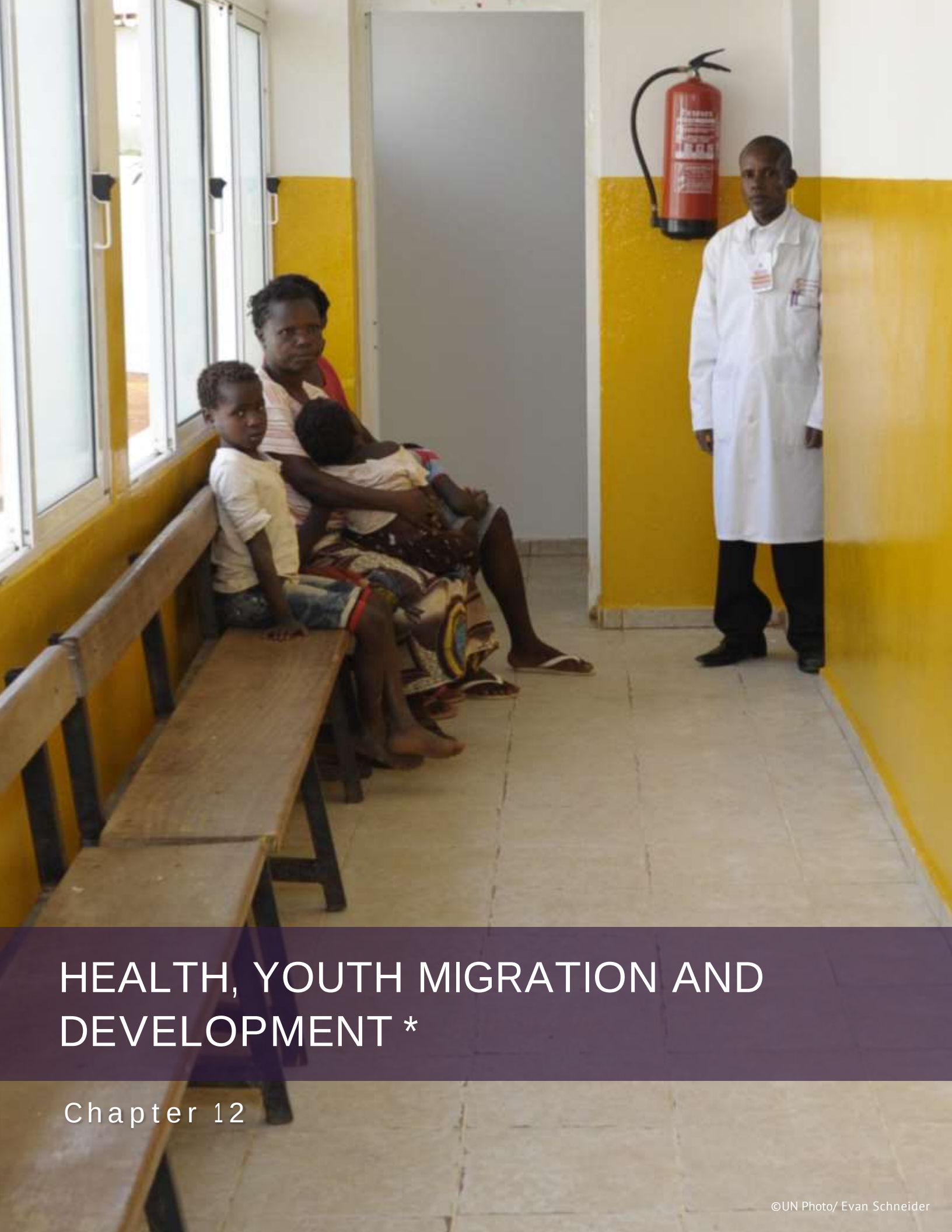

HEALTH, YOUTH MIGRATION AND DEVELOPMENT *

Chapter 12

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The travel, living and working conditions for many young migrants can carry exceptional risks for their physical and mental well-being. These conditions include unequal access to healthcare and services, marginalisation and abuse, and are often linked to restrictive immigration and employment policies, economic and social factors, and anti-migrant sentiments in societies. This set of conditions are often referred to as 'social determinants' of migrants' health.

As migration has become a megatrend in the 21st century, societies are more culturally and ethnically diverse than ever before, and characterised by an unprecedented diversity in health needs and profiles. Addressing the health needs of migrants can improve health status and outcomes; facilitate integration; prevent long-term health and social costs; contribute to social and economic development; and, most importantly, protect public health and human rights.[1]

World Health Organization (WHO) member states acknowledged this reality by adopting the World Health Assembly Resolution on the Health of Migrants (61.17) in 2008, and recommended the integration of migrants' health needs into broader frameworks on migration and development.[2] Yet, despite this resolution and recognition by the development community that "health is central to sustainable development"[3] migrant health has received little attention in the migration and development debate. For example, of the six Global Forums on Migration and Development (GFMD) held since 2007, migrants' health was discussed only in 2010 in Puerto Vallarta, Mexico, during discussions on reducing migration-related costs, which led to the recommendation that governments and partners should "assess cost-effective health care models for various types of migration scenarios." Yet, to date no comprehensive follow-up to this recommendation has taken place.

Similarly, the health of migrants was not on the agenda of the 2006 High Level Dialogue (HLD) on Migration and Development in 2006, nor was it a point of discussion at the HLD in October 2013. Even within the Global Migration Group, migrant health is rarely addressed, although the World Health Organization (WHO) joined the group in 2010 and many GMG agencies carry out significant health programmes.

*Prepared by International Organization for Migration (IOM). Barbara Rijks, Migration Health Program Coordinator at IOM was the primary author.

The Millennium Development Goals in place until 2015 did not identify migrants as a marginalised, vulnerable group in need of protection. As there are an estimated total of 1 billion people on the move today, living outside their place of origin within countries or across borders[4] and migration is a key livelihood strategy for many families, it is hoped that the post-2015 development framework will recognise migrants as a significant population with development and health needs.

Three key arguments can be made for focusing on the health of migrants:

1. Migrants have a right to health
2. Including migrants in health systems improves public health outcomes
3. Healthy migrants contribute to positive development outcomes.

For example, when migrants lack health insurance, obtaining services can lead to excessive out-of-pocket costs. This discourages migrants from accessing health services in a timely manner, exacerbating conditions that could have been addressed earlier at a reduced cost. The provision of cost-effective primary health care – as opposed to heavy reliance on costly emergency care – improves well-being, avoids loss of productivity and is line with public health and human rights principles.

This chapter focuses on the human, economic and social rights of adolescents and youth (between 15 and 24 years of age), especially their right to health. It argues that the lack of protection and promotion of rights increases the health vulnerabilities of young migrants, especially in the context of irregular migration. Although migrants across the board – young and old, male and female, documented and undocumented, skilled and less skilled – are exposed to health risks, young migrants have particular vulnerabilities, especially as they often find themselves in an irregular situation while migrating adolescents frequently travel without adult protection and support. Some of the factors that render young migrants vulnerable during the migration cycle (pre-departure and at the border, travel and transit, stay in host communities and during return) are described below.

Young Migrants' Right to Health

While there is no international instrument specifically delineating the right to health and health-related rights, several human rights treaties refer to the right to health. Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) provides the most comprehensive statement, recognising: "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." The Committee on Economic, Social and Cultural Rights (CESCR), the UN treaty body monitoring implementation of the ICESCR, has stated that nationality must not be used as grounds for discrimination in relation to health care and other rights in the Covenant.[5]

In its General Comment No. 14, the CESCR interpreted the content of the right to health. To comply with the above-mentioned entitlements and freedoms, states must ensure that health facilities, goods and services are available, accessible, acceptable, of good quality and applicable to all sectors of the population, including migrants.[6]

Additionally, in 2000 the Committee on the Rights of the Child underlined in its General Comment No. 3 that:

> *States parties must ensure that services are provided to the maximum extent possible to all children living within their borders, without discrimination, and that they sufficiently take into account differences in gender, age and the social, economic, cultural and political context in which children live. The obligations of States parties under the Convention extend to ensuring that children have sustained and equal access to comprehensive treatment and care, including necessary HIV-related drugs, goods and services on a basis of non-discrimination.*

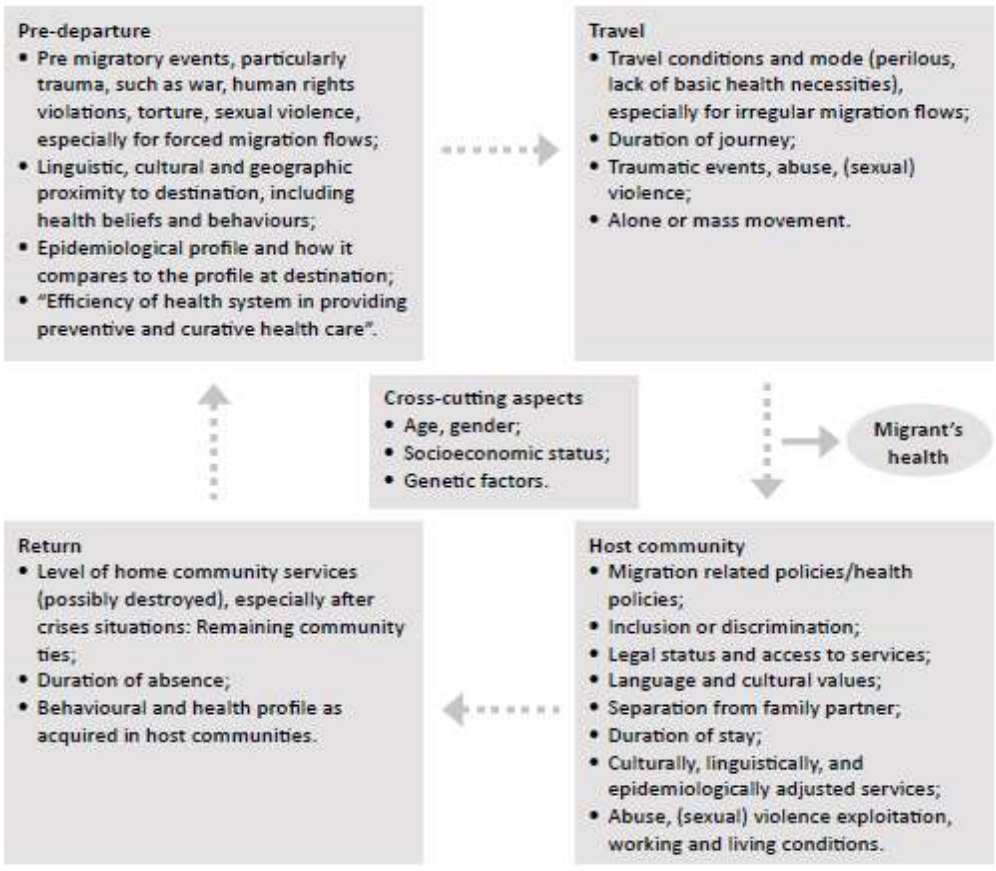
Young people affected by migration are often invisible in policies and systems that should protect and promote children's rights. Very few countries have social policies and programmes that take into account the conditions and needs of migrant children. Neglect is particularly evident in the case of young migrants in an irregular situation, since national action plans and strategies aimed at reducing social exclusion, child poverty, early school leaving and health inequalities do not identify irregular migrant children as a target group.[7]

Fulfilling the right to health requires States to adopt and implement evidence-based national health policies that do not discriminate against non-nationals[8] and address the needs of irregular and regular migrants at *all stages* of the migration process, including pre-departure and return. States should ensure availability and accessibility of quality health facilities, goods and services (including existing health insurance schemes) to migrants on the basis of equality with other nationals.

HEALTH DETERMINANTS OF YOUNG MIGRANTS DURING THE MIGRATION PROCESS

The complexity and diversity of circumstances throughout the various stages of the migration cycle may render young migrants vulnerable to poor physical and mental health outcomes.

Figure 12.1. How Different Migration Stages con Affect Migrants' Health



Source: Adapted from B. Gushulak et. al. 2010 and IOM 2008a.

Pre-Departure and At the Border

Even before young migrants leave their country of origin, their right to health can be impaired and health vulnerabilities increased by common practices related to the obtaining of visa and work permits abroad, such as those occurring during compulsory medical screening.

Many prospective migrant workers undergo medical testing prior to departure. While these examinations could serve as an entry point for accessing preventive care, health education, and information, they often take place without migrants' informed consent or access to results. This practice not only interferes with migrants' rights, but can impede the empowerment and awareness-raising critical for migrants to take responsibility for their own health while abroad. Some migrant women have reported that labour recruitment agents forced them to take long-term contraception to prevent pregnancy during employment. Also, when migrants are declared medically unfit to work (if they test positive for pregnancy, HIV or another precluding condition) there is often no follow-up treatment or referral to relevant services.

It is an important part of migrants' social protection that these screenings comply with international ethical practices, including: informed consent, confidentiality of results, respect for reproductive health rights, and the provision of access to counselling and follow-up treatment and support services. Considering the importance of the result to immigration decisions, grounds for exclusion applied in medical screenings should be based on sound scientific evidence and subject to regular review.

Full realisation of the right to health is closely dependent on the State's obligation to ensure that meaningful information to support decision-making in respect of migration is available and accessible. Providing information to potential migrants in the pre-departure phase, particularly about their rights, is also necessary to empower them against possible abuse and exploitation by actors involved in the migration process.[9]

For migrants considering irregular migration options, pro-active information campaigns about the dangers of irregular migration should be implemented. These interventions should especially target young migrants, who often have unrealistic, overly positive expectations about the migration process and their intended destination. The inclusion of practical

alternatives to hazardous migration journeys in these information campaigns significantly enhances their effectiveness.

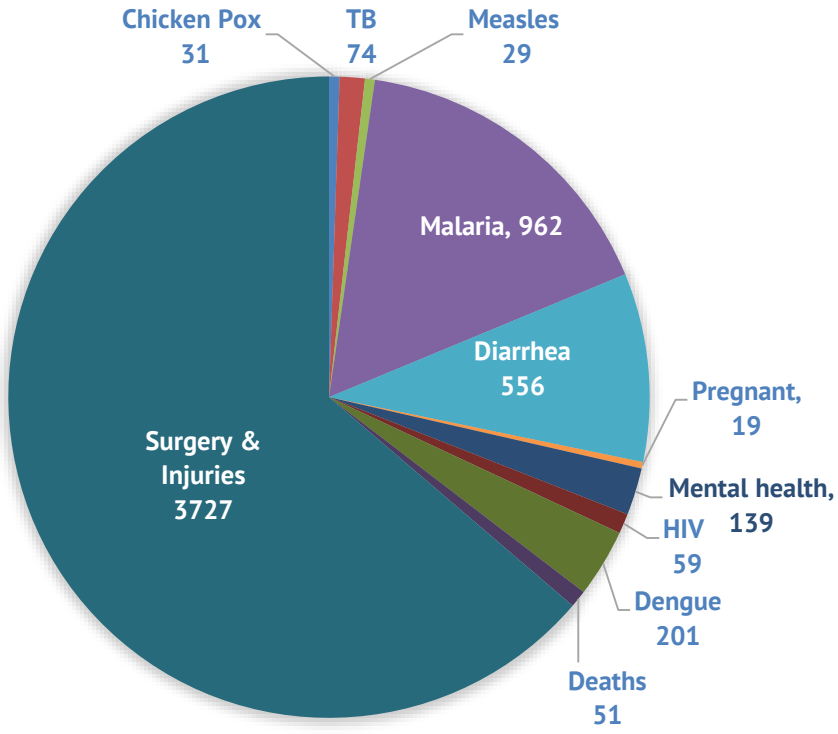
Information sharing and collaboration between countries is necessary in order to develop comprehensive pre-departure orientation trainings, seminars and information materials that give young migrants essential information about health. This information should be tailored to the specific needs of young migrants, but can generally include information about rights, obligations, available health facilities and preventing the transmission of communicable diseases like HIV and TB. It should also include information about recourse channels (e.g. legal aid, shelter and counselling) when labour disputes occur or when migrants find themselves in a precarious situation.

Migrants on the Move

The migratory journey itself can directly affect the health of young migrants, especially those in an irregular situation, refugees and displaced persons. Physical and environmental threats, hunger, lack of access to basic services and exposure to violence (including sexual violence) and trauma frequently accompany the movement of migrants, some of whom travel for long periods before reaching a safe haven. This phase of the migration process is associated with high risks of death and morbidity at both land and sea borders.[10] Women, children and adolescents, trafficked persons and the poor are at especially high risk.[11]

For example, many young migrants from the Horn of Africa, mostly Ethiopians, increasingly land on Yemeni shores by crossing the Gulf of Aden through ruthless smuggling networks, hoping to improve their fate by eventually reaching the Kingdom of Saudi Arabia and other Gulf countries. As Saudi Arabia has sealed its borders for overland migration, there is a growing humanitarian crisis at Yemen's northern border town, Haradh. These already vulnerable migrants are further abused, exploited and tortured by international smugglers. In 2012 alone, IOM's office in Yemen assisted 32,160 migrants in Haradh, of whom 3,842 were under 18 years of age, and 1,312 were women and girls. Of the total group, 5,848 had a health issue. Figure 12.2 demonstrates the vulnerability and range of health needs of these migrants.

Figure 12.2. Main Health Conditions (# cases) of Irregular Migrants Assisted in Yemen, 2012 (total: 5,848)



Source: IOM Yemen Office.

A recent study investigated and analysed the migratory movements of populations from the Democratic Republic of the Congo (DRC), Ethiopia and Somalia to different countries in Southern Africa. The migrants (including refugees) were made up of mainly young men between the ages of 18 and 35, but a growing number of similarly aged females were also traveling, sometimes with the men, sometimes by themselves with children. Evidence suggests that unaccompanied minors are also undertaking this journey. The findings confirm that migrants face numerous health risks. Travel in the back of container trucks – a common means of transport through Tanzania, Mozambique and Zambia – poses serious health risks to migrants and has caused deaths due to suffocation. Migrants routinely cross forests to enter countries through unofficial borders. These unregulated routes are extremely dangerous because of the rugged nature of the journey and lack of essentials such as water, food and shelter

along the route. Furthermore, migrants routinely suffer physical violence on these routes.[12]

Box 12.1. Travel-Related Health Risks at the Border

"A 16 year old girl crossed into South Africa from Zimbabwe with her two aunts and four men. When the group was at a farm about 30 kilometres south of Musina they slept in the bush. At dawn they were ambushed by a group of violent infamous gangs called *gumagumas*. As she was running the young girl tripped and fell. One of the *gumagumas* then searched her and took her money. He then proceeded to violently rape her. Her genitalia were bruised. She was infected with a sexually transmitted infection. She cannot sit up straight and can hardly walk. She has missed her period and could be pregnant from the rape. She said she could not go to the hospital for fear of being deported."

Source: Médecins Sans Frontières, 2009.

Migrants in Detention

In many states, migrants are subject to administrative detention while they wait for a decision on their admission to (or removal from) the host state or for a determination of their asylum claim.[13] Thus thousands of migrant children are imprisoned in detention centres, some for long periods of time, often without their parents present, leaving them particularly exposed to physical, sexual and psychological abuse14 in violation of the Convention on the Rights of the Child.

A 2008 study commissioned by the European Parliament cautioned that detention is "particularly harmful" for minors and can lead to "psychological disorders," as they often lack access to education, health care, recreational options and a feeling of safety and trust important for the development of a child. In detention or reception centres throughout Europe numerous children, adolescents and youth have committed suicide, and countless others have harmed themselves. The neglect of physical and mental health needs has been cited as a contributory factor to these tragedies.[15] Even when minors are detained together with family members, these relatives are often in an unstable psychological state themselves, and hence less able to provide adequate care for the child.

STAY IN HOST COMMUNITIES

The degree of vulnerability in which young migrants find themselves in a host community depends on factors ranging from their legal status to the overall living and working environment. These factors also affect their access to health care services.

Access to Health Services

Legal status is one of the most important determinants of migrants' access to health services in a country. A child's status is usually linked to that of his/her parents, so children may find themselves in an irregular situation. A recent report on children with irregular migration status in the UK showed that parents' anxiety and frustration resulting from the precariousness of their legal status trickle down to the children and affect their mental health and general wellbeing.[16] A study of children in low-income migrant families in the United States has shown that children of those with the most precarious immigration status show the poorest health outcomes, and that families with noncitizen members face barriers, real or perceived, to using health-related programmes.[17]

Similarly, many migrant children in an irregular situation are not enrolled in schemes that provide health care – regardless of their parents' ability to pay – because their parents are reluctant to approach social services due to the risk of being reported to the authorities.[18]

Culturally informed and culturally competent health-care service is an important aspect of the *acceptability* dimension of migrants' right to health. In the context of youth migration, cultural competency in healthcare settings implies being familiar with the health, social, linguistic, cultural, religious and gender-related issues of young migrants.[19] A culturally competent health care system can help improve health outcomes and quality of care and contribute to the elimination of health disparities.

Ensuring that necessary information is both available and understood by diverse populations is an increasingly important consideration for public health planning and preparedness in countries with large groups of migrants. Availability of health-related information – including on sexual and reproductive health issues such as family planning and sexually transmitted infections – is central to ensuring equal and non-

discriminatory access to health care for specific individuals such as adolescents and youth, women and persons living with HIV.

Occupational Health and Safety

Workplace health and safety pose major risks for young migrants. Many young migrants work in high-risk and hazardous sectors – such as mining, agriculture, domestic work and construction – where they are at increased risk of occupational accidents and injuries. Agriculture, construction and mining sectors have the highest rates of workplace injuries and deaths. Many young migrants work in so-called 3D (dirty, dangerous and degrading) jobs subject to hazardous environments in sectors as well as in some countries where labour protection mechanisms have little or no reach.

In addition, an estimated 115 million children under the age of 18 are doing work that poses a physical and psychosocial danger to them. Many of these young people are internal or international migrants. The roadmap for achieving the elimination of the worst forms of child labour by 2016, agreed to at The Hague Global Child Labour Conference in 2010, includes a focus on child migrants: "Governments should consider ways to address the potential vulnerability of children to, in particular the worst forms of child labour, in the context of migratory flows." (Article 5).[20]

Little data is available on occupational safety and health risks facing migrant workers, and virtually none regarding young migrants. A recent joint IOM-WHO-OHCHR publication "International Migration, Health and Human Rights" cited studies from Austria, Denmark and Sri Lanka documenting migrants' higher risks of workplace accidents, injuries and occupational diseases.[21] The report highlighted that:

> *It is commonly reported that migrants, particularly those in an irregular status, endure dangerous working conditions for fear of drawing attention to themselves and losing their jobs or being deported. Furthermore, migrant workers are often not allowed to form and join trade unions, which may be an additional obstacle to raising concerns about their health and safety in the workplace.22*

The ILO Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143) reaffirms that migrant workers enjoy equal Occupational Safety and Health (OSH)

protection as any other worker. The ILO OSH instruments: Occupational Safety and Health Convention, 1981 (No. 155), Occupational Health Services Convention, 1985 (No. 161), Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), envisage that migrant workers enjoy the same rights without discrimination.

A recent ILO study of five Asian-Pacific destination countries urges an assessment of workplace standards for migrant workers in destination countries, to ensure that they are in place and being applied.[23] Secondly, it recommends providing practical support to both migrants and their employers to prevent occupational accidents and diseases, noting that there are many simple, low-cost methods to improve safety and health. Thirdly, it urges strengthening trade union support to migrant workers, highlighting that collective bargaining is an essential means of securing adequate OSH protections. The report featured a general recommendation to "Recognize the presence of young migrant workers in the workforce and design and implement OSH arrangements specific to their unique vulnerability and with careful consideration of their physical development."

Health Behaviours of Young Migrants

While young migrants have the same developmental needs common to all young people, their needs can be significantly affected by displacement from their homes and separation from the structure and guidance of their families. The new environments in which they find themselves are often violent, stressful and unhealthy places. As they transition to adulthood, threats to young peoples' health shift from infectious disease (that could easily be prevented or treated through vaccinations, improved hygiene, and access to antibiotics), to illnesses and injuries that are grounded in their behaviours. Unsafe sexual and reproductive health behaviours in youth, (such as early sexual debut and low rates of condom and contraceptive use) can result in high rates of unwanted pregnancies, sexually transmitted infections and HIV. Young people who are displaced from their homes and communities may suddenly experience a lack of social support from family, friends, and mentors, as well as increased exposure to violence, coercion and new sources of pressure. These factors can affect their ability to practice safe sexual and reproductive health behaviours, and create risky situations that may lead to unhealthy and potentially fatal choices.[24]

Health behaviour, lifestyles and diet can also change as a result of migration, both for the migrant and women, children and adolescents left behind. Evidence suggests that malnutrition, obesity and high levels of alcohol abuse are prevalent among migrants and migrant families.[25]

Return to the Country of Origin

Health conditions acquired by young migrants during their stay in host communities may surface upon their return to their home countries. This is often the case for migrants who have suffered from exploitation and abuse in their host communities and may be at risk of deteriorated mental health and other adverse health conditions. Thus, effective reintegration mechanisms that address the health of returning migrants should be introduced by countries of origin.[26]

Countries of origin should not only be concerned about the health of returning migrants, but must also consider the health of family members left behind. Studies indicate that the physical and mental health of family members, particularly children and adolescents, are often negatively affected by long-term separation.[27] Paradoxically, it seems that although many parents work abroad to improve the lot of their children, the latter suffer emotional stress and physical health detriments as a result of these absences.

CONCLUSION

Young migrants are exposed to health risks throughout the migration cycle. In particular, those fleeing poverty in their home communities who travel irregularly and unaccompanied can be extremely vulnerable to physical and psychological problems. Young female migrants, who are increasingly traveling independently, also face great risks to both physical and mental health.

Yet the health of young migrants remains poorly understood, since they are often not included in national health surveillance. In addition, lack of standardisation in definitions and health indicators across countries makes it difficult to compare the health situation of young migrants.

National laws and policies relating to young migrants' access to health-care services differ widely; many prevent migrants from accessing national health-care programmes and social services. Young migrants, both documented and undocumented, are regularly omitted from laws and policies providing social protection measures, such as health insurance. Furthermore, in many countries there continues to be a lack of coherence across policies in various sectors, including immigration, labour, trade, education, and health, which can negative affect young migrants' access and use of health-care services.

Young migrants' health vulnerabilities do not stem only from health sector policies and practices. Restrictive migration policies tend to drive migration underground, and a lack of protection mechanisms – or enforcement – lead to precarious and dangerous working and living conditions, especially for irregular and less-skilled regular migrants. To integrate social protection into the migration cycle, inter-ministerial coordination mechanisms are needed to ensure policy coherence and effective responses at the national level. Many of the challenges are multidisciplinary, affecting actors in the private sector and civil society.

Thus the health vulnerabilities associated with youth migration should be acknowledged, prioritised and addressed by high-level migration and development debates and in global development commitments. This is crucial because of the multiple health vulnerabilities they experience, which affect their human development prospects and the socioeconomic development outcomes for their communities and countries of origin and destination. While global debates increasingly focus on inclusive development, many young migrants around the world primarily experience multifaceted exclusion.

KEY MESSAGES

- Accurate and current data and information on the health of young migrants, including health determinants and access to health services, are an essential prerequisite for developing evidence-based, migrant-inclusive policies and providing acceptable and accessible health services that are youth- and migrant-friendly.

- The issue of young migrants' health should be addressed in the larger migration and development debate. Both the 2013 High-Level Dialogue and the theme of the 2013-14 Global Forum on Migration and Development acknowledge the need for broad cooperation and inclusive development approaches. Addressing the health of migrants in a coherent manner is a concrete measure that is indispensable for ensuring that both migrants and countries benefit from international migration.

- The health of young migrants should be included in the post-2015 development framework agenda. "Health is important as an end in itself and as an integral part of human well-being, which includes material, psychological, social, cultural, educational, work, environmental, political, and security dimensions." To ensure that the post-2015 development framework on health is based on principles of health equity and the right to health for all, it should explicitly include a reference to migration-related determinants of health, including for young migrants.

POLICY RECOMMENDATIONS

How exactly should young migrants' health be addressed in the post-2015 development framework and the migration and development debate? The recommendations below reflect and build on the four key priorities of the World Health Assembly resolution on migrant health:

- **Monitor the health of young migrants.** The Post 2015 development framework should adopt specific, measureable, achievable, relevant and time-bound indicators that will assist States and other actors to set targets and monitor progress on the health of young migrants, and to improve social and economic determinants affecting their health. Such indicators should be designed to achieve young migrants' access to health education, prevention, diagnosis and treatment services, commensurate with national capabilities.

- **Promote health policies and laws that address health aspects of youth migration.** Social protection for young migrants should be consistently applied throughout the entire migration cycle, in the country of origin prior to departure, during transit, in destination settings, and after eventual return. National public health systems need to commit to identify, reach and ensure inclusion of all migrants, particularly adolescents and youth, including the most disadvantaged such as migrant youth with disabilities. Access to health for all young migrants should be enabled by maintaining firewalls between health services provision and immigration enforcement.

- **Ensure that health services are youth and migrant friendly.** Migrant-inclusive health systems intentionally and systematically incorporate the needs of migrants into planning, policy development, implementation, financing, and evaluation. To effectively include young migrants, services need to be both tailored to their age and be culturally appropriate, with information in relevant languages, making use of young community health workers from migrant communities. Outreach and facilities, including for sexual and reproductive health, need to reach areas where migrants and particularly youth migrants may be concentrated.

- **Encourage multi-sectoral collaboration, multi-country networks and partnerships.** Health ministries and public health institutions should be more directly involved in international migration/development dialogues. Bilateral, regional, and global collaboration and consultative processes, networks and partnerships should be promoted to comprehensively address the health of young migrants.

NOTES

[1] IOM, WHO, OHCHR (2013), *International Migration, Health and Human Rights;* Geneva, IOM. Available at: http://publications.iom.int/bookstore/index.php?main_page=product_info&cPath=41_7&products_id=976

[2] The Sixty-first World Health Assembly (2008) adopted Resolution WHA 61.17 on the Health of Migrants calls upon Member States of the World Health Organization (WHO) "to promote migrant-sensitive health policies" and "to promote interagency, interregional and international cooperation on migrants' health, with an emphasis on developing partnerships with other organizations and considering the impact of other policies".

[3] WHO, UNICEF, Government of Sweden and Government of Botswana (2013), *Health in the Post-2015 Agenda-Report of the Global Thematic Consultation on Health*, April 2013. Available from http://www.worldwewant2015.org/node/337378

[4] The most recent UN 2013 estimate of global migrant stock is 235 million (see chapter 2). IOM estimates that some 750 million people have migrated to live elsewhere than their place of origin within the territories of their country of citizenship.

[5] *CESCR General Comment No. 20 on Non-Discrimination in Economic, Social and* ECOSOC (2009), *Cultural Rights* (Art. 2, para. 2), E/C.12/GC/20, 2 July 2009 Available from: http://www2.ohchr.org/english/bodies/cescr/comments.htm

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[12] IOM (2013), "Health vulnerabilities study of mixed migration flows from the East and Horn of Africa and the Great Lakes region to southern Africa," Geneva.

[13] UNGA (2010), *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover*, A/HRC/14/20/Add.4 3 June 2010.

[14] OHCHR (2012), *Hear Our Voices—Children in Immigration Detention*, 13 November 2012, http://www.ohchr.org/EN/NewsEvents/Pages/MigrantChildrenDetention.aspx

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[17] K.M. Ziol-Guest, A. Kalil (2012), "Health and Medical Care among the Children of Immigrants," *Child Development,* September/October 2012, Vol. 83, No. 5, pages 1494-1500.

[18] F. Crépeau, C. Rousseu et. al. (2010), "Right and access to healthcare for undocumented children: addressing the gap between international conventions and disparate implementations in North America and Europe", *Social Science and Medicine*, 70(2):329-336.

[19] IOM, WHO, OHCHR (2013), op. cit.

[20] The *Roadmap* is available at : http://www.ilo.org/ipecinfo/product/viewProduct.do?productId=13453

[21] IOM, WHO, OHCHR (2013), op cit. Page 38

[22] Ibid

[23] ILO (2011). *Research on occupational safety and health for migrant workers in five Asia and the Pacific countries: Australia, Republic of Korea, Malaysia, Singapore and Thailand*. By Kawon Lee, Connor McGuinness, Tsuyoshi Kawakami. ILO Asia and the Pacific Working Paper. International Labour Organization. Bangkok. March 2011.

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[27] C. Smeekens, M.S. Stroebe and G. Abakoumkin (2012), "The impact of migratory separation from parents on the health of adolescents in the Philippines, *Social Science & Medicine*, Volume 75, Issue 12, Pages 2250-57; Aljazeera (2013), "Philippine migrant workers pay personal price" HYPERLINK "http://www.aljazeera.com/news/asia-pacific/2013/05/201352135436431676.html"http://www.aljazeera.com/news/asia-pacific/2013/05/201352135436431676.html; IOM, Ministry of Health Sri Lanka, Institute for Research and Development Sri Lanka (2012), "Assessment of mental health and physical wellbeing of 'left behind' family members of international labour migrants: a national comparative study in Sri Lanka".