

Coping Strategies of Female Return Migrants Settled in East and West Arsi Zones of Ethiopia

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The study was intended to assess coping strategies that the women return migrants had used to overcome stressors encountered following their return from Arab countries. Descriptive research design was employed for the present study. The study participants were 147 female individuals sampled from 238 return migrants settled in East and West Arsi Zones of Oromia Regional State in Ethiopia. The Brief COPE Scale (Carver, 1997) was used to assess different coping behaviors and thoughts the individuals had employed in response to stressors. Results indicated that half of the return migrants had employed self distracting coping strategy to respond to their stressors. About fifty percent of them had relied on religion to get relief from stressors. In terms of the composite subscales, about fifty-four percent of them had employed problem focused coping in trying to react to stressors; while, fifty-one percent of them had employed dysfunctional coping strategy. The number of the participants whose reaction was emotion focused were forty-six percent. The overall data on the total scale showed that fifty-seven of the return migrants had more than average score indicating their preference to employ the coping strategies. Majority of the participants' tendency to opt for the coping strategies had association with their demographics. Significant differences were also observed between and among the participants with respect to their demographics.

Keywords. Coping strategy, return migrants, stress

Studies had indicated that a number of African people migrate to Arab countries and to Europe (International Organization for Migration, 2010). The majority of the migrants from Ethiopia to the Arab countries were domestic female workers as poverty in the country affects their socio-economic life more than the male counterparts (Fernandez, 2011). The nature of migration has become

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complex in the case of Ethiopian female migrants because of pushing factor (poverty) and pulling factor (job opportunity in the Arab countries especially for domestic female workers). The number of female migrants from Ethiopia to the Arab countries had extremely increased (International Organization for Migration, 2016) in the recent years preceding this assessment.

Among the groups of people who were vulnerable for migration, those in Oromia (regional state of Ethiopia) were leading in the number of women migrating to Arab countries as reported (Ministry of Labor and Social Affairs, 2010). In the same indication, Arsi and West Arsi zones of the region were fore running among those zones where the incidence of women return migrants had become pervasive during this study. The females had migrated despite their complicated social background (as some of them migrated after marriage, leaving their children with husband or relatives; and some of them were school drop outs, etc.) with the intension to return back with money to help their poor families. Migration related experiences have become the source of life stress for the female migrants instead of serving as a means to escape from poverty. As documented by Atnafu and Adamek (2016), women return migrants had experienced stressful situations because of overloaded labor, physical and sexual abuse both by migration facilitating agents and by employers in the migration country. It was with this conceptualization of stressors and coping strategies that the writers conducted the study on the Ethiopian female return migrants from Arab countries.

Some evidences indicate that the stresses migrants face are acutely increasing for various reasons. Gezahegn and Kassim (2017) reported that the causes of the return migrants' stresses were the diverse problems they had experienced in the migration processes, in the destination country, and after return in the home country. However, the strategies employed to regulate the emotional reactions in responding to the stressors depend on the individuals' resilience to cope with the stress. Coping strategies are recognized as key factors in resisting stress (Gustems-Carnicer & Calderon, 2013). When an individual encounters a potential stressor, she/he responds by employing a coping strategy to avoid or at least minimize the challenge (Biggs, Brough, & Drummond, 2017).

There is scarcity of local researches conducted on coping strategies of return migrants. Studies conducted so far on Ethiopian female return migrants were exploratory studies in which standardized measures were not used. In a study conducted on Ethiopian female return migrants, De Regt and Tafesse (2016) and International Organization for Migration (2016) found that psychological, physical,

social, and economic challenges had been encountered by the participants both in the Arab countries and at home country after their return. The studies had reported that the coping methods of the participants included escaping from employers and working as „freelancers“ at the destination country; and comparing their situation to possible worse scenarios at home country. The contribution of family and community intervention in terms of their cultural values, norms, and traditions were also reported as coping method at home country (De Regt & Tafesse, 2016; Gezahegn & Kassim, 2017; International Organization for Migration, 2016).

In response to the stressful experiences, it is natural that humans try to get out of the stressful situations by applying a coping mechanism to resist life challenges. Coping mechanisms can be a response either to solve the problem or to regulate the emotional reactions generated by the stressors (Andersson & Willebrand, 2003). In a situation where it is difficult to solve the problem directly, a person may change his/her perception and use emotional reactions (for example, maintaining sense of humor and cultivating optimism) as coping strategies. However, some individuals may hide themselves in dysfunctional coping mechanisms like substance use which may worsen the situation.

Gustems-Carnicer and Calderon (2013) found that there was an experience of trauma that might remain stained in the return migrants“ mind resulting in psychological stress. International Organization for Migration (2016) reported in its study that most of the Ethiopian female domestic workers had experienced aversive working conditions, psychological harassment, physical and sexual abuse in the country of migration. As they migrated to escape from the economic problem, but returned back bare handed, the return migrants had faced psychological, social, and economic challenges up on their return (Ministry of Labor and Social affairs, 2010). According to Gezahegn and Kassim (2017), economic related problems have been important stressors hindering reintegration of the return migrants with slight individual differences.

Coping strategies have to do with approaches, skills and abilities that allow individuals to react to difficulties in life. Biggs, Brough, and Drummond (2017) asserted that coping strategies are identified as constantly changing cognitive and behavioral reactions to manage specific external and/or internal stressors. Some of the reactions to stressors are coping strategies explained as emotion-focused and problem-focused responses (Biggs et al., 2017; Ogden, 2007). Situations in which useful action is possible elicit problem focused coping. Problem focused coping strategy is more likely to apply when

situational demands are perceived controllable (Kahn & Garrison, 2013). Conversely, situations that seem to be accepted are more likely to elicit emotion focused coping strategy (Ogden, 2007). It means that in emotion focused coping, individuals try to moderate and regulate distressful emotions, for example, by seeking support from others, avoiding, reducing or reviewing the problems (Biggs et al., 2017). However, emotional support has been proven to be an effective stress management technique since individuals increase instrumental help, emotional support, or social diversion such as venting to others (Kahn & Garrison, 2009).

Another explanation of approaches of facing stressors is given as adaptive and maladaptive coping strategies. Adaptive coping strategies have been associated with responses that secure psychological well-being, for example, seeking social and emotional support, actively attempting to leave the situation, and talking to others about the source of the stress (Donnelly, 2002). Maladaptive coping strategies have been associated with problems of psychopathology, like abuse of alcohol or drug to forget the stressful situation, being occupied by feelings of helplessness, denial, and avoidance (Higgins, 1994). Spirituality and religion are also taken as approaches for certain individuals to respond to stressful situations, and perceived as helpful in providing a cognitive framework to reduce stress and enhance feelings of wholeness and healthy feeling (Dedeli & Kaptan, 2013). In the same document, it is suggested that spirituality and religion are the most accessible and readily available resources to help in improving stressful life events.

Therefore, the present study was intended to assess the return migrants' coping strategies in relation to their demographic characteristics by using a standardized measure of coping strategies. The major objective of the study was to assess the coping strategies that return migrants had used to respond to their challenges. The specific objectives were to assess the type of coping strategies used more dominantly by the return migrants to overcome their stress; explain the relationship between the return migrants' background characteristics and their coping strategies. In addition, it was also intended to evaluate the relative contributions of the coping strategies to both composite coping strategies and general coping strategy; and identify the demographic characteristics of the return migrants that had brought about significant differences in their coping strategies.

Method

Sample

The participants of this descriptive survey research were 147 female return migrants obtained from the total of 238 target population by employing systematic random sampling technique. The participants' age ranged from 18 to 38 years ($M = 24.67$, $SD = 3.09$). The majority of the return migrants (88.4%) were Muslims. While 95% of them attended primary to secondary school education, 85% of them had attended different trainings. Some of them were dropouts before migration while some of them quit their education upon their departure. Urban and rural dwellers were 53.7% and 46.3%, respectively. About 56.3% of them were married; while, 43.7% of them were single. In terms of family size, about 53.1% of them had one to three children. As they indicated in the open-ended items, most of them had married before their migration and about 42.9% of them had no source of income.

Measure

The Brief COPE (Carver, 1997) scale was used to collect data from the participants. The scale was made to retain the 28-items adapted to assess coping mechanisms the return migrants had used in facing the challenges in the process of their migration and reintegration. The 14 subscales (hereafter coping strategies) (self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame) were used with minor adjustment of the content. The scale was also used in terms of its three composite categories (hereafter composite coping strategies): emotion-focused, problem-focused, and dysfunctional coping.

Emotion-focused. This composite coping strategy measured the extent to which the participants had practiced emotional approach in responding to their stress. It measures acceptance, use of emotional support, positive reframing, humor, and religion.

Problem-focused. This composite coping strategy measured the extent to which the participants had opted to react to the challenges they had faced. It addresses active coping, use of instrumental support, and planning.

Dysfunctional coping. This composite coping strategy, measures the extent to which the participants had approached to cope with their

problems in unacceptable manner. The subscale items included: venting, self-distraction, denial, behavioral disengagement, self-blame, and substance use practices.

The Brief COPE (Carver, 1997) subscales were used with their 4-point Likert scale format that measured the participants' response to their stressors as 1 = "*I haven't been doing this at all*" to 4 = "*I have been doing this a lot*". The scores of all the items were summed up to get total coping scores. Accordingly, higher scores on the scale (or subscales) indicate engaging in that behavior more frequently. Forward-backward translation method was used to obtain the Afan Oromo (local language) version of the scale. Translation done by professional bilingual translators had content validity index of .92. The results implied that the questionnaire items were clear, understandable, readable, and free from possible cultural bias because of the translation. Pilot study result indicated high reliability value of Cronbach's alpha (.85) for all the Brief COPE (Carver, 1997) subscales. A few open-ended items were included to allow participants to express their feelings freely about their migration. The respondents were asked to reflect their responses to stressors caused by traumatic experience in the migration country and in the reintegration process.

Procedure

Ethical concerns about the research were approved positively by Arsi University Research Ethics Committee. Upon the distribution of the questionnaire to the participants by the researchers in person, they were asked to read the informed consent, asked to complete the questionnaire individually, and give back to the researchers themselves. The researchers had obtained participants confirmation of their conviction about the purpose of the study and voluntarily participated in the study with no incentive given to them. They were made aware of their anonymity and their right to withdraw at any time from the study and could skip any question that might create discomfort to them.

Data Analysis

Quantitative descriptive approach was used for data analysis. Percentage and mean scores were used to examine the magnitude and rate of occurrence of the type of the respondents' coping behaviors. Independent sample *t*-test and ANOVA were used to test mean score differences in the 14 coping strategies and the three composite coping

strategies in relation to the return migrants' demographic variables. Linear Multiple Regression was used to evaluate the relationships of the demographic variables with their coping strategies.

Results

Descriptive statistics of data obtained on the 14 subscales, the three composite coping strategies, and general coping strategy was analyzed and presented in Table 1. Accordingly, on Denial strategy, 60.5% of the participants had scored above the mean score. On the Self-Distraction strategy, 62.6% of the participants had scores at or below the mean. On the active coping strategy, 56.5% of the participants had scored at or below the mean. a number of the return migrants had practiced substance use as coping strategy as 64.6% them scored at or below the mean. On the emotional support strategy, 63.53% of the participants had scores at or below the mean; while, on the behavioral disengagement strategy, 66.7% of them had scores at or below the mean.

Table 1

Descriptive Statistics of Sample on the Coping Strategies (N = 147)

S. No.	Coping Strategies	Min.	Max.	M	SD
1	Denial	2.00	8.00	4.79	1.72
2	Self-Distraction	2.00	8.00	4.19	1.73
3	Active Coping	2.00	8.00	5.17	1.89
4	Substance Use	2.00	7.00	3.12	1.42
5	Emotional Support	2.00	8.00	4.67	1.92
6	Behavioral Disengagement	2.00	8.00	4.80	1.70
7	Venting	2.00	8.00	4.89	1.86
8	Positive Reframing	2.00	8.00	5.02	1.80
9	Planning	2.00	8.00	5.06	1.89
10	Humor	2.00	8.00	4.04	1.85
11	Acceptance	2.00	8.00	4.90	1.93
12	Religion	2.00	8.00	5.87	1.92
13	Self-Blame	2.00	8.00	4.24	1.75
14	Instrumental Support	2.00	8.00	4.72	1.80
I	Emotion Focused	10.00	38.00	24.51	5.98
II	Problem Focused	6.00	24.00	15.44	4.39
III	Dysfunctional Coping	12.00	43.00	26.05	5.92

On the venting strategy, 62.6% of the participants had scores at or below the mean and on the use of Positive Reframing strategy, 58.5% of the participants had scored at or below the mean, while 41.5% of the return migrants had used the strategy. On Planning

strategy, 63.94% of them scored at or below the mean; which means only 36.06% of them had systematic approach towards their problems. In responding to the Humor strategy, 56.46 % of the participants scored at or below the mean. On the Use of Acceptance strategy, 60.54% of the participants scored at or below the mean. On the strategy of religion, 51% of the participants scored at or below the mean. The participants who scored at or below the mean on self-blame strategy were about 56.46%. In responding to the Use of Instrumental Support strategy, 63.94% of the participants scored at or below the mean. The analysis of scores on the three composite coping strategies (emotion focused, problem focused, and dysfunctional coping) is also presented in Table 1. In employing emotion focused strategy, 53.1% of the participants scored at or below the mean and about 45.6% of the participants had scores at or below the mean on problem focused strategy. Remarkable percentage of the participants (54.4%) had been problem focused in trying to react to their stressors. On dysfunctional coping strategy, 49% of the participants had scored at or below the mean. A slightly more than half of the participants had used maladaptive behavior in responding to their stressors. The statistics on the general coping strategy indicated that 57.10% of the participants had scored the coping strategies above the mean.

Table 2 presents the results of correlation values of scores and the demographic variables. The correlation value between age and religion (as coping strategy) was in the negative direction ($r = -.19, p < .05$), though age had nonsignificant relationship with scores on self-distraction, active coping, planning, acceptance, and positive reframing. Religion was negatively related with scores on substance use. However, it had nonsignificant relationship with active coping and humor, and had also nonsignificant relationship with the remaining coping strategies. The participants' educational level had nonsignificant relationship with venting and instrumental support, and had also nonsignificant relationship with the rest of the coping strategies. The participants' residence had significant negative relationship with humor. Besides, it had nonsignificant relationship with denial, emotional support, planning and acceptance. Residence had nonsignificant relationship with the remaining coping strategies. Marital status had nonsignificant relationship with substance use, positive reframing and planning; and had nonsignificant relationship with the remaining coping strategies. Number of children had significant negative correlation with humor and self-distraction.

However, it had nonsignificant relationship with scores on the coping strategies of denial, active coping, substance use, behavioral disengagement, venting, positive reframing, planning, and acceptance.

Table 2
Correlation Matrix for Demographic Characteristics on the Coping Strategies (N = 147)

Variables	Den.	SD	AC	SU	ES	BD	Ven	PR	Plan	Hum	Acc	Rel.	SB	IS
Age	-.08	.03	.08	.14	-.02	-.11	-.02	-.00	.01	-.10	.03	-.19*	-.06	-.03
Religion	.06	.11	-.01	-.19*	.04	.08	.07	.08	.01	-.01	.02	.06	.00	.06
Residence	.03	-.16*	.02	-.04	.01	-.13	-.05	-.11	.08	-.19*	.06	-.09	-.02	-.00
Children	.07	-.16*	.11	.01	-.05	.02	.06	.02	.07	-.23**	.05	-.02	-.00	-.07
Income Source	-.18*	-.17*	-.19*	-.08	-.23**	-.30**	-.11	-.25**	-.22*	.00	-.19*	-.05	-.07	-.16*
Training	-.01	-.03	-.08	-.08	.05	-.03	-.01	-.02	.09	-.04	.11	.02	.05	-.00
Denial	–	.26**	.42***	-.11	.43****	.35**	.37***	.30**	.51***	.08	.43**	.41***	.08	.40***
Self-Distracton		–	.44***	.04	.23**	.28**	.30***	.23**	.29**	.31***	.40**	.27**	.15	.28**
Active Coping			–	.03	.39***	.31**	.35***	.38**	.49***	.10	.48**	.39***	.17*	.48***
Substance Use				–	.02	.11	.12	-.04	-.01	.28**	-.02	-.05	.11	-.07
Emotional Support					–	.45**	.38***	.36**	.43***	.15	.32**	.27**	.11	.60***
Beh. Disengagement						–	.45***	.26**	.42***	.27**	.31**	.29**	.23*	.38***
Venting							–	.39**	.34***	.28**	.34**	.51***	.12	.33***
Positive Reframing								–	.47***	.02	.36**	.34***	.12	.33***
Planning									–	.13	.68**	.32***	.13	.40***
Humor										–	.23*	.13	.26**	.19*
Acceptance											–	.31***	.19*	.41***
Religion												–	.19*	.22**
Self Blame													–	.23**
Instrumental Support														–

Note. Den = Denial; SD = Self-Distracton; AC = Active Coping; SU = Substance Use; ES = Emotional Support; BD = Beh. Disengagement; Ven = Venting; PR = Positive Reframing; Plan = Planning; Hum = Humor; Acc = Acceptance; Rel = Religion; SB = Self Blame; IS = Instrumental Support. * $p < .05$. ** $p < .01$. *** $p < .00$.

It had also nonsignificant relationship with problem focused composite coping strategies, while it had nonsignificant relationship with the remaining coping strategies. Income source had negative correlation with scores on the coping strategies of denial, self-distraction, active coping, emotional support, behavioral disengagement, positive reframing, planning), acceptance, and instrumental support. It was also negatively correlated with the three composite coping strategies (see Table 2). Training attended had nonsignificant relationship with scores on the coping strategy of emotional support, planning, positive reframing, acceptance, religion, and self-blame.

Moreover, it had nonsignificant relationship with scores on the composite coping strategy of emotion focused coping strategy. In interpreting the strength of the correlation values, the writers were used Cohen's (1988) suggestions in interpreting the strength of the correlation values. Hence, since the correlation values were low in magnitude, the relationships between the demographics of the return migrants and the magnitude of scores on coping strategies were weak even though some of the correlation values were statistically significant.

Return migrants' differences in employing coping strategies.

In order to test differences between the participants with respect to their demographic details in employing the coping strategies, *t*-tests and one-way ANOVA were used. The underlying assumptions of normality and homogeneity were confirmed for the statistical techniques employed, and interpretations were given accordingly. The significant value of mean differences in using self-distraction as coping strategy in relation to number of children (with no child, $M = 4.51$, $SD = 1.87$; and with children, $M = 3.92$, $SD = 1.56$ at $p < .05$) $t(2,145) = 2.06$, $p = .04$ indicated the influence of children on the return migrants.

There was also significant differences between mean scores on practicing humor based on number of children they had (no child $M = 4.51$, $SD = 1.85$), 1-3 children ($M = 3.63$, $SD = 1.77$), $t(2,145) = 2.94$, $p = .00$. In this case, those with children entertain less humor as compared to those return migrants who had no children. This implies that the return migrants without child had been practicing more self-distraction and humor as coping strategies than those with child. Similarly, *t*-test had been performed to examine mean differences between urban and rural the return migrants in using humor (rural $M = 4.38$, $SD = 2.02$; urban $M = 3.64$, $SD = 1.56$). The *t*-test result indicates statistically significant value $t(2, 143.42)$, $p = .01$. However, there were nonsignificant differences observed in all the remaining

coping strategies and the general coping strategy with respect to the demographic variables.

Results of one-way ANOVA based on the return migrants' sources of income (reported as none, agriculture, or small scale business) indicate statistically significant differences for scores on the coping strategies of emotional support, behavioral disengagement, positive reframing, planning, instrumental support, problem focused, and dysfunctional coping (Table 3). However, nonsignificant differences were observed in all the remaining coping strategies and on the general coping scores.

Table 3

Results of One-Way ANOVA on Sources of Income (No Income, Agriculture, Small Scale Business)

Variables	Source	Sum of Squares	df	Mean Square	F	p
Emotional Support	Between Groups	42.92	2	21.46	6.20	.00
	Within Groups	497.75	144	3.46		
	Total	540.67	146			
Behavioral Disengagement	Between Groups	42.39	2	21.19	7.99	.00
	Within Groups	382.27	144	2.66		
	Total	424.67	146			
Positive Reframing	Between Groups	31.64	2	15.82	5.15	.00
	Within Groups	442.24	144	3.07		
	Total	473.89	146			
Planning	Between Groups	33.49	2	16.75	4.92	.00
	Within Groups	489.82	144	3.40		
	Total	523.32	146			
Emotion Focused	Between Groups	278.77	2	139.38	4.06	.01
	Within Groups	4943.97	144	34.33		
	Total	5222.73	146			
Problem Focused	Between Groups	201.37	2	100.69	5.55	.00
	Within Groups	2614.88	144	18.15		
	Total	2816.25	146			
Dysfunctional	Between Groups	374.08	2	187.04	5.66	.00
	Within Groups	4757.48	144	33.03		
	Total	5131.57	146			

Application of post-hoc comparisons using the LSD test had identified significant groups. The test result indicates that the mean score on employing emotional support for those return migrants who had no sources of income was significantly different from those who

depend on agriculture and from those who owned small scale business. Moreover, the mean score on behavioral disengagement for returnees with no income sources was significantly different from owners of agriculture and from small scale business owners. The mean score in practicing positive reframing for participants with no income sources was significantly different from owners of agriculture and from small scale business owners. The mean score on planning for those returnees with no income sources was significantly different from owners of agriculture and from small scale business owners.

The mean score on instrumental support for returnees with no income sources was significantly different from owners of agriculture. The mean score in practicing problem-focused for returnees with no sources of income was significantly different from owners of agriculture and from small scale business owners. The mean score in practicing dysfunctional coping for those returnees with no sources of income was significantly different from small scale business owners. Thus, it is conclusive that the return migrants with no income sources had considerable practices on the subscales of emotional support, behavioral disengagement, positive reframing, planning, instrumental support, and on the composite subscales of problem-focused and dysfunctional coping compared to the return migrants with no income sources.

Discussion

The research assessed the coping strategies that the female return migrants had employed in reaction to their stressors. The Brief COPE (1997) subscales were used to measure the response tendencies of the participants with diverse demographic background. The result of descriptive statistical analysis indicated that the majority of the return migrants had employed Denial coping strategy in responding to their stressors. This goes with the finding in the exploratory research by De Regt and Tafesse (2016) on female return migrants of Ethiopia in which it was reported that the coping methods of the study participants included comparing their situation to possible worse scenarios and inclined towards opting for tolerance rather than looking for another approach. This sort approach to respond to the stressors may affect the overall well-being of the participants. This idea supports the argument in Gustems-Carnicer and Calderon (2013) that there was an experience of trauma that might remain stained in the return migrants' mind resulting in psychological stress in later life.

The participants' low tendency to use self-distractive behavior as a response to the stressors put them to the safe side but a number of participants had the tendency to practice substance use as coping

strategy. This means that some individuals were inclined to hide themselves in the dysfunctional coping mechanisms which had worsened their situation. Most of the return migrants did not actively react to their stressors. This had coincided with greater number of participants' tendency to opt for behavioral disengagement coping strategy in reaction to their challenges. The low number of the participants' tendency to use Venting subscale indicated that most of them tended to admit the stressors and remained passive while a considerable number of individuals had aggressively engaged in responding to the stressors. The majority of the return migrants did not use humor to respond to the stressful situation though it is believed to give at least temporary relief as suggested in (Biggs et al., 2017).

As reflected in the number of raters on the use of acceptance subscale, a considerable number of the return migrants silently accepted the stressors. Almost half of the participants had relied on religion to get relief from the stressor although a considerable number of the participants had the tendency to practice self-blaming. Although the majority of them tended to use instrumental support as a means to resist the stressors, a considerable number of them refrained from using it to approach the stressors. In this regard, response to the related open-ended item indicated that rather than asking for support, there was a habit of waiting for others (relatives or friends) to take initiative to support them thinking that their problems were understood.

The analysis of scores on the three composite coping strategies (emotion-focused, problem focused, and dysfunctional coping) also indicated different results. Less than half of the participants tended to respond to their stressors by employing emotion focused strategy. Conversely, the majority of the participants had tended to employ problem focused strategy in resisting the stressors. Greater number of the participants had tended to employ dysfunctional coping strategy. Generally, the response patterns of the female return migrants to the overall subscales indicated that the majority of them had employed the strategies indicated in the Brief COPE scale.

Most of the participants were not dispositional to venting strategy but tended to admit the stressors and remained passive. This goes with the view in Ogden (2007) that in emotion focused coping, an individual tries to moderate and regulate distressful emotions. The return migrants' silent acceptance of the stressors indicates that almost half of the return migrants relied on religion to get relief from the stressors. The weaker tendency of the participants to use Planning

as a coping strategy indicated that they had no systematic approach towards their problems.

Rural dweller participants tended to employ humor more than urban dwellers as coping strategies. As reflected in the number of raters on the use of Acceptance coping strategy, a considerable number of the return migrants silently accepted the stressors. Almost half of the participants had relied on religion to get relief from the stressor although some of the participants had the tendency to practice self-blaming coping strategy. Although, the majority of them tended to use instrumental support as a means to resist the stressors, a considerable number of them refrained from using it to approach the stressors. In this regard, response to the related open-ended item indicated that rather than asking for support, there was a habit of waiting for others (relatives or friends) to take initiative to support them thinking that their problems were understood.

The analysis of scores on the three composite coping strategies (emotion focused, problem focused and dysfunctional coping) also indicated different results. Less than half of the participants tended to respond to their stressors by employing emotion focused strategy. Conversely, the majority of the participants had tended to employ problem focused strategy in resisting the stressors. Generally, the response patterns of the female return migrants to the overall subscales indicated that the majority of them had employed the strategies indicated in the Brief COPE Scale (Carver, 1997) though varied in the extent of the practice.

The correlation values between the participants' coping responses and their demographic variables were mainly low in magnitude when judged based on Cohen's (1988) suggestion. In fact, most of the values were found to be statistically significant. The participants' religiosity had significant but negative correlation with their substance use as a coping strategy. However, it had nonsignificant relationship with their tendency to employ the remaining coping strategies. The participants' level of education had non-significant relationship with all of the coping strategies. The participants' residence had significant but negative relationship with their practice of humor as coping strategy; but residence had non-significant relationship with the remaining coping strategies. Marital status had nonsignificant relationship with all of the coping strategies. Number of children had significant negative correlation with Humor and Self-distraction tendencies. However, it had nonsignificant positive relationship with the remaining coping strategies. Income source had significant negative correlation with the tendency to employ denial, self-distraction, active coping, emotional support, behavioral

disengagement, positive reframing, planning, acceptance and instrumental support, but had no relationship with the tendency to employ venting, humor, religion based response and substance use. Training attended had nonsignificant relationship with their tendency to respond to all the coping strategies.

Test for the participants' differences in their tendency to employ coping strategies were done by applying *t*-test and one-way ANOVA with respect to their demographic variables. The significant value of mean differences in the participants' tendency to respond in terms of self-distraction and practicing humor as a coping strategy in relation to number of children indicated the influence of children on the participants' coping strategies. The participants without children had been practicing more self-distraction and humor as coping strategies than those with children. The participants who had resided in rural areas had been practicing more humor as coping strategy than those who resided in urban areas. However, there were no statistically significant differences observed in all the remaining coping subscales and the total scale scores with respect to the demographic variables.

From the observation of the results of one-way ANOVA, it was found that the participants' tendency to respond to stressors had variation with their demographic background. The results of one-way ANOVA for the scores on items of emotional support, behavioral disengagement, positive reframing, planning, instrumental support, problem focused, and dysfunctional coping strategies were statistically significant across the income sources excepting all the remaining coping subscales. Application of post-hoc comparisons using the LSD test had identified significant groups. The test result indicates that the mean score on employing emotional support for those return migrants who had no sources of income was significantly different from those who depend on agriculture and from those who owned small scale business. It means that the return migrants with no income sources had considerable practices on the subscales of emotional support, behavioral disengagement, positive reframing, planning, instrumental support, and on the composite subscales of problem-focused and dysfunctional coping compared to the return migrants with no income sources.

Limitations and Suggestions

The study was limited to female return migrants in East and West Arsi Zones of Oromia regional state of Ethiopia. Male returnees were not included although both male and female return migrants were documented. Therefore, future researchers should try to accept and

include male return migrants. The study can also be held at country wide level which, in fact, requires the attention of concerned institutions like Ministry of Foreign Affairs. Beyond gender differences, cultural background and personality traits of the participants could also be studied as factors to effort to apply coping strategies. It is also suggested that these factors could be further investigated through triangulated measures.

Implications

The results of the study imply that the return migrants' socio-economic backgrounds had detrimental effects on their temptation to use the coping strategies to confront the stressors. The study may give hint to stakeholders (the government organs, concerned NGO's and the returnees themselves) about issues related to remigration phenomena of return migrants who had failed to reintegrate upon their return from the Arab countries. It may also inform the stakeholders the need to revive the approach to help the return migrants to improve the selection of the coping strategies that may help returnees to mitigate their stressors and succeed in their reintegration process in a healthy way.

Conclusion

The overall evaluation of the data obtained on the Brief COPE Scale (Carver, 1997) reflects that the return migrants had employed planning coping strategy at highest level, and venting coping strategy as the second highest in responding to their stressors these were followed by active coping and humor coping strategies. Many of the return migrants had used denial coping strategy, but were safe from using self-distraction. However, most of them were reserved from using practical positive reaction to solve their problems. Almost half of them had relied on religion to get relief from stressors, and had not been influenced by emotions in reacting to the stressors, but they had been problem focused in trying to react to stressors. More than half of the participants had also used dysfunctional coping (maladaptive behaviors) in responding to their stressors.

A few differences were observed among the return migrants on the type of coping strategies they had used because of demographic differences. Results indicated that the return migrants without child had been practicing more self-distraction and humor as coping strategies than those with child. Most of the rural dwellers had been practicing humor as coping strategy than urban dwellers. However,

significant differences were not observed in all the remaining coping strategies and in the general coping strategy with respect to the demographic characteristics observed. Variations among the return migrants for differences in income sources were statistically significant in using emotional support, behavioral disengagement, positive reframing, planning, instrumental support, problem focused, and dysfunctional coping strategies.

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