



Exploring the Impacts of Migration on Iranian Students Well-Being

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Abstract

Migration is the movement of people across a specified boundary for the purpose of establishing a new or semi-permanent residence. With up to 2% of the world's population living outside of their country of birth, the potential impact of population mobility on health and use of health services of migrant host nations is increasing in its importance. Historically this movement was nomadic, often causing significant conflict with the indigenous population and their displacement or cultural assimilation. Qualitative method was used to this research. Present study draws on interviews, with 7 interviews with UPM student's emigrants. Results illustrate immigrant status may impact family stress and uncertainty, health outcomes, and educational attainment and may result in increased social isolation for students in immigrant families.

Keywords: Immigration; Students; Well-Being

Abbreviations: HIV: Human Immunodeficiency Virus; TB: Tuberculosis; QUAGOL: Qualitative Analysis Guide by Leuven.

Introduction

International Organization for Migration defines migration as movement of individuals or a group across countries and within a single country [1]. The movement can be temporary, seasonal, permanent due to various reasons including economic, environmental, family, and political. Emigrants are the people who leave a country while immigrants are those who arrive in a country [2]. Migration is one of two factors that drive population change [3]. It is a selective process that always requires change and adjustment on the part of the individual migrant. More important, when migration occurs with any appreciable volume [4].

It may have a significant impact on the social, cultural, and economic structure of both donor and host regions. Due to their potential impact, patterns of migration are harbingers of social change in a society [5]. The impacts of immigration

have been felt in areas ranging from jobs, education and housing through to language, diet and the arts. The combined social, economic, political and cultural implications of immigration have frequently been assessed as a whole and also in their discrete parts [6]. A lot has happened in migration in the last two years since the release of the World Migration Report 2018 in late 2017 [7]. Overall, the estimated number of international migrants has increased over the past five decades. The total estimated 272 million people living in a country other than their countries of birth in 2019 was 119 million more than in 1990 (when it was 153 million), and over three times the estimated number in 1970 (84 million) [1]. While the proportion of international migrants globally has also increased over this period, it is evident that the vast majority of people continue to live in the countries in which they were born. More than 40 per cent of all international migrants worldwide in 2019 (112 million) were born in Asia [8]. United Kingdom and Germany with up to 2% of the world's population living outside of their country of birth, the potential impact of population mobility on health and on use of health services of migrant host nations is increasing in its importance [9]. The process of the international movement

and the back-and-forth transitioning between differential risks environments has significance for the management of infectious diseases in migrant receiving areas [10].

The other significant to study migration is mass migration cause demographic changes that lead to balancing of localities where it faces over population or lead to depopulation in some other origins. Also, it may cause of the high rate of unemployment [1]. The other importance study migration is changes of family structure. The long term absence of family members forces the redefinition of the role-division in the family. In consequences, usually because of the migration of the male, it is women who manage the home affairs. The result is an increase in the power and role of women in the family structure. In addition, these trends seriously influence the harmony of marital status [2].

Yet, to date, there is limited research and information available that describes Iranian immigrants' health status and migration outcomes [11]. According to the non-official report of Iranian embassy in Malaysia, more than 70,000 Iranians are living in Malaysia, which it seems to be doubled yearly in past five years. Moreover, this statistic includes around 14,000 academic students and around 100 lecturers [12].

Remittances are economic effects of migration. Remittances brought by migrant workers in legal and illegal situation and settlement problem of the systemic transformation. Therefore, the scale of financial flows is significant [3]. The present study including interviews with Iranian students in UPM (University Putra Malaysia) to illuminate immigration status influences students' well-being. This paper, however, focuses primarily on the social and cultural aspects of this phenomenon.

Significance for Public Health

The available evidence suggests negative experiences are Iranian immigrants about their health and well-being that are at risk of mental health problems and lack of social support in a new country. For example, the results of a study in Germany showed that 28 % of Iranian immigrants were suffering from mental disorders associated with acculturation stress, but further understanding of factors involved in succumbing to or preventing acculturation stress is unavailable. Without such an understanding, the needs of this group will remain unmet, leaving them vulnerable to adverse health and wellbeing outcomes in their new homelands.

Review of Literature

Most of the studies published on this topic were conducted English speaking countries, except for some

studies was conducted on Iranian people, which focused on only the impact of immigration on health and social problems. Articles with adequate information on the effects of migration on social, cultural, economic and health problems. The countries hosting the largest population of Iranian were German (39,904), The United State (20,541), Iraq (9,500), the United Kingdom (8,044), The Netherlands (6,597), and Canada (6,508) [9]. Studies in this area have documented that "Migration raises of cardiovascular disease [4]. The deterioration of women's health status has been related to many factors, such as, the uprooting period, differences in culture, lack of language skills, loss of extended family and a supportive community, change of economic and social status, discrimination and intolerance, and parenting dilemmas [13]. To these factors must be added the poor access to appropriate health care and inability to negotiate health care needs [6]. This may result in delays in seeking care.

Several large immigrants groups in Sweden have a significantly higher risk of diseases such as cardiovascular disease than people born in Sweden. For the dissertation, elderly Iranians in Sweden compared risk factors for cardiovascular disease who had immigrated to Sweden with risk factors in Iranian in Iran. A total of 1200 men and women aged 60-84 years participated in studies. Participants in both Sweden and Iran were interviewed in detail about topics, such as exercise and food habits, smoking, health and quality of life [14]. Previous study show that migration to Sweden results in raised risk of cardiovascular disease Iranian men in Sweden. Among women, the risk is twice as high in Sweden as in Iran. This indicated that immigrants have adopted more western life style, including both advantageous and disadvantageous habits that effect health [15].

Quality of life did not get worse after the more to Sweden. But it's not easy to adapt with a new set of norms, values and habits in a new country, so it was surprising to find that migration affects the older Iranians physically more than mentally. An Iranian woman in Sweden reported that her husband did not allow her to go to work or attend classes. Consequently, she divorced him to maintain her dignity and mental wellbeing [16]. Pre migration stresses, language barriers, unemployment, lack of information about health services, social isolation, experience of discrimination, cultural shock as well as intimate partner violence can adversely affect wellbeing and mental health of Iranian immigrants [17]. Limited knowledge of health care services is another obstacle that Iranian immigrants often faced upon arrival to their host countries. Lacks of awareness of health care services can delay and inhibit health care-seeking activities, and is likely exacerbate existing conditions [11,18].

In some countries such as Canada, immigrants are provided with many forms and pamphlets about daily living

needs including information about available health services [19].

In some cases, these resources have been described by Iranian immigrants as being too long and difficult to understand. Accesses to health care services are critical in addressing mental health problems of immigrants [20]. Confusion and lack of information about the health care system resulted in increased mental problems for immigrants [9].

At the same time, evidence suggests that migrants from countries with high prevalence of certain infectious diseases such as Human Immunodeficiency Virus (HIV), tuberculosis (TB) and hepatitis B are disproportionately affected by these diseases (European Center for Disease Prevention and Control [21]. Parallel trends in cross-sectional study in South Africa reported that, being the partner of a migrant was not significant risk factors for HIV infection among women; significant risk factors were reporting more than one current regular partner, being younger than 35 years and having STD symptoms during the previous 4 months. High rates of HIV were found among rural women, and the migration status of the regular partner was not major risk factor of HIV. Rural women lack access to appropriate prevention interventions, regardless of their partners' migration status [10].

Most investigators acknowledge that care, treatment and prevention of HIV/AIDS in immigrants are influenced by a wide range of social, cultural and political factors. Immigrants bring with them not only their disease profiles, but also their socio-demographic and cultural backgrounds [22]. The final conclusion of this survey provided for mentioned to the high importance of migrants need to adequately in screening programmes, vaccination and treatment disease to increase their wellbeing.

Methodology

In the present immigration study, Data were collected through face-to-face interviews. An interview method approach was appropriate for this exploratory research. Importantly, maintaining anonymity and confidentiality were paramount ethical considerations involved in conducting research with these populations. It elicited detailed information from migrants to answer the research questions. The research comprised 7 interviews with UPM student's emigrants. The qualitative research explored settlement experiences from the perspectives of migrants, to identify the factors that influence settlement outcomes for migrants located in the area of Kuala Lumpur. The research objectives were to:

- Identify facilitators and barriers to positive settlement experiences and outcomes.

- Describe how settlement experiences impact on the wellbeing of migrants.

Identify strategies for positive settlement of migrants in future.

Question Schedule

The discussions were semi-structured and enabled participants to explore issues as they arose.

Questions asked during interview with students in Malaysia

1. How have migrants to Malaysia experienced settlement?
2. How has settlement affected the wellbeing of migrants?

Interviews

Data collection method was used a semi-structured interview to answer and elaborate on each question. A semi-structured allowed investigation of settlement issues from their perspectives and opinions experiences in Malaysia migrants. This included beliefs and attitudes, decision-making processes, practices and support mechanisms, their feelings about experiences in Malaysia, including their worries and concerns. This environment was created to allow participants to feel the comfort during the interview discussions in a relaxed environment, and at the same time have a certain degree of formality while involved in the dialogue.

Each discussion session lasted for an average of one hour, and was conducted in the English language. The meeting started out with a friendly introduction of each participant. Prepared set of questions was asked by the facilitator, and subsequent probing questions were also directed to the participants when it was recognized by the facilitator as appropriate timing within the flow of the conversation. With participants' permission and after explaining the purpose of the study, the discussions were voice-recorded with written consent from participants to ensure accuracy in analyzing participants' comments. A research assistant from Health attended each research session to take written notes of the discussion on the researcher's laptop computer. The transcriptions were made verbatim in the English language. The transcribed texts, the memos and reflective journals were the three types of data used for analysis. Coding was made to a transcript from the first discussion, and then the same set of codes was reviewed against the rest of the transcripts for each discussion. Additional new codes were created, when the subsequent transcripts touched upon a subject who had not been discussed during previous discussions. These notes provided an important starting point for the written record of the discussion, backed up by the digital voice-recording. After all the codings were created, a list of codes was

reviewed against all the transcripts to check for validity.

Analysis of Data

Qualitative Analysis Guide by Leuven (QUAGOL) was used to data analysis [23]. Thematic analysis method was used to transcribe data analysis [24]. After each interview the researcher listened to the voice recording and added further detail and quotes to the initial notes by the research assistant. Every effort was made to create a true and faithful written record of the discussions, although a few parts were paraphrased rather than recorded word for word. The voice recording was crucial in supplementing the written notes, clarifying points that were not clearly captured, and to provide direct quotes where useful. After initial analysis of the interview notes, key themes were identified in consultation with the project team. The notes from the transcripts were coded according to broad thematic headings and the research questions. Analysis was conducted using Word documents rather than qualitative analysis software. The analysis used a thematic approach where themes were sought in the coded data. An iterative process was used where themes/headings were suggested or emerged from the data under each question, and as new information was added from later sample, the headings were refined or reordered. Findings were analyzed collectively and then reported as a whole, with identification of themes (Table 1).

Variable		N
Gender	Female	6
	Male	1
Age (years)		25-50
Years living in Malaysia		04-Oct

Table 1: Characteristics of students participated in interview.

Results

The qualitative research findings are discussed below, structured by the research questions. Verbatim quotes from participants are presented. Some participants had limited English language proficiency. In these cases the quotes have not been adjusted or edited for grammar or clarity as it was important to retain the meaning and tone of participants' own words.

Migrant Settlement Experiences in Regional Malaysia

Overview of migrant settlement experiences

Settlement experiences of migrants in this research ranged from positive to extremely difficult and challenging.

While experiences varied, migrants commonly faced a challenging period especially in the first three to six months. Many participants said that after tackling the initial hurdles of finding jobs, housing and social support, they settled in well. Many comments indicated satisfaction with the new location, for example: *I'm contented now, I have no complaints with this place, and people are really good and supportive (skilled migrant, male).*

Malaysia is a good country for me (skilled migrant, male). Some participants reported facing significant difficulties, especially challenges with finding suitable work and learning English. Several spoke of taking a long time to feel settled. For instance, one migrant said it took her five years to settle.

Difficult settlement experiences had a large impact on people's wellbeing and their subsequent settlement. A participant said she would have delayed her migration to Malaysia by at least a year if she had known beforehand how hard it was going to be (Master student migrant, male). She felt her settlement experience would have been better if she had stayed longer in her home country to save more money, as her initial period in Malaysia was marked by substantial difficulties in finding any type of work and financial hardship. A participant in Serdang (skilled migrant) was still seeking work after six months, and was finding unemployment extremely difficult. He talked about the challenge of moving from his comfort zone to a "harsh environment" in terms of finding work. He said it made him doubt whether his decision to move to Malaysia had been the right decision.

Another participant said: *I'm not happy yet; I don't know what to do but if stay in the future.* The challenge of learning English was a central issue for the some migrants. It had a significant impact on their overall settlement experience, especially in affecting the ability.

Experiences of arrival

Initial support and orientation was a crucial determinant of a migrant's overall settlement experience. A state-sponsored skilled migrant worker described his arrival experience as receiving a "VIP" service with which he was "more than satisfied" (skilled migrant, male). Positive arrival experiences were characterized by practical support with housing, groceries and transport, social support (especially from others of the same ethnic group), orientation to the local community and being linked in with the local migrant support program. Another student (skilled migrant, male) reported a very difficult arrival to Malaysia as the sponsoring company failed to meet him at the airport and did not provide adequate initial support or orientation. He said the lack of welcome would "always stick in my mind, always, that was bad news...that was a bad experience for me when I

first came here". The initial problems had colored his future settlement and overall experience of Malaysia. Another skilled migrant (female) that lived in Jutamines, "I feel very lonely". She contacted her friend who had moved to Kuala Lumpur, and chose to move there to be with her friends.

Effects of Settlement on the Wellbeing of Migrants

Some migrant participants had experienced improved wellbeing through moving to a safer place where they did not need to feel fearful. This had a large positive effect on their wellbeing. In contrast, other participants had experienced difficult settlement issues that impacted on their mental health and wellbeing. For instance, a recent skilled migrant said his current experience of unemployment affected him deeply and he was suffering from low self-esteem. Another participant, who was the wife of a migrant who had difficulties with his employer, reported her husband was experiencing depression linked to his work problems. Several other participants spoke about their own experiences of depression and hardship when they first arrived. These problems had lessened over time, as they became more settled and financial problems eased.

Skilled migrants (Male) also raised the issue of new migrants' *expectations about employment opportunities being unrealistic and associated with significant effects on wellbeing and mental health.*

Access to Health Care Services

Access to health care was raised by migrants as a major factor that affected migrant wellbeing. Migrant participants Malaysia agreed there was not refer to specialist health care immediately. Reza: migrant participants raised similar concerns about a lack of refer to specialist health services.

Therefore, if I have an important disease, I have already decided to receive treatment in Iran. I feel safer about having the treatment in my own country (skilled migrant, male).

Limited knowledge of health care services is another obstacle that mentioned by another Iranian students immigrants often faced upon arrival to their host countries.

Experiences of Unemployment

As the unemployment experiences of skilled migrants were different to those of the humanitarian migrants, these will be discussed separately. Despite being qualified and experienced in various professions and trades, some of the skilled migrants had an initial period of unemployment.

Financial Challenges

Participants in the skilled and humanitarian migrant groups said financial challenges affected the settlement process. Many participants in the skilled migrant groups reported they had initially experienced financial problems, sometimes severe, in their move to Malaysia. It was common for participants to speak about 'struggling' or 'trying to survive' financially. Migrant participant pointed out that many migrants come from countries where the currency was worth much less than the Malaysia currency: "we come with all our life savings and we spend it on the house, rent car". The length of time that it took to settle was often longer than people expected and this had financial implications.

Financial barriers were significant for many of the humanitarian migrants, who come from situations of extreme poverty and disadvantage. Skilled rose similar concerns about the where current situation temporary and provisional visa holders did not have access to Medicare or other government support. There was agreement that temporary and provisional visa holders had a "raw deal" as they were paying taxes in full, but not receiving the associated benefits.

Visa Approval Process

Immigration requirements, especially the length of time it took to secure visa approval. One Migrant said it had taken between three and six months to go through the process of getting a visa, and that was a long time for migrants. Cultural and communication issues for migrants the other most significant barrier was dealing with cultural and communication issues. The two main cultural issues faced by migrants.

Discussion

In this qualitative research, we have highlighted the challenges that International Students immigrants encounter during resettlement in Malaysia, and discussed the impact of associated negative experiences on their health and wellbeing. Findings are consistent with the literature review's identification of key factors that influence settlement for migrants. Critical influences on the settlement experience, highlighted both in the literature and in this qualitative research.

This research found it was common for non-sponsored migrants in Malaysia to have difficulties finding suitable employment, especially in the early stages of settlement. This was the case for both humanitarian and skilled migrants. While humanitarian migrants faced significant employment barriers due to low English language proficiency (a

fundamental problem for the migrants in this research), many skilled migrants also experienced challenges in securing jobs appropriate to their qualifications and skills. A lack of recognition of overseas qualifications and prohibitive registration requirements for professions and trades, leading to underemployment of migrants, was a widespread concern among migrants.

Language barriers hinder effective communication of immigrants with mainstream communities, leading to social isolation, and lack of utilization of social services, including health care services. Complaints of overcrowding and lack of basic amenities are the norm in foreign worker accommodations [25,26].

Compared with permanent residents, temporary and provisional migrants were disadvantaged as they faced greater uncertainty and higher costs by failing to meet entitlement criteria to government support such as Medicare and education.¹⁹ Access to training and tertiary education was a key barrier for these migrants, as well as access to essential health services, both of which have major implications for migrants' health and wellbeing volume [18].

Challenges for migrants in accessing services and support were often magnified because they were based in a regional or rural area, where fewer services are available, especially specialist health, and education services. Access to adequate English language tuition was a major problem for migrants. Migrants in this research highlighted gaps in accessing information about local services and supports, and advocated for more comprehensive and realistic information to be provided to new migrants before arrival.

Host country specific education, work experience, language proficiency, and contacts with natives are positively related to the chances of employment and occupational status.⁷ Challenges for migrants in accessing services and support were often magnified because they were based in a regional or rural area, where fewer services are available, especially specialist health, and education services. Access to adequate English language tuition was a major problem for migrants [27].

Migration and remittances also impact on environment. Changes in consumption patterns result in more toxic waste and pollution affecting air, fresh water resources and coastal reefs. The same effect of population growth applies to environment services: access to improved water and sanitation. The same probably applies to services in health and education [28].

Legally speaking, the rights and protections accorded to employers of migrant workers in Malaysia are still unclear.

Issues regarding migrant workers are always the subject between the sending countries and a receiving country. People in both countries become tense when migrant workers are abused or subject to unfair treatment [29].

Over all, Social and cultural support was a fundamental determinant of positive settlement for migrants in Malaysia. In particular, support on arrival from migrants' own cultural communities was critical to settlement and rapid integration into the new location. A key message from the research is the need to recruit migrants as a family unit, rather than single individuals, and to consider the family as a whole (such as job placement for the spouse). Research participants expressed significant concern about situations where there had been long delays in approving visas for family members to move to Malaysia from overseas. Prolonged separation from family diminished the mental health and wellbeing of migrants through stress, anxiety and depression.

The research highlighted the importance of arrival and initial settlement experiences to a migrant's ability to settle and integrate fully into a community. Initial support from migrant support services or employers, in the case of sponsored migrants, made a large contribution to positive settlement. The crucial role and valued contribution of migrant support services was emphasized repeatedly by migrants. Integration of migrants into regional and rural communities had sometimes been difficult at first, with tensions or separation between locals and new migrants, but integration had improved significantly over time as people got to know each other as individuals and co-workers, and as workers 'proved' them.

Therefore, migrants in this research highlighted gaps in accessing information about local services and supports, and advocated for more comprehensive and realistic information to be provided to new migrants before arrival. In such case, immigrants in host country are blamed and abused that indirectly, the political ties between both countries are affected. Participants also underlined the role religious involvement in facilitating more rapid and smooth integration of migrants into communities.

Conclusion

While the Malaysia government is committed to promoting migrant settlement with policies and programs, it is apparent from this research that not all migrants' needs are being met. Particular gaps include difficulties in securing appropriate employment and in accessing basic services and infrastructure such as health, education and in some cases, as housing. A minority of migrants had experienced significant and sustained hardship, for instance through unemployment, financial stress or separation from family, which affected wellbeing. Although this group did not represent the majority,

their challenges were substantial and affected the settlement and wellbeing of their families. Furthermore, it was common across all migrants (both skilled and humanitarian) to have experienced some difficulties with settlement, especially in the early stage.

Despite the multiple challenges in migrant settlement and integration, regional communities in Malaysia expressed much support and understanding of migrant issues and appreciation for their contribution to the region. The central message of the research is the need to ensure integrated planning and infrastructure development for migration of Malaysia. Improved and more holistic planning and capacity building will help to create the conditions for positive settlement of migrants in future.

Despite the fact that immigration is acknowledged to be a major determining factor in the social conditions in the rejoin. Studies have clearly deliberated the impact of the migration has on the health of people, even though the health consequences of migration may be critical to health outcomes.

Conflict of Interest

The author declares that they have no competing interest.

Ethics Approval and Consent to Participants

Verbal permission was sought from participate to the study.

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