Predictors of Refugees' Ability to Pass the United States Citizenship Exam

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Abstract

Background: Passing the United States citizenship exam can be challenging for refugee populations for several reasons, including affordability of English classes, time restraints, medical stressors, and limited formal education. The purpose of this study was to examine factors that may influence a refugees' ability to pass the citizenship exam, including English proficiency, education, employment, and completion of English as a Second Language (ESL) classes.

Methods: Refugee patients at the International Family Medicine Clinic (IFMC) in Central Virginia participated in a survey that assessed their levels of English proficiency and whether or not they had passed the citizenship exam. The survey included questions about gender, employment, country of origin, years of education, participation in English classes and barriers to attendance.

Results: Refugees who had a higher level of self-reported English proficiency and more years of formal education were more likely to pass the citizenship exam. Other factors such as age, employment, English classes, and gender did not affect participants' ability to pass the exam.

Conclusion: Further research needs to identify successful models to help refugees obtain English fluency and assist them in passing the U.S. citizenship exam.

Key Words: Refugees, citizenship, English literacy, naturalization

Background

Throughout U.S. history, laws concerning immigration and naturalization have changed numerous times, often with the intent of limiting immigration. The first official Naturalization Law was passed in 1790 and stated that any white person 21 years and older could petition for citizenship; in 1795 it was amended to require residence of at least 5 years and affidavits from two U.S. citizens affirming that the applicant was of good moral character (Bolger, 2013). The applicant was then required to take an oath of allegiance to the U.S. In 1906, Congress passed legislation to establish a Bureau of Immigration and Naturalization, and knowledge of English was required for the first time, followed by literacy testing in 1917 (*USCIS*, 2019). The Immigration and Naturalization Act of 1952 established a new requirement of knowledge of U.S. history and civics for naturalization. The Immigration and Naturalization Service (INS) was established in 1933 to oversee naturalization of immigrants. This responsibility transitioned in 2003 to the U.S. Citizenship and Immigration Services (USCIS), which in 2008 created the currently used 4-part citizenship exam: demonstrate the ability to read, write, and speak basic English and respond to questions about American government and history (*USCIS*, 2021, Chapter 2).

Between FY 2016 and FY 2021, Virginia has resettled close to 13,000 refugees including asylees, Central American Minors, Cuban/Haitian Entrants, refugees and Special Immigrant Visa Holders (Virginia Department of Social Services, 2021). One in eight residents in Virginia is foreign-born; Northern Virginia has the highest concentration of foreign-born residents, one in four (Institute for Immigration Research, 2019).There are six major resettlement agencies in Virginia which include Catholic Charities Diocese of Arlington-Migration and Refugee Services, Commonwealth Catholic Charities, Church World Service, Ethiopian Community Development

Council, International Rescue Committee, and Lutheran Social Services (Virginia Department of Social Services, 2021).

The International Family Medicine Clinic (IFMC) provides comprehensive primary care to refugee families residing in central Virginia and is located less than two miles from the International Rescue Committee (IRC) in Charlottesville. The IRC offers resettlement, education, and employment support for newly arriving refugees, thus, Charlottesville, Virginia is a home to many refugees from around the world. At the IFMC, staff observed that some refugee patients struggle to learn English, which can serve as a barrier to obtaining U.S. citizenship and integrating within society.

Inability to become American citizens within 7 years of arrival in the U.S. can result in the loss of federal means-tested public benefits (such as Medicaid and Supplemental Security Income), placing refugees in a financially and medically vulnerable position. Refugee adults have higher prevalence of chronic medical conditions such as heart disease, arthritis, and chronic pain when compared to non-refugee immigrant adults based on studies conducted during the post-arrival period for refugees (Yun et al., 2012).The prevalence of mental disorders is also higher among refugee compared with non-refugee adults, including posttraumatic stress disorder, depression, anxiety and somatization (Jongedijk et al., 2020). Refugee children and children of refugee parents face higher rates of anemia, elevated blood lead levels, malnutrition, growth abnormalities, mental health disorders, and poorer oral health than the general population (Hodes & Vostanis, 2018; Reza et al. 2016; Sandell et al. 2017; Seifu et al. 2020; Smock et al. 2010; Yun et al. 2006).

Although data specific to refugee non-citizens is not available for the state of Virginia, in general 25% of lawfully present immigrants, which includes legal permanent residents, are

uninsured compared to 9% of the general population (*Health Coverage of Immigrants, 2021)*. Some of these refugee non-citizens will often ask their physician to complete an N-648 form, a medical waiver that allows the refugee to be granted an exception to the English and civics requirements (this process was defined by the Immigration and National Technical Corrections Act of 1994) (*USCIS,* 2020, Chapter 3). However, if there is no proven medical reason, such as physical or developmental disability or mental impairment, to account for why a patient cannot complete the educational requirements of naturalization, USCIS will reject the application, thus requiring the refugee to take the exam and put them at risk of failing due to their lack of English competency.

The purpose of this study was to examine potential factors influencing refugees' ability to pass the citizenship exam, including English proficiency, education, employment, and completion of English as a Second Language (ESL) classes. Prior studies suggest that female refugees, refugees with higher education, and adults who arrive at 50-60 years of age, relative to younger and older age groups, have higher naturalization rates (Mossaad et al., 2018). Our study explores additional factors that could help inform providers to better advocate for resources for refugee patients, thus enabling them to retain federal benefits essential to support their health and wellbeing.

Methods

The IFMC keeps a database of all patients seen; the database was queried to identify patients who met the eligibility criteria. Eligibility criteria included having resettled in Charlottesville or surrounding counties, age 25 years or older, residence of at least 5 years in the U.S. from the time of query, and ability to provide consent. The survey consisted of 30 items to assess English proficiency, barriers to learning English, and whether or not they passed the U.S.

citizenship exam. Participants were offered an interpreter and the interview was conducted either on the phone or in person, depending on the interviewee's preference. A $25 gift card to a local grocery store was provided after completion of the survey.

Participants answered questions about English fluency currently and upon first arrival (operationalized as "poor," "good" or "excellent"), the citizenship exam, ESL classes and demographics (age, gender, education, years in the U.S.). Current citizenship status was dichotomous (yes/no). Years of education and years in the U.S. were treated as continuous variables.

Frequencies and descriptive statistics were applied to demographic measures. Chi-squared tests assessed the relationship between measures of English fluency (current and upon first arrival) and current citizenship status. To further examine the effect of demographic factors beyond English fluency on citizenship status, binary logistic regression was conducted with gender, marital status, completion of ESL classes, employment status, years lived in U.S. and years of education as covariates. Analyses were conducted using SPSS 27.0. The study was approved by the University of Virginia Institutional Review Board for Health Sciences Research.

Results

Fifty eligible participants completed the study and were included: 32 (64%) were female and the mean age was 48.5 (SD = 12.8) years. Participants lived in the U.S. for an average of 16 (SD = 8.9) years and had a mean of 9.2 (SD = 5.6) years of formal education. See Table 1 for bivariate statistics. The most common countries of birth were Afghanistan (n = 12, 24%), Iraq (n = 9, 18%), Burma, (n = 9, 18%), Bhutan (n = 8, 16%), and Uzbekistan (n = 7, 14%). The most common languages were Arabic (n = 9, 18%) followed by Nepali (n = 8, 16%) and Burmese, Dari, Farsi and Turkish (n = 5, 10%, for each).

Two measures of English fluency were significantly related to citizenship: writing ability upon first arrival, χ^2 (2) = 5.61, $p < .05$ and current speaking ability, χ^2 (2) = 21.1, $p < .001$). Of people who obtained citizenship, a higher proportion indicated their English writing skills upon arrival to the US were "good" compared to non-citizens (Table 1). Of people who obtained citizenship, a higher proportion indicated their current English speaking was "good" compared to non-citizens (Table 1).

Table 1

Citizenship Status by Demographic Characteristics

Variable		**U.S. Citizen**		**Total**	χ^2
		No	Yes		
Gender	Female	12	20	32	
	Male	8	10	18	0.23
Took ESL Classes	No	4	6	10	
	Yes	16	24	40	0
Marital Status	Single/Separated/Widowed	1	14	15	
	Married	19	16	35	9.92*
Employment Status	Employed	13	18		
	Not employed	7	12		0.13
Speaking ability FA[a]	Poor	19	24	43	2.24
	Good	1	6	7	
	Excellent	0	0	0	
Writing ability FA	Poor	19	20	39	5.61*
	Good	1	10	11	
	Excellent	0	0	0	
Reading ability FA	Poor	19	21	40	4.73
	Good	1	8	9	
	Excellent	0	1	1	
Speaking ability C[b]	Poor	13	2	15	21.14***
	Good	5	26	31	
	Excellent	2	2	4	
Writing ability C	Poor	13	10	23	4.93
	Good	6	16	22	
	Excellent	1	4	5	
Reading ability C	Poor	12	9	21	4.48
	Good	7	19	26	
	Excellent	1	2	3	
Total		**20**	**30**		
		M(SD)	M(SD)	Overall Mean (SD)	***t* statistic**

Education	5.5 (5.3)	11.7 (4.4)	9.2 (5.6)	-4.53***
Years in the US	8.0 (2.4)	9.6 2.5)	8.9 (2.5)	-2.02*

*p< 05; ***p< .001; [a]FA= first arrived in US; [b]C= current ability

The logistic regression model examining the impact of demographic factors on citizenship was statistically significant, χ^2 (6) = 22.5, p < .001 and explained 49.7% of the variance (Nagelkere R^2). More years of education was associated with greater odds of citizenship (1.22, 95% CI, 1.03, 1.45) (Table 2).

Table 2

Demographic Predictors of Citizenship Status

				95% CI for aOR	
	B	SE	aOR	Lower	Upper
Gender (Male)	-0.49	0.88	0.61	0.11	3.40
Marital Status (Married)	-2.26	1.23	0.11	0.01	1.16
Took ESL Class (Yes)	-0.63	0.98	0.53	0.08	3.62
Years lived in U.S.	0.09	0.18	1.10	0.78	1.54
Years of formal schooling:	0.20	0.09	1.22*	1.04	1.45
Employed (Yes)	-0.70	0.93	0.50	0.08	3.09

Discussion

Formal education prior to coming to the United States was the strongest predictive factor of U.S. citizenship status, supporting other studies examining refugee integration (Mossaad et al., 2018; Puma et al., 2020). It was surprising that although English proficiency itself was a positive predictive factor for acquiring citizenship, taking English classes did not increase the likelihood of becoming a U.S. citizen. Employment was not a significant factor, however, many of the refugee participants noted they learned English by speaking English at work. A study by McHugh et al. found that approximately 103 hours of English language study per year for six years is necessary for lawful permanent residents to integrate into U.S society and begin

postsecondary education (McHugh et al.,2007). This implies that learning English as an adult learner may take more time than many refugees can afford to allocate. Based on these findings, promoting refugee education, and specifically English classes in refugee camps or other settings prior to moving to the U.S. may assist refugees in obtaining citizenship.

Unfortunately, fewer than 1% of refugees have access to higher education prior to migration (United Nations High Commissioner for Refugees, 2018). In a case study of the Dadaab refugee camps in Kenya, Burkardt and colleagues concluded that promoting education in refugee camps requires a multifactorial approach including adequate extra-curricular support, better access to digital education, and creating a safe environment in the camp that will allow students to attend study sessions (Burkardt et al.,2019). Several obstacles made it difficult for students to learn, including missing classes due to security concerns. Students felt that peer-to-peer support in technology and computer skills was the most helpful for them to be successful in their coursework.

Although improving education in refugee camps seems to be essential, there is a lot that can be done to improve access to classes and education for refugees upon arrival. For example, refugees can access ESL classes at no cost for two years after arrival. According to this study, there were barriers that may have prevented them from attending classes (e.g., time constraints due to work or caring for family members) or making the most of the classes they were able to attend. Although 80% of participants had taken ESL classes, this did not increase the likelihood of passing the U.S. citizenship exam. Additional research is needed to examine why attendance was not beneficial—did the student attend enough classes/what would be an optimal number of class hours?; can the quality and content of classes be improved?; or does poor literacy in one's

native language and lack of prior formal education hinder English learning and exam preparation?

This study did not explore other factors that could have also played a role in language acquisition such as mental health, social support, finances, and motivation. In addition to English classes, there are other important interventions that can be taken to help improve English proficiency within the refugee population. One model implemented to help increase access to community resources and education for refugees included four components: increasing individual and group learning opportunities, improving refugee access to resources through advocacy, reducing social isolation, and creating meaningful social roles that take refugee culture into account (Goodkind et al., 2014). Implementation of such a model requires a large team of paid or volunteer staff representing a number of disciplines (i.e., psychologists, educators, medical providers, social workers). Goodkind et al. (2014) found that increases in English proficiency also improved quality of life measures and decreased rates of depression. Specifically, some of the educational interventions included learning circles that were primarily led by volunteers. The key to attaining English proficiency appears to be adequate follow-up in the community, mindfulness of the psychological stressors within the refugee population, making meaningful social roles for refugees that take culture into account, and addressing social inequities. Organizations that support refugee health and resettlement include the Virginia Refugee Healing Partnership, Virginia Refugee Resettlement Program, Virginia Services to Older Adult Refugees, and the Virginia Refugee Student Achievement Project. These projects involve working closely with one of the six resettlement agencies in Virginia and provide resources to help with social adjustment, finding permanent housing, translation services, and finding employment (Virginia Department of Social Services, 2021). Most communities

throughout Virginia have separate programs and organizations offering both language and instrumental support to refugees.

The primary limitations of this study are the small sample size, limited generalizability as only patients from the IFMC were interviewed, and possible bias due to self-reporting. However, this is one of few studies examining factors that influence refugees' ability to pass the U.S. citizenship exam. This is critical for refugees to retain federal benefits essential to supporting health as they transition to living in the United States.

Conclusion

This study found that the positive predictive factors for obtaining U.S. citizenship were higher education prior to arrival and English proficiency. Education and advocacy are crucial for successful adjustment to the United States for the refugee population; both facilitate the process of obtaining citizenship and help ensure refugees can maintain their federal benefits to reduce inequities in access to healthcare. In addition to educators and social workers, healthcare providers can make a powerful impact on a refugee patient's adjustment into the United States, as they are an essential part of this transition. Healthcare providers can encourage their patients to take ESL classes and give them information regarding community resources as early as their initial health department screening. Although ESL classes did not appear to increase rates of citizenship in this study, other studies have found that gaining English proficiency improved mental health outcomes and overall quality of life (Goodkind et al., 2014). Finally, it may also be time to re-evaluate the current testing requirements to attain citizenship in the US. For example, in Canada, individuals 55 and older at the time of application are not required to take a language or civics exam. Is it really necessary to have an exam at all? This question deserves greater consideration.

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