

Chapter 5

Family reunion and health status

5.1 Introduction

Migrants often tend to leave their families and friends when they transit to other destination. Those with economic motives transit away from families to have better economic conditions which acts as a pull factor. On the other hand, migrants who flee from the original place due to war and conflict leave their families and loved ones apart. The economic migrants and forced migrants have variably different stances that separate them away from their loved ones. While the former have possibilities of meeting and joining back their families, the later often do not know the existence and survival status of their loved ones which would invariably aggravate poor psychosocial and mental health conditions. Gindling and Poggio (2010) mention that the context of within a forced migration, the stress and challenges in which refugee families are required to leave loved ones behind with the desperate hope that they may be reunited one day. This predictably results in different outcomes from those of normal migrant families.

From the sociological perspective, families are considered as the basic building blocks that underpin our fundamental social structure and the most durable basis for imparting social values, customs, traditions, beliefs and languages between generations (Bogensneider, 2002). Families have been perceived as the central element and most important aspect of peoples' lives and as most intimate social environment where the children begin the vital process of socialising and learn how to survive and thrive in the world (DeFrain et al., 2008). For any person beginning a new life in an unfamiliar country, the presence of a supportive family promotes settlement, adjustment and long-term integration. In 2008, at a national forum of refugee agencies organised by UNHCR in Auckland (Australia), participants identified issues associated with family reunification as being of paramount importance for a successful refugee resettlement globally.

Relatively little research has been reported on factors that contribute to reunification and its relation to health as the studies on refugees look at family reunification mainly as a process. In the current study, information on reunification with families and

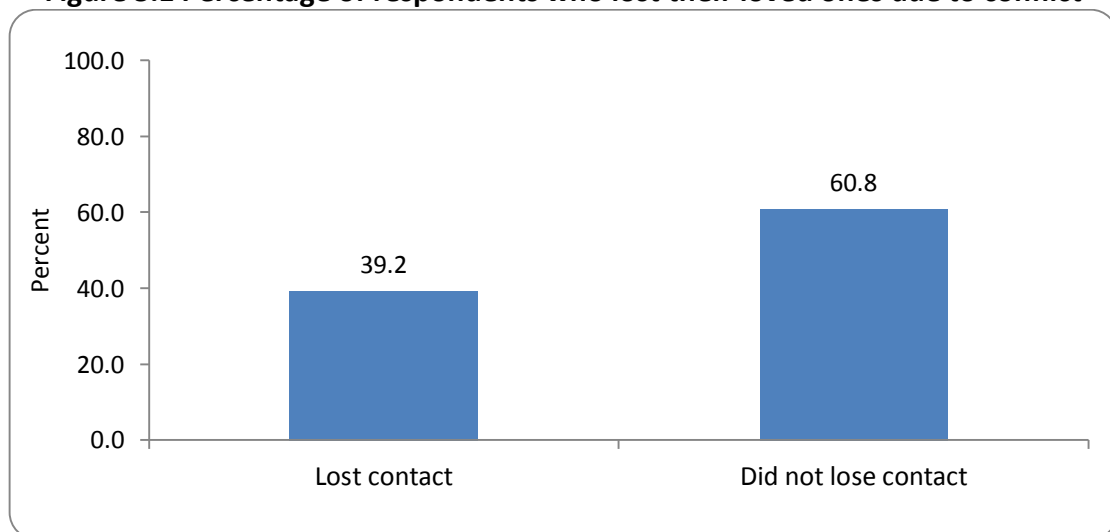
psychosocial well-being has been collected. Both qualitative and quantitative data have been used in this chapter to arrive at the results. This section tries to assess the association between reunion and psychosocial well-being of refugees using qualitative data. In addition, an analysis has been carried out to test the hypothesis “**Refugees with better social network would have good health status**”. Binary logistic regression has been used to test this hypothesis.

5.2 Disconnection with loved ones

Separation with family and loved ones can be pervasively seen among forced migrants. The study enquired from the respondents, “Have you ever lost contact with any of your family members/ relatives/ friends due to conflict?” followed by the questions “Did you ever tried to contact them? How did you contact them?” Following this question, an open ended question was asked to understand their experience in getting through contact with their loved ones. Reasons were also explored in case any one cannot connect back to his loved ones.

Disconnection with loved ones is mostly reported by refugees. Almost two-fourths of the respondents lost connection with their loved ones due to conflict while they moved away from their country (figure 5.1).

Figure 5.1 Percentage of respondents who lost their loved ones due to conflict



The qualitative finding shows that refugees are unaware of their loved ones' existence and life. Most of them told that they lost contact due to civil war and conflict. They also do not have contact details of their loved ones which prevents them from attempting to build a connection. Some of the anecdotes given below show the concern that the refugees have with regard to their family members and loved ones with whom they have lost their contact.

I lost my daughters. I wrote many letters. But no response from them. I don't know whether they are alive or not. I should not say and think like that though (Male, age 59).

We tried our level best to get in touch with them. But no response. We fear that they are no more now (Male, age 33).

We don't know where they are. Hope they are alive (Female, age 38).

My husband tried to contact them several times. We never got them back. After my husband's demise, I never thought of contacting anyone. Now I am alone and old. I will end my life like this (Female, age 65).

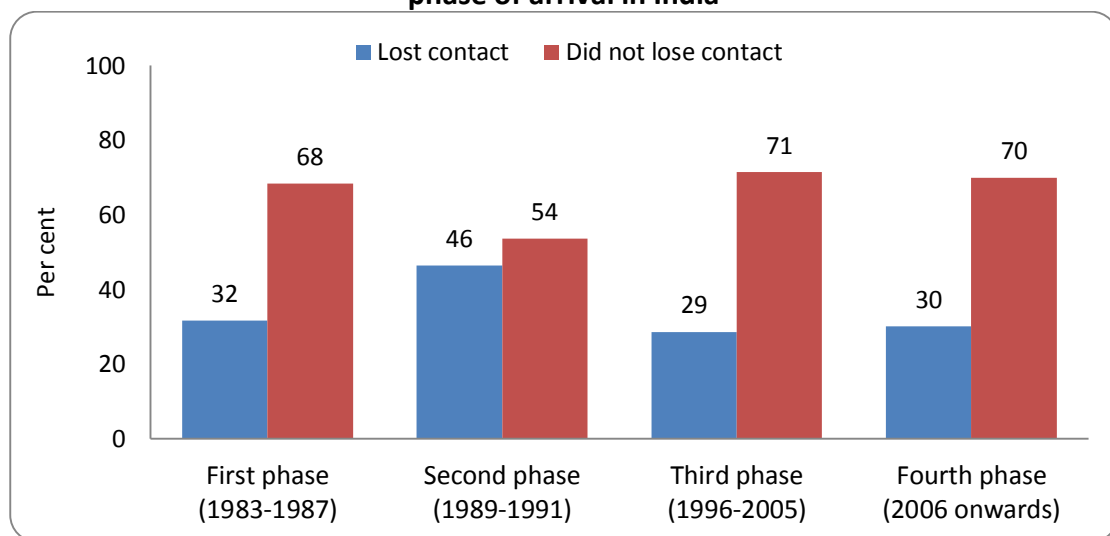
I came here with my wife and two daughters among which one of my daughters died. Our relatives are separated to various places and I don't know where they are now (Male, age 55).

The disconnection with loved ones is not just with human being but it is also among the livestock the refugees had with them. One of the refugee woman reported that she and her family members had to run away from her house as due to conflict their house was about to be burnt. She has witnessed that their neighbour's house was ablaze and she had freed their cattle to survive from the war.

Our neighbourhood house was ablaze. We left our house, running to save our lives and did not bring anything with us. We cut the rope of our cattle so that it will survive somewhere. We don't know what would have happened to them (Female, age 37).

So as to understand whether there is any significant difference among refugees who arrived in different phases with their disconnection with loved ones, a bivariate analysis has been carried out (figure 5.2). Result shows that a marked difference in disconnection among those who arrived during early phases (first and second phases) as compared with those who arrived during later phases. Among all the four phases, more refugees who arrived during the second phase have had suffered disconnection with their loved ones. However, Fisher's exact test result shows the difference is not statistically significant to explain the impact that the phase of arrival has with disconnection among refugees with their loved ones.

Figure 5.2 Percentage of respondents who lost their loved ones due to conflict by phase of arrival in India

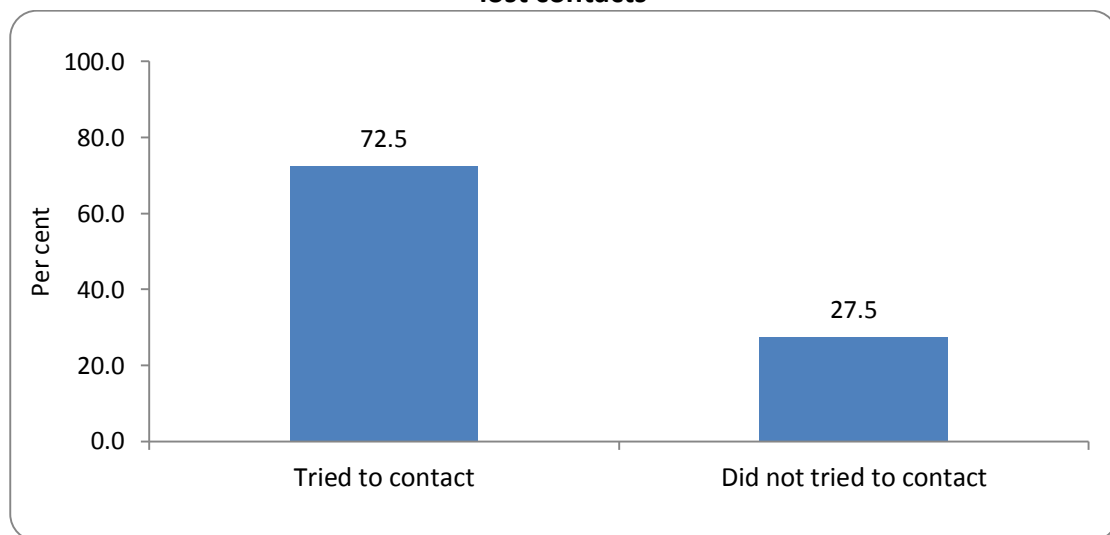


Note: Fisher's exact test shows that the result is not significant (Fisher's exact = 0.152)

5.3 Attempt to re-establish connections with lost contacts

In addition to the enquiry about lost connection with the loved ones, a follow-up question was asked whether the respondents tried to connect back to their lost contacts. The denominator for this analysis includes only 80 respondents who ever lost contact with their loved ones. Figure 5.3 shows the attempt made by respondents to contact their loved ones with whom they lost contact due to the conflict. Of all the refugees who lost contact with their loved ones, nearly three-fourths of them tried to re-establish connection by trying to contact them. The qualitative discussion with respondents shows the reasons for their inability to contact their loved ones.

Figure 5.3 Percentage of respondents who attempt to re-establish connections with lost contacts



The primary reason for not contacting loved ones is obtained as part of open ended questions administered during semi-structured questionnaire at the time of data collection. Below are few anecdotes that help understand these reasons.

We don't have any contact. We lost touch with them. I lost my brother. Did not try to contact them (Female, age 41).

We did not contact them as we separated long back and do not have their contact details (Male, age 22).

Due to war, our house and land are completely damaged. Even if we go now, we will not be able to find out (Female, age 48).

..... don't know their address and contact details. We lost all our contacts (Female, age 53).

We don't have money. So we did not contact. We hope they are in the same place (Male, age 37).

Further analysis has been carried out to understand the relationship pattern of respondents who attempted to establish contact with their loved ones by background characteristics (table 5.1). So as to find statistical significance in the difference in results, both chi-square and Fisher's exact test are applied as appropriate. The results for none of the variables are statistically significant. This shows that irrespective of background characteristics, almost all the refugees attempted to re-establish connections with their loved ones with whom they lost contact due to war and conflict.

Results shows that among male respondents, nearly four-fifths have attempted to re-establish contact, while about three-fifths of female refugees attempted to do so. Compared with the younger refugees, the older ones have more desperation to re-establish contact with their loved ones. As compared with refugees with more education, the ones who have relatively less education attempted to re-establish with their lost contacts. With regard to marital status, the married respondents and widowed/deserted respondents paid fewer attempts to re-establish with their lost connections as compared with their unmarried counterparts. In the case of married respondents, it could be because they live with family and finding loved ones away could be lesser a priority. On the other hand, the widowed/deserted do not want to re-establish any relation as they lost their loved ones with whom they have lived. One of the qualitative anecdotes shows that an old refugee woman did not want to get in touch with anyone after the demise of her husband. Her statement has been quoted here *"My husband tried to contact them several times. We could never contact them.*

After my husband's demise, I never thought of contacting anyone. Now I am alone and old. I will end my life like this (Female, age 65)".

Table 5.1 Percentage of respondents who tried to re-establish connection with the lost contacts by their background characteristics			
	Lost contact	Did not lose contact	Total (N)
Sex (P = 0.102)			
Male	79.2	20.8	48
Female	62.5	37.5	32
Age group (P = 0.489)			
18-29 years	63.2	36.8	19
30-49 years	72.5	27.5	40
50 years and above	81.0	19.0	21
Education (P = 0.821)			
No education or <7 years complete	73.7	26.3	38
8 or more years complete	71.4	28.6	42
Marital status (P = 0.161)			
Unmarried	80.0	20.0	10
Currently married	75.9	24.1	58
Widowed/deserted	50.0	50.0	12
Household members (P = 0.444)			
One-three members	66.7	33.3	24
Four members and above	75.0	25.0	56
Type of employment (P = 0.527)			
Full time	69.2	30.8	26
Part time	76.2	23.8	42
Household monthly income (P = 0.827)			
Less than Rs.2000	70.0	30	20
Rs.2001 to Rs.4000	70.6	29.4	34
Rs.4001 and above	76.9	23.1	26
Speak, read, write Tamil (P = 0.648)			
No	68.4	31.6	19
Yes	73.8	26.2	61
Speak, read, write Sinhala (P = 0.667)			
No	71.2	28.8	73
Yes	85.7	14.3	7
Phase of arrival (P = 0.667)			
First phase (1983-87)	83.3	16.7	12
Second phase (1989-91)	69.2	30.8	52
Third-Fourth phases (1996 onwards)	75.0	25.0	16
No of moves (P = 0.211)			
Single move	68.8	31.3	64
More than one move	87.5	12.5	16
All respondents	72.5	27.5	80
<i>Figures in parenthesis represents the significance test from Chi-Square or Fisher's exact test.</i>			

More the number of refugees with higher income and part time employment and the more of household members attempted to re-establish connections with the lost contacts. Further, refugees with language proficiency in Tamil and Sinhala attempted re-establishing contacts. Compared with those who moved only once as refugees, the respondents who moved more than once tried to re-establish contacts with their lost connections. Though most of these findings do not have qualitative evidence to substantiate, it is noteworthy to state that the differences are not statistically significant to explain any variation or pattern in refugees contacting loved ones.

Mode of communication to re-establish contacts

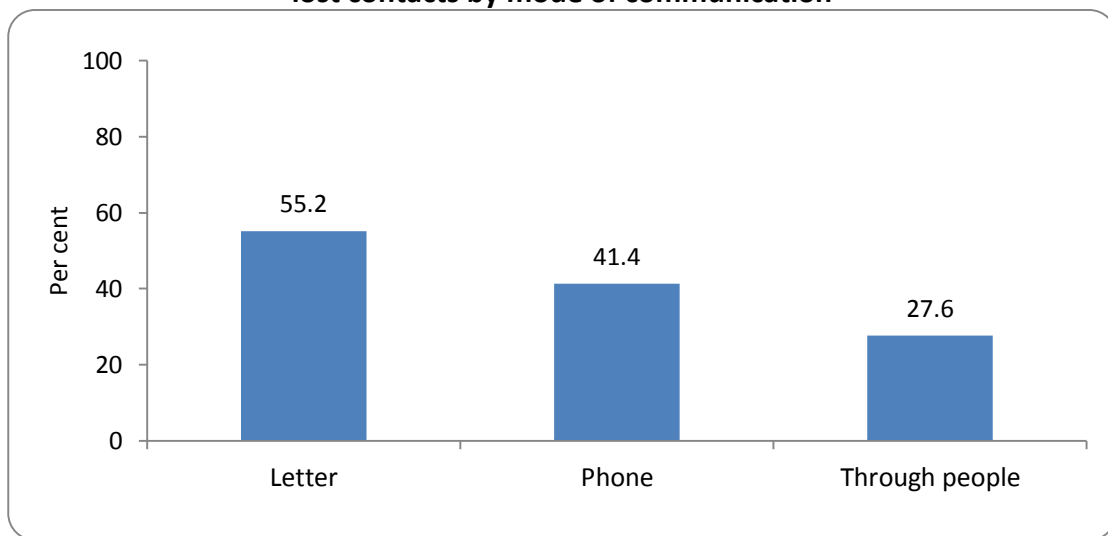
Communication is a key mode that helps build contact with one another. In the case of general population composed of non-migrants, communication mode would be different as compared with protracted forced migrants like refugees who spend longer duration in foreign land and have difficulty in accessing mode of communication at ease. In addition to the information discussed in previous sections, i.e., ever lost contact with loved ones and ever tried to connect with their lost contacts, additional information is collected on the mode of communication used to re-establish their contacts.

The existing literature does not talk about the mode of communication used by refugees to re-establish their connections with their loved ones. In this study, an attempt has been made to understand the mode of communication used by refugees and illustrate which mode of communications has been more successful in re-establishing their relations. Both quantitative and qualitative data have been collected for this purpose and presented in this section. From the quantitative data, only 58 respondents were included in the analysis. They constitute those who ever attempted to re-establish contacts.

The result shows that the refugees particularly used three modes of communication, namely, letter, phone and through people. They don't just rely on one mode but on multiple channels of communication. Of these three, the most commonly used mode of

communication is letters. About half of the respondents who reported to have attempted to re-establish contacts wrote letters for this purpose. This could be mainly because letters are the most common mode of communication that people had to contact others. The next mode of communication is through phone which two-fifths of respondents reportedly have used. The rarely used mode of communication is through network of people which accounts to 28 per cent (figure 5.4).

Figure 5.4 Percentage of respondents who attempted to re-establish connections with lost contacts by mode of communication



The qualitative component reveals the same result that of quantitative component, viz., letters are most commonly used mode of communication. Most of the refugees reported to have written letters to get in touch with their loved ones. This channel of communication is time consuming which makes the refugees long for hearing from their loved ones. This also requires great patience to wait and rewrite in case they do not receive any response. The anecdotes given below show their feeling when they wrote letter and did not get connected and got connected with their loved ones:

We don't know whether they are alive are not. We wrote letters but no response. We enquire from the people who came from there, but could not find them (Male, age 20).

My grandparents died. After their demise, we lost contact with other relatives. We wrote letters but did not receive any response (Male, age 27).

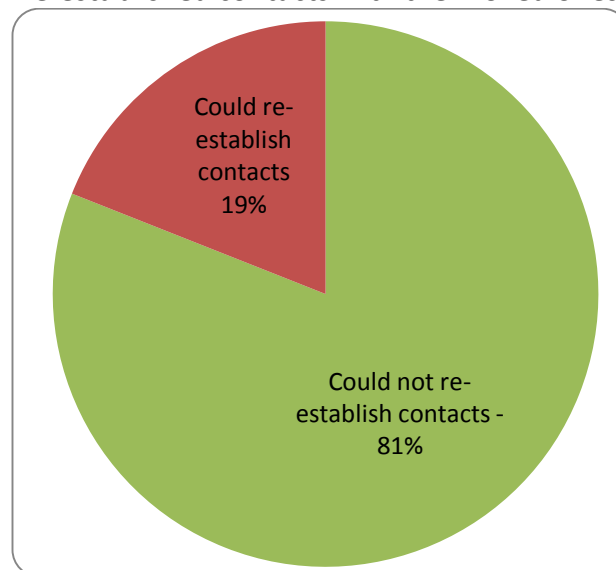
We don't have contact with them. They might have been displaced and gone somewhere else. We wrote letters but no response. We don't know whether the letters reached them or not (Male, age 56).

We wrote letters but no response. The letters would not have reached them. They might have moved elsewhere. We don't know where they are now (Male, age 58).

Successful re-establishment of contacts

In addition to the mode of contacts, the study also investigated how many refugees could successfully get through connection with their loved ones. The sample size for this analysis is further reduced to only 58 respondents. The result shows that among those who attempted to re-establish contacts, only 19 per cent could do so with their loved ones (figure 5.5).

Figure 5.5 Proportion of respondents who successfully re-established contacts with their loved ones



Base: 58 respondents.

Having waited for long time, few refugees could connect successfully with their loved ones. After re-establishing contacts, they have started getting in touch with them through other channels of communication.

We lost contact with our relatives after we came here. But later, we got to know them through some people here. After that we got their number and started talking to them (Female, age 31).

We had lost contact with our family in Sri Lanka. We got the contact of our family members only three months back through some people. At that time, we came to know that my brother expired (Female, age 32).

Due to war, we lost contact with my sister's family. They killed our brothers. So we came here to save our lives. Only after war, we enquired some of our relatives for our sister's family. After that we got their contact (Female, age 49).

While re-establishing connection with loved ones beyond the boundary of Tamil Nadu is seen from the qualitative data, the study shows that the refugees also re-established their relationship with their loved ones in other refugee camps within the boundary of Tamil Nadu. The following section provides the policies in place on resettlement as recommended by UNHCR as well as the Central and State Governments.

5.4 Resettlement of refugees

Resettlement is as one of the durable solutions for refugees. Family reunification is widely recognised as an important issue of people from refugee background and other forced migration. It has been recommended by international agencies including UNHCR for the well-being of the refugees. The High Commissioner's action in promoting family reunification is supported by the principle (set forth in both the Universal Declaration of Human Rights, 1948 and United Nations Covenant on Civil and Political Rights, 1966) that "the family is the natural and fundamental group unit of society and is entitled to protection by society and the State".

UNHCR guidelines on family reunification

These guidelines have laid down various aspects of reunification (UNHCR, 1983). It have spelt out different types of family reunification promoted by UNHCR and the studied subject falls into "reunification of other dependent members of the family unit". This constitutes of other dependant relatives including single brothers, sisters, aunts, cousins etc.; other dependent members of the family unit including friends or foster children who are not related by blood; and other relatives in need of resettlement. Further, the guidelines suggests the practical aspects of family reunification wherein members of the same family are separated in different parts of the same country of temporary asylum. Assistance is also to be provided by the Agency in tracing family members. Having identified the blood relations or other relatives, in case an individual wants to resettle with them, he can apply for family reunification wherein a request has to be formally made for reunification. Based on such an application, cases are considered and investigated by designated authorities to propel necessary action.

Measures taken by State Government for family reunion of refugees

Government of Tamil Nadu, Department of Rehabilitation (2007) guidelines state various measures to be taken by the state to ensure welfare of the refugees, particularly for family reunification and resettlement. One of the measures applicable to this study is highlighted here, i.e., refugees can formally apply to the Department for reuniting with their families. Applications from the refugees stating reasons for transfer

to other camps and their relationship to the refugees residing in other camps is given due attention. On this request, refugees are transported at the expense of the government to other camps. In addition, the transfer of refugees from one camp to another is done on medical grounds stated by them.

The qualitative IDIs conducted among selected refugees included questions about their resettlement aspects. It was reported by one of the respondent that the refugees had obtained complete support from government officials on their request to resettle their families with their relatives living in another camp. It is also found that refugees use their local network to find their loved ones in the host country. The anecdotes given below highlights the experience of refugees in getting reunited and resettled with their loved ones within the host country.

“When we first came to India, we were given shelter in Mandapam camp. After that, we were sent to Dindigul camp..... We were in touch with our relatives who live in Sri Lanka. Through them we came to know that our sister’s family is also in Tamil Nadu and they live in this camp. We were very happy to know about this. We got their address and wrote letters to them. After long days, we took permission from the camp to visit them. Only after meeting them we got back our cheer in life. Before that, we had lost all our hopes thinking that none of our family members survived the conflict..... Later, we requested the camp authorities and gave petition to move us to the Salem camp where my sister’s family lives. After more than a year, we were moved to this camp (Male, age 42)”.

“.....we had lost all our hopes as we left everything behind including our relations and assets. We stayed here for more than two years without any contact with our sister’s family.....our letters had no response. Almost after 6 years, we came to know from people that our sister and her family live in Erode camp. By

God's grace we got their contacts and later visited them. Now they have moved to this camp (Male, age 37)."

5.5 Mental health status

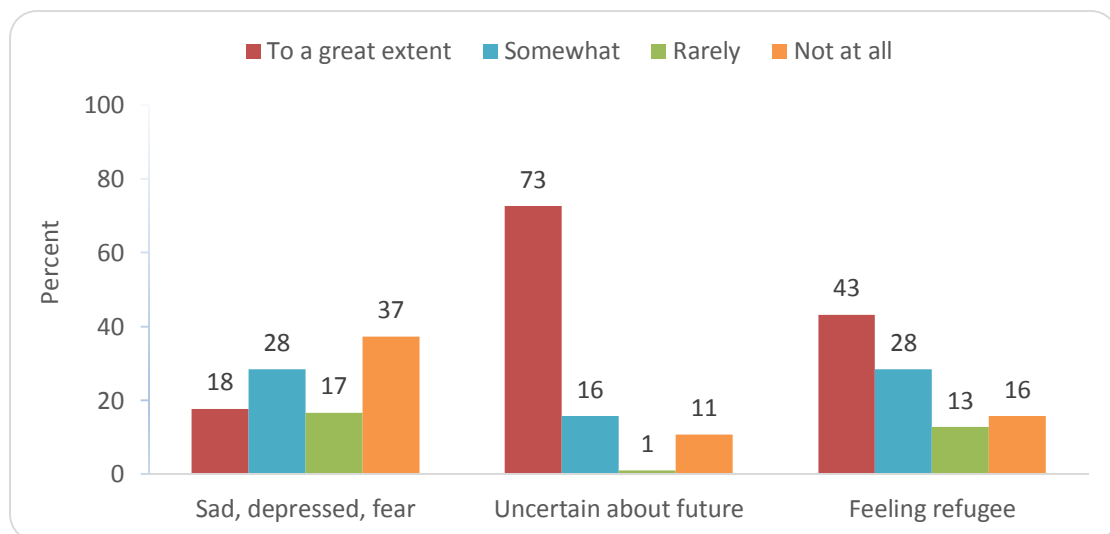
The most commonly used definition of good health is given by WHO which covers all the aspects of health such as physical, mental and social well-being. Physical health could be measured directly. The latter two aspects of health are often neglected given the difficulties in measuring them. Literature is abundant that shows positive association between forced migrants and poor health status, both physical and mental (Mariam, 2009; Salma et al, 2001; Verma, 2004). Isolation, depression, despair, poor health, etc., are few key characters of refugees during their initial days after arrival in the host country. Also, refugee feeling is common social health concern reported among refugees and forced migrants even if they have been living in the country for longer duration. However, there could be a chance that this feeling would fade over time when there is no such circumstance that makes them feel they are refugees. This study collected both mental and social health proxies which would affect the overall health status of the respondents.

As part of the quantitative data, three common mental and social health issues namely sadness, depression and fear, uncertain future and refugee feeling were assessed using a four point scale which consists of "to a great extent", "somewhat", "rarely" and "not at all". The respondents were asked *"In the recent past, to what extent did you feel sadness/depression/fear or none of these?"*, *"In the recent past, to what extent did you feel that your future is uncertain?"* and *"In the recent past, to what extent did you feel you are a refugee?"*

To assess the extent of problem, any respondent reporting to the problem was further probed to find out the extent of the problem and asked to rate the first three points of the scale. For analysis at certain places, the variable has been made into two categories in which "to a great extent" is classified into one category and the others into second category. This section presents findings from the study on mental health.

Figure 5.6 shows the findings on the mental health among refugees on three above-mentioned parameters. In the recent past, nearly three-fourths of the respondents reported that have felt to a great extent that their future is uncertain. Further, two-fifth of the refugees reported to have had feeling to a great extent that they are refugees. Only around one-fifth of refugees have felt to a great extent sadness/depression/fear in the recent past.

Figure 5.6 Percentage of respondents by mental health parameters



The qualitative data substantiates the reasons for the above-mentioned findings. Some of the anecdotes given below indicates that deprivation from decent employment, external problems and lack of citizenship in India emerge as some of the reasons that make respondents feel as refugees.

“Though I am B. Sc. qualified, I don’t have any work. I could not get a job because I am a refugee. After completing my studies, I am still unemployed (Female, age 23)”.

“People don’t give a job to Sri Lankan refugees (Female, age 23)”.

“I didn’t get a job because I am a Sri Lankan refugee. I was teacher..... I had to resign because of low salary (Male, age 21)”.

"I have grown here. We don't like going there. We want to save like our parents did for us. We would like to live as normal citizens here. I feel as a refugee when there are some issues that affect me and my family (Male, age 29)".

"..... I feel that if not my generation, my son's generation will have a relief from the term "refugee" (Female, age 48)".

"Though we want to settle here, we are worried that our children would also be called as "refugees"(Female, age 34)".

"We are safe, comfortable and peaceful here. Even after 21 years of our stay in India, still we are called as refugees. We want to become Indian citizens and stay here (Male, age 51)".

Feeling of sadness/depression/fear by background characteristics

The bivariate analysis of respondents by feeling of sadness/depression/fear by background characteristics shows a statistically significant association with age of the respondent, education, marital status, household members, language proficiency in Tamil, language proficiency in Sinhala, phase of arrival in India and number of moves as refugees. As compared with older age refugees, younger age refugees reported to have had feeling of sadness/depression/fear in the recent past. In the case of education, it is those with higher education who have had sadness/depression/fear. The qualitative anecdotes provided above denote that getting satisfactory job has been a concern among highly literate refugees. In case of marital status, those who are unmarried reported to be worried due to sadness and other mental health issues. In the case of number of household members, respondents from small families reported to have had this issue. It could be because of their loneliness in the host country and their longing for their families in Sri Lanka. Those who arrived in the early phase and the recent phase, and those who have moved more than once as refugees reported to have had the feeling of sadness/depression/fear in the recent past.

Feeling of uncertain future by background characteristics

Thinking and planning for the future is common among human beings. When it comes to refugees and forced migrants, uncertainty about the future has been one of the common concerns. The variables that have significant association with the feeling of uncertain future among refugees are sex, age, type of employment and household monthly income. More than four-fifths of female respondents reported to have felt uncertain about their future. Significantly, a greater number of middle aged refugees have felt uncertain about their future. This could be because they are in economically productive age and could happen to be decision-makers who have more responsibility at the family level. This is also in consonance with the type of employment where those who have been working fulltime felt uncertain about their future as compared with those who have worked part-time. On the other hand, those with lesser income have felt uncertain about their future as compared with those with higher income counterparts.

Refugee feeling by background characteristics

Refugees often undergo an identity crisis in a new social, cultural, economic and political environment especially in the host country (Griffiths, 2001; Koser, 2006). This would affect their social well-being in the host country. While the feeling that they are refugees is common among this population, it could fade to some extent especially in case of protracted refugees who have spent many years in the host country. While figure 5.4 shows that the refugee feeling is predominantly seen among refugees, it is extremely high among two-fifths of the surveyed population. Further analysis has been carried out to examine the existence of extreme refugee feeling by various background characteristics such as age, education, marital status, proficiency in Tamil, phase of arrival in India and number of movements as refugees.

Table 5.2 Percentage of respondents by mental health status and background characteristics				
	Sadness/ depression/ fear	Uncertain future	Refugee feeling	Total (N)
Sex	(Pr = 0.567)	(Pr = 0.006)	(Pr = 0.936)	
Males	16.4	65.6	43.3	122
Females	19.5	82.9	43.9	82
Age group	(Pr = 0.000)	(Pr = 0.000)	(Pr = 0.002)	
18-29 years	38.6	50.9	57.9	57
30-49 years	14.3	87.8	44.8	98
50 years and above	0	67.3	24.5	49
Education	(Pr = 0.001)	(Pr = 0.175)	(Pr = 0.001)	
No education or <5 years complete	5.0	70.0	20.0	40
5-7 years complete	8.0	84.0	35.4	50
8-11 years complete	21.3	70.7	53.3	75
12 or more years complete	35.9	64.1	59.0	39
Marital status	(Pr = 0.025)	(Pr = 0.700)	(Pr = 0.019)	
Unmarried	30.8	69.2	61.5	26
Currently married	17.7	72.2	43.6	158
Widowed/deserted	0	80.0	20.0	20
Household members	(Pr = 0.052)	(Pr = 0.145)	(Pr = 0.634)	
One-three members	25.4	79.4	46.0	63
Four members and above	14.2	69.5	42.4	141
Type of employment	(Pr = 0.363)	(Pr = 0.035)	(Pr = 0.938)	
Full time	21.2	81.8	40.6	66
Part time	15.6	66.7	40.0	90
Household monthly income	(Pr = 0.269)	(Pr = 0.019)	(Pr = 0.186)	
Less than Rs.2000	11.1	88.9	44.4	36
Rs.2001 to Rs.4000	15.4	74.4	35.9	78
Rs.4001 and above	22.2	64.4	50.0	90
Speak, read, write Tamil	(Pr = 0.023)	(Pr = 0.778)	(Pr = 0.000)	
No	5.1	74.4	17.9	39
Yes	20.6	72.1	49.7	165
Speak, read, write Sinhala	(Pr = 0.034)	(Pr = 0.672)	(Pr = 0.725)	
No	19.5	73.0	43.2	185
Yes	0	68.4	47.4	19
Phase of arrival	(Pr = 0.016)	(Pr = 0.924)	(Pr = 0.078)	
First phase (1983-87)	26.3	73.7	52.6	38
Second phase (1989-91)	10.7	71.4	36.4	112
Third-Fourth phase (1996 onwards)	25.9	74.1	51.9	54
No of moves	(Pr = 0.021)	(Pr = 0.594)	(Pr = 0.090)	
Single move	14.2	71.6	40.3	155
More than one move	28.6	75.5	54.2	49
All respondents	17.6	72.5	43.6	204

Figures in parenthesis represent the significance test from Chi-Square.

As compared with older age refugees, nearly three-fifths of the younger age refugees reported extreme refugee feeling. Also, those with higher education reported having extreme refugee feeling as compared with those with lower education. This could be because of they would have to come across different interactions where they could not adjust unlike older refugees. In some of the qualitative interviews, younger refugees reported discrimination in employment. Some of the qualitative interviews, as already seen, reveal *“Though I am B. Sc., I don’t have any work. I could not get job because I am a refugee.....”*, *“I didn’t get job because I am a Sri Lankan refugee. I was teacher.....”*, *“People don’t give job to Sri Lankan refugees”*. Among marital status, the unmarried respondents have reported extreme refugee feeling as compared with their married counterparts. Those proficient in Tamil have expressed more concern with regard to refugee feeling as compared with those with less proficiency. More than half of the refugees who arrived in India during the first and recent phases reported having extreme refugee feeling as compared with those who arrived during second phase. Further, more than half of the respondents who moved as refugees more than once have reported extreme refugee feeling.

By and large the three aspects of mental and social health among refugees analysed in the study show a unique status among different background variables. Education status, family size, phase of arrival and number of movement as refugees are some of the variables which have unique pattern across all the three aspects of health. Education shows direct relation with health status as higher the education, higher is the distress in terms of health status. On the other hand, refugees arriving during the first phase and recent phase of arrival in India show a unique pattern across all the three aspects of health. Similarly, a greater number of movements as refugees seems to have caused more health problem. While few of the results are substantiated with likely reasons from qualitative data, there are more variables left unexplained in this analysis which demand a focused study of this subject.

5.6 Association of health status with other parameters

So as to find association between social network on other key parameters such as social network, phase of arrival in India and other background variables, binary logistic regression has been used. The dependent variable for the analysis is the mental and social well-being variables where '0' stands for no problem or relatively lesser problem, while '1' stands for extreme problem in terms of mental and social well-being. In addition to the above mentioned variables, while running regression analysis for one variable, the other two dependent variables are used as independent variables to assess the mutual interaction between one another. Table 5.3 shows the result of the analysis carried out.

Feelings of sadness/depression/fear

Strength of network the respondents has had no impact on the mental health status i.e., feelings of sadness/depression/fear. The result shows no significant association between mental health variable and strength of network. Similarly, the phase of arrival in India is also not associated with mental health status. While the odds ratio shows that as compared with those who arrived during the recent phases, the respondents arriving in India during the first phase are more likely to have had a mental health problem in the recent past. However, this findings could not be concluded strongly as the results are statistically insignificant. The above mentioned variables show that irrespective of the duration of stay and strength of network, the refugees are subject to poor mental health status in the host country.

The other two health variables such as feeling uncertain about the future and refugee feeling show a strong association with those who reported to have felt sadness/depression/fear in the recent past. As compared with those respondents who did not feel uncertain about their future, those who felt so are almost three times likely to be sadness/depression/fear in the recent past. Similarly, those who reported to have had refugee feeling in the past are three times more likely to have encountered sadness/depression/fear.

Table 5.3 Results of binary logistic regression (0=No; 1=Yes)						
	Sadness/depression/fear		Uncertain future		Refugee feeling	
	Odds Ratio	Std. Err.	Odds Ratio	Std. Err.	Odds Ratio	Std. Err.
Social network index: Weak network	1.000		1.000		1.000	
Strong network	0.508	0.279	0.765	0.325	1.302	0.465
Phase of arrival: Third-Fourth phases (1996 onwards)	1.000		1.000		1.000	
Second phase (1989-91)	0.440	0.300	0.876	0.522	1.118	0.533
First phase (1983-87)	2.416	1.818	0.775	0.528	2.507	1.455
Sadness/depression/fear: No			1.000		1.000	
Yes	NA	NA	4.194 ^c	2.860	3.248 ^c	1.638
Feeling uncertain about future: No	1.000				1.000	
Yes	3.356 ^c	2.389	NA	NA	1.002	0.441
Refugee feeling: No	1.000		1.000			
Yes	3.072 ^c	1.702	1.000	0.445	NA	NA
Age group: 18-29 years	1.000		1.000		1.000	
30-49 years	0.104 ^b	0.074	21.562 ^a	14.117	1.152	0.624
50 years and above	(omitted)		2.906	1.992	0.331 ^c	0.209
Education: No education or <5 years complete	1.000		1.000		1.000	
5-7 years complete	2.024	2.330	3.204 ^c	1.999	3.081 ^c	1.754
8-11 years complete	2.098	2.195	3.574 ^c	2.205	4.662 ^b	2.656
12 or more years complete	5.186	6.121	3.649 ^c	2.742	4.787 ^c	3.265

Table 5.3 Continued...						
	Sadness/depression/fear		Uncertain future		Refugee feeling	
	Odds Ratio	Std. Err.	Odds Ratio	Std. Err.	Odds Ratio	Std. Err.
Household members: One-three members	1.000		1.000		1.000	
Four-five members	0.589	0.384	0.420	0.241	0.741	0.346
Six members and above	0.469	0.378	0.361	0.233	1.244	0.680
Household income: Less than Rs.2000	1.000		1.000		1.000	
Rs.2001 to Rs.4000	0.127 ^c	0.129	0.251 ^c	0.186	0.209 ^b	0.120
Rs.4001 to Rs.6000	0.143 ^c	0.153	0.175 ^c	0.155	0.461	0.305
Rs.6001 and above	0.052 ^c	0.063	0.133 ^c	0.113	0.148 ^b	0.102
Marital status: Unmarried	1.000		1.000		1.000	
Currently married	2.720	1.982	0.353 ^c	0.216	0.546	0.320
Widowed/deserted	(omitted)		0.209	0.202	0.155 ^c	0.147

^a Significance at 99%; ^b Significance at 95%; ^c Significance at 90%
NA – Not available as the variable is not included in analysis; (Omitted) – zero cases reported and hence omitted during analysis.

Other background variables that are found to have significant association with mental health are age and income. As compared with younger refugees, the older ones are less likely to have had a mental health problem. Similarly, those with higher income are less likely to have had a mental health problem.

Feeling of uncertain future

It is seen from the univariate analysis (figure 5.4) that almost 90 per cent respondents reported their feeling about uncertain future. Further, those with extreme feeling constitute almost 72 per cent. The regression findings show that the refugees who feel uncertain about their future have no association with the strength of network they possess and their phase of arrival in India. The association cannot be built between these variables with the dependent variable (uncertain future) as the results are insignificant. On the other hand, there is a strong association among those who have felt sadness/depression/fear with the thoughts about uncertain future. Result shows that as compared with those who had sadness/depression/fear are four times likely to have thoughts about uncertain future. It is though surprising to note that the refugee feeling is not associated with uncertain future as the results are not significant.

In the case of background characteristics, age, education, income and marital status are the variables that show significant association with the feeling of uncertain future among respondents. As compared with younger refugees, the middle-aged ones are twenty-one times more likely to feel uncertain about their future. The qualitative anecdotes also reveal reasons for this uncertainty which is because this age group is the one who is economically active and in decision-making stage about self and about its dependants. Hence, associating the post-civil war activities such as repatriation measures by government, it is likely that these people are uncertain and perplexed about their own and their children's future. One of the statements from qualitative data reveals the perplexed situation the refugees have, *"We have moved to at least five places in Sri Lanka. We have become nomads now. We are very unsure how we are going to establish ourselves. I want to stay here if I am given citizenship. Else, I want to go there and not live as a refugee here"*.

Compared with those refugees with no or low education, those with higher education are more perplexed about their future. Result shows that as compared with respondents having no or low education, those with relatively higher education are three times likely to have felt uncertain about their future. On the other hand, economically well-off refugees are less likely to have felt uncertain about their future and have a significant association with the dependent variable. Similarly, those refugees who are married are less likely to have felt uncertain about their future as compared with those who are.

Refugee feeling among the respondents

Like the other two dependent variables on mental health, the social health variable, i.e., refugee feeling is also not associated with the strength of network and phase of arrival in India because statistically they don't show an association with the dependent variable. This denotes that irrespective of the strength of network and duration of stay in India, the respondents have a strong feeling that they are refugees in the host country. On the other hand, mental health variable (sadness/depression/fear) has strong association with refugee feeling among respondents and the results are statistically significant. It is also noteworthy here that feeling of uncertain about future is not associated with refugee feeling.

Among the background variables, age, education, income and marital status show association with refugee feeling among the respondents. The results for this also show statistical significance. As compared with younger refugees, the older ones are less likely to have the refugee feeling. Those with relatively higher education status have a strong refugee feeling as compared with those with no education or low education. As compared with the respondents with low incomes, those with higher incomes are less likely to have a strong refugee feeling. This shows that the intensity of refugee feeling is low among higher income group as compared with lower income group. This further shows that the higher income group has relatively better jobs while the lower income group is deprived of employment due to their refugee status.

Social network among refugees has no association with all three mental and social health variables, namely, sadness/depression/fear, uncertain future and refugee feeling. **These findings helps us to reject the hypothesis that refugees with better social network would have good health status.**