The Migration Health Division dedicates this edition of the Migration Health Research Bulletin in honoring the work of Professor Chesmal Siriwardhana who tragically died in a fatal traffic accident in London in April 2017. An outstanding academic and psychiatrist with a vision for transformative research for policy impact in fields of migration health and global mental health, Professor Chesmal of the Centre for Global Mental Health at the London School of Tropical Medicine was committed to advancing the migration health research. He produced a substantial volume of empirical work spanning the health impact of war displaced and undertaking seminal studies on the health consequences of international labour migrants and their families left behind. He was instrumental in establishing a Global Migration Health and Development Research Initiative (MHADRI) with IOM in 2016. His most recent work with IOM involved authoring the lead thematic paper at the 2nd Global Consultation on Migration Health with Professors Martin Mckee and Bayard Roberts of LSHTM. We highlight two of Dr Chesmal’s publications and then profile some of the key research undertaken in collaboration with IOM.


**Note:** Research outcomes of the 2nd Global Consultation and IOM’s new Migration Health Research Portal will be profiled in the 5th Edition of the Bulletin.
1st

Link: https://www.ncbi.nlm.nih.gov/pubmed/28161456

Abstract

Several world regions have seen an exponential increase in the number of refugees and asylum seekers (broadly termed as humanitarian migrants) arriving on their shores. Key destinations for humanitarian migrants include developed countries in the European Union, the USA, and Australia; however, a large number of humanitarian migrants also seek refuge in developing countries. Paper explores moderators of mental health of humanitarian migrants. Paper read in conjunction with “A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants” by Chesmal et al. (2014) at: https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-8-13

2nd


Abstract

Improving access to healthcare, preventing gender based violence, and providing mental health services are essential to improve the health of people affected by conflict in South Asia, argue Siddarth David and colleagues. According to the Uppsala Conflict Data Program (UCDP), a conflict is a contested incompatibility that concerns government, territory, or both, in which the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle related deaths. Low intensity conflicts such as insurgencies, counter-insurgencies, civil strife, terrorism, and communal riots have taken the place of large conventional battles across the world. Such conflicts tend to continue at low levels for a long period of time with sporadic outbursts. Moreover, these protracted low intensity conflicts result in prolonged displacement, cross border migration, and trafficking. Most affected populations are unable to access existing healthcare services owing to lack of documentation, means of livelihood, and social capital. Public health aspects such as nutrition, water, and sanitation are also severely affected. Healthcare services are often suspended, withdrawn, or rendered impossible, posing a huge health burden compounded by the health needs of displaced populations. Research has shown how protracted conflicts can affect specific health outcomes influenced by impediments to accessing healthcare services, pressures on health systems, burden of unmet health needs, and attacks on health facilities and service providers. However, lessons have been also learnt, strategies devised, and innovations created to meet the challenges to health in conflict situations.

See full article: http://www.bmj.com/content/357/bmj.j1537

Abstract
Migration is rapidly reshaping the world. Low-skilled labour migration, in particular, is driven by disparities in income, wealth, and work opportunities. Labour migrants are increasingly flowing among low-income and middle-income nations in Asia, Africa, and the Middle East. Migrant workers and the family members they leave behind number about 193 million, of whom 11.5 million people are domestic workers in low-skilled, so-called difficult, degrading, and dangerous jobs. 83% of these workers are women, most of whom have restricted or no access to legal, social, or health protection, including basic reproductive health rights.


Abstract
Sri Lanka is a major labour sending country in Asia, with a high proportion of female labour migrants employed as domestic housemaids in the Middle East with increasing remittances. Despite such financial gains for families and national economy, health and social effects on the left-behind families have had limited exploration. This qualitative study was carried out across five districts with high labour migration rates in Sri Lanka. Twenty in-depth interviews were conducted with participants recruited through purposive sampling. Data was analysed using content and thematic analysis and emerging themes were mapped. Pre-migration socio-economic situation, economic difficulties and higher earning possibilities abroad were considered to be the major push and pull factors for labour migration. Post-migration periods were shown to be of mixed benefit to left-behind families and children suffer the negative effects of parental absence. The absence of support mechanisms for dealing with adverse events such as serious injury, death, abuse or imprisonment were cited as major concerns. Post-migration periods affect the health, well-being and family structures of left-behind families. Promoting economic prosperity while ensuring health and social protection is a formidable policy challenge for ‘labour sending’ countries such as Sri Lanka.

Abstract

Background

Nearly one-in-ten Sri Lankans are employed abroad as International migrant workers (IMW). Very little is known about the mental health of adult members in families left-behind. This study aimed to explore the impact of economic migration on mental health (common mental disorders) of left-behind families in Sri Lanka.

Methods

A cross-sectional survey using multistage sampling was conducted in six districts (representing 62% of outbound IMW population) of Sri Lanka. Spouses and non-spouse caregivers (those providing substantial care for children) from families of economic migrants were recruited. Adult mental health was measured using the Patient Health Questionnaire. Demographic, socio-economic, migration-specific and health utilization information were gathered.

Results

A total of 410 IMW families were recruited (response rate: 95.1%). Both spouse and a non-spouse caregiver were recruited for 55 families with a total of 277 spouses and 188 caregivers included. Poor general health, current diagnosed illness and healthcare visit frequency was higher in the non-spouse caregiver group. Overall prevalence of common mental disorder (CMD; Depression, somatoform disorder, anxiety) was 20.7% (95%CI 16.9-24.3) with 14.4% (95%CI 10.3-18.6) among spouses and 29.8% (95%CI 23.2-36.4) among non-spouse caregivers. Prevalence of depression (25.5%; 95%CI 19.2-31.8) and somatoform disorder 11.7% (95%CI 7.0-16.3) was higher in non-spouse caregiver group. When adjusted for age and gender, non-returning IMW in family, primary education and low in-bound remittance frequency was associated with CMD for spouses while no education, poor general health and increased healthcare visits was significantly associated in the non-spouse caregiver group.

Conclusions

To our knowledge, this is one of the first studies to explore specific mental health outcomes among adult left-behind family members of IMW through standardized diagnostic instruments in Sri Lanka and in South Asian region. Negative impact of economic migration is highlighted by the considerably high prevalence of CMD among adults in left-behind families. A policy framework that enables health protection whilst promoting migration for development remains a key challenge for labour-sending nations.

See full article: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1632-6

**Abstract**

**Background**

One-in-ten Sri Lankans are employed abroad as International Labor Migrants (ILM), mainly as domestic maids or low-skilled laborers. Little is known about the impact their migration has on the health status of the children they ‘leave behind’. This national study explored associations between the health status of ‘left-behind’ children of ILM’s with those from comparative non-migrant families.

**Methods**

A cross-sectional study design with multi-stage random sampling was used to survey a total of 820 children matched for both age and sex. Socio-demographic and health status data were derived using standardized pre-validated instruments. Univariate and multivariate analyses were used to estimate the differences in mental health outcomes between children of migrant vs. non-migrant families.

**Results**

Two in every five left-behind children were shown to have mental disorders [95%CI: 37.4-49.2, p < 0.05], suggesting that socio-emotional maladjustment and behavioural problems may occur in absence of a parent in left-behind children. Male left-behind children were more vulnerable to psychopathology. In the adjusted analyses, significant associations between child psychopathological outcomes, child gender and parent’s mental health status were observed. Over a quarter (30%) of the left-behind children aged 6–59 months were ‘underweight or severely underweight’ compared to 17.7% of non-migrant children.

**Conclusions**

Findings provide evidence on health consequences for children of migrant worker families in a country experiencing heavy out-migration of labour, where remittances from ILM’s remain as the single highest contributor to the economy. These findings may be relevant for other labour ‘sending countries’ in Asia relying on contractual labor migration for economic gain. Further studies are needed to assess longitudinal health impacts on the children left-behind.

Executive Summary

This Issue in Brief explores empirical evidence on the mental health and nutritional impacts of international labour migration on the left-behind children of migrant workers in Asia. Current evidence from Asian countries (Indonesia, the Philippines, Thailand and Vietnam) shows both negative and positive influences from parental migration on the mental health and nutritional status of such children. Results from a nationally representative study from Sri Lanka, however, suggest that socio-emotional maladjustment and behavioural problems occur among children in the absence of a migrant worker parent, with two in every five shown to have mental disorders. In addition, left-behind children were shown to have higher levels of nutritional deficits compared to non-migrant children.

Acceptance by communities of the normalcy of transnational migrant worker families and of transnational parenting may act as a determinant in reducing vulnerability and enabling resiliency among children whose parents are absent owing to migration. Mental health or nutritional issues arising as a consequence of parental separation through migration may be less traumatic if the migration experience is shared collectively, normalized within social/family structures and adequate support systems are in place, allowing children to develop along adaptive trajectories.

Balancing human rights (for instance, the right of a single mother to migrate) with the health and social protection needs of left-behind children and their caregivers (especially elderly ones, such as grandparents) is a critical challenge. In the context of remittance-dependent economies, such challenges form formidable policy tasks for governments (and international agencies) seeking to better manage migration for development and poverty alleviation. This brief describes a possible interventional framework that could be adapted by countries to mitigate health-related risks for left-behind children. This multidimensional intervention framework proposes active engagement from governments, the labour-migration industry, private-sector partners, civil society, academia and migrant worker families themselves.


Abstract
Sri Lanka has recently emerged from nearly three decades of protracted conflict, which came to an end five years ago in 2009. A number of researchers have explored the devastating effect the conflict has had on public health, and its impact on Sri Lanka’s health system - hailed as a success story in the South Asian region. Remarkably, no attempt has been made to synthesize the findings of such studies in order to build an evidence-informed research platform. This review aims to map the ‘research landscape’ on the impact of conflict on health in Sri Lanka. Findings highlight health status in select groups within affected communities and unmet needs of health systems in post-conflict regions. We contend that Sri Lanka’s post-conflict research landscape requires exploration of individual, community and health system resilience, to provide better evidence for health programs and interventions after 26 years of conflict.

See full article: https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-8-22

Profiling migration health research methods handbook

Written by Marc B. Schenker (MD, MPH), Xóchitl Castañeda (PhD) and Alfonso Rodriguez-Lainz, (PhD, DVM, MPVM).

The study of migrant populations poses unique challenges owing to the mobility of these groups, which may be further complicated by cultural, educational, and linguistic diversity as well as the legal status of their members. These barriers limit the usefulness of both traditional survey sampling methods and routine public health surveillance systems. Since nearly 1 in 7 people in the world is a migrant, appropriate methodological approaches must be designed and implemented to capture health data from populations. This effort is particularly important because migrant populations, in comparison to other populations, typically suffer disparities related to limited access to health care, greater exposure to infectious diseases, more occupational injuries, and fewer positive outcomes for mental health and other health conditions.

This handbook is the first to engage with the many unique issues that arise in the study of migrant communities. It offers a comprehensive description of quantitative and qualitative methodologies useful in work with migrant populations. By providing information and practical tools, the editors fill existing gaps in research methods and enhance opportunities to address the health and social disparities migrant populations face in the United States and around the world.
This edition’s Reflection Piece
Dedicated In Memory of Dr Chesmal Siriwardhana

“In a world where migration has catalysed divisive fissures in society…we need to be guided by evidence, not uninformed opinion in planning policies and interventions. We need to be guided by science and pragmatism, not fear and misinformation...”


To: Professor Baron Peter Piot
Director, London School of Hygiene & Tropical Medicine

On behalf of the International Organization for Migration (IOM) the United Nations Migration Agency, I convey the expression of our deepest sympathies for the sudden and tragic loss of a truly dynamic global health scholar and friend of the IOM’s Migration Health Division, Dr Chesmal Siriwardhana of the London School of Hygiene and Tropical Medicine.

Dr Chesmal was an outstanding academic and psychiatric epidemiologist with a vision for transformative research for policy impact in fields of migration health and global mental health. He was committed to helping advance the domain of migration health research to forefront of global health attention. His support and collaboration with IOM on advancing an evidence based migration health agenda was highly valued. In just 6 years of collaborative work, Chesmal produced a substantial volume of empirical work spanning the health impact of forced migrants and war displaced to helping undertake a seminal study on the health and social consequences of international labour migrants and their families left-behind in Sri Lanka. Chesmal was involved in several projects with IOM’s Migration Health Division. He played a key role in catalyzing the global Migration Health and Development Research Initiative (MHADRI) in partnership with IOM and academic partners that was launched in 2016 aimed at advancing a global knowledge hub on migration health. More recently he was involved in developing a research project for IOM in Cambodia, and in February 2017, he co-authored and presented one of the key thematic papers at the benchmark 2nd Global Consultation in Migration Health attended by member states, United Nations agencies, civil society groups and academia.

His research contributions shed light on the health and social consequences of the left-behind children and elderly of low-skilled migrant workers (a neglected global health research area), research ethics within the domain of conflict and health, human trafficking and helping enhance our understanding of the mental health consequences of communities affected by conflict. We highly value Chesmal’s contribution to building a stronger evidence-base within migration health especially in the current context of the Global compact on migrants and refugees.

He achieved remarkable academic success in a very short time, and he did so with hard work, humility, a spirit of cooperation and commitment to the principles of evidence based medicine. He was a brilliant, generous, visionary young scholar and he will be dearly missed.

We shall devote the next issue of our IOM Migration Health Research Bulletin on Chesmal’s scientific contributions to field of migration health, and will dedicate a permanent section within the magazine in his honour.

We express our most profound sympathies and condolences to his family, loving partner and stand with you in honoring his memory and work.

Sincerely,

Dr. Davide T. Mosca, MD
Director, Migration Health Division
International Organization for Migration (IOM)
The United Nation Migration Agency
Route des Morillons 17 - CH-1211 Geneva 19

Photo: Prof. Chesmal (far left) with Dr’s Mosca, Wickramage, Hui, Jean-François and Prof. Anthony Zwi at the Presidents House at the 2nd Global Consultation in Migration Health, February 2017.