender norms, leaving them especially vulnerable to relational and social breakdown. Beyond interpersonal stigma, returnees face structural challenges such as unemployment, housing insecurity, and poor infrastructure. Participants expressed frustration that vocational certificates or training often failed to translate into job opportunities, which supports Medase & Barasa findings on the limited absorptive capacity of Nigeria's labour market [24]. Safety concerns, including reports of kidnapping and community hostility, further expose returnees to ongoing vulnerability. These structural exclusions demonstrate how reintegration is undermined by weak governance, fragile economies, and systemic insecurity.

Returnees' experiences with communities reflected a spectrum ranging from outright rejection to conditional acceptance based on perceived success. Most accounts highlighted transactional or exploitative community interactions, where returnees were valued only for material contributions. This resonates with Nisrane research, who noted that African communities often judge returnees through economic rather than social lenses [25]. In contrast, peer networks and returnee associations emerged as critical safe havens, providing solidarity and mutual understanding. These findings suggest that while mainstream communities often perpetuate stigma, returnee-led networks function as alternative communities of care and resilience.

## **Limitation**

Although the study employed a robust mixed-method design that integrated both quantitative and qualitative approaches, a few limitations were encountered. First, the use of convenience and snowball sampling at the community level may have introduced some selection bias, as participants who were more socially connected or active within returnee networks were more likely to be included. This could limit the representativeness of the sample. Additionally, self-reported information collected through questionnaires and Focus Group Discussions may have been affected by recall bias or social desirability bias, particularly when discussing sensitive psychosocial experiences.

## **Mitigation**

To mitigate these limitations, the study applied a multistage sampling approach with Probability Proportional to Size (PPS) at earlier stages to enhance representativeness across all six geopolitical zones. Research assistants were trained to create a supportive and nonjudgmental environment that encouraged honest disclosure, while the triangulation of quantitative and qualitative data strengthened the credibility and validity of findings. Furthermore, piloting of the data collection instruments and expert validation helped to improve reliability and minimize bias in the responses obtained.

## **Conclusion**

The findings demonstrate that returnee migrants experience substantial unmet psychosocial needs, characterized by social isolation, stigma, weak community integration, limited access to mental health services, and economic and housing insecurity. Male returnees were particularly vulnerable, with significantly higher psychosocial needs than females. Also, persistent stigma, social isolation, and financial instability significantly impede recovery and community acceptance.

Addressing these challenges requires a coordinated, trauma-informed approach that combines mental health and psychosocial support with sustainable livelihood programs and inclusive community policies. Strengthening institutional responsiveness and fostering empathy-driven reintegration frameworks are essential.

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No external financial support.

## **Conflicts of Interest**

There are no conflicts of interest.

## **Data Availability**

The quantitative and qualitative datasets generated and analyzed during this study are not publicly available due to ethical restrictions and the sensitive nature of the information collected from returnee migrants. However, de-identified data may be made available from the corresponding author upon reasonable request and subject to approval by the Nigerian Institute of Medical Research (NIMR) ethics committee.

## **Ethical Considerations**

Ethical clearance for the study was granted by the Nigerian Institute of Medical Research (NIMR) under reference number IRB/24/017. Prior to data collection, each participant was fully briefed on the study's purpose, procedures, and their rights, after which informed consent was obtained. Participation was entirely voluntary, with individuals assured of their right to withdraw at any point without consequence. To safeguard privacy, all responses were treated with strict confidentiality, and participants' identities were protected using coded identifiers instead of personal names. In instances where participants exhibited signs of emotional distress during interviews or discussions, they were promptly referred to qualified psychosocial support services for further assistance. Throughout the research process, the study remained firmly guided by the ethical principles of respect for

persons, beneficence, and justice, ensuring that participants' dignity and well-being were prioritized at every stage.

## Author Contributions

### Observation:

- **Kazeem Abimbola Uthman:** Conceptualization, Writing – Review & Editing, Supervision. [Kazeem Abimbola Uthman was omitted]
- **Olatunji Joshua Awoleye:** Conceptualization, Methodology, Data Curation, Investigation, Writing – Original Draft, Funding Acquisition.
- **Florence Ngozi Uchendu:** Supervision, Writing – Review & Editing, Project Administration, Funding Acquisition.
- **Olaniyi Felix Sanni:** Formal Analysis, Methodology, Data Curation, Writing – Review & Editing.

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All authors read and approved of the final manuscript.

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