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# One size does not fit all: reintegration of returnee Middle East migrant workers

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## Abstract

**Introduction:** Return and reintegration remain the least explored phase of the outbound labour migration process. Every year, an estimated 200,000–300,000 Sri Lankans migrate for overseas employment, primarily to the Middle East, with most expected to return after their contracts end. Although often overlooked upon return, returnees can meaningfully contribute to community and national development if their reintegration needs are addressed.

**Objectives:** To explore the perceptions and service needs related to reintegration among returnee Middle East migrant workers in the Kurunegala District, Sri Lanka

**Methods:** This qualitative study employed focus group discussions (FGDs) and in-depth interviews (IDIs) to gather insights from male and female returnee migrant workers across diverse manpower levels, and their family members in the Kurunegala District, Sri Lanka. A pre-tested, semi-structured moderator/interviewer guide was used for data collection. Six FGDs involving 51 participants and 19 IDIs were conducted until theoretical saturation, and the data were analysed using thematic analysis.

**Results:** Two key themes emerged: 'perceptions and barriers to reintegration support' and 'service needs for successful reintegration.' Participants reported limited access to reintegration support services and multiple barriers to utilization, resulting in widespread unmet needs. Migration-related health risks and poor awareness of available healthcare services upon return often delay timely care access to healthcare. The need for migrant-friendly public services, including healthcare, was strongly emphasized. Additional service needs included job-oriented vocational training, children's education, and access to psychological support.

**Conclusions & Recommendations:** Reintegration is a critical yet often overlooked phase of the international labour migration process, leaving many returnees with unmet service needs. Addressing these service needs particularly through a responsive health system and accessible, migrant-friendly public services, is essential to support successful reintegration and harness the potential contributions of returnees to national development.

***Key words:*** *Reintegration, Returnee migrant workers, Middle East, Service needs*

## Introduction

In Sri Lanka, approximately 1.5 million individuals, nearly 20% of the workforce, are employed abroad as temporary or contract-based migrant workers, with the majority working in the Middle East (1). Each year, an estimated 250,000-320,000 Sri Lankans migrate for temporary employment (2-3), while a similar number expected to return annually (1). This international labour migration has become a vital means of livelihood, offering economic opportunities for both skilled and unskilled workers (4-5). Moreover, remittances from migrant workers play a vital role in stabilizing the national economic and reducing poverty by supporting household incomes (1).

For most Middle East migrant workers, returning home and reintegrating into their home community mark the final phase of the migration journey. Reintegration, defined as the 're-inclusion of a returned migrant worker into the society of his or her country of origin or habitual residence' encompasses economic, social, and cultural dimensions (6). Successful reintegration restores livelihood, promotes dignity, ensures social inclusion and enables active civic participation. Identifying and addressing returnees' unmet service needs is crucial for facilitating their reintegration into their home communities (7). Returnees who successfully reintegrate can invest their foreign-earned skills and capital into local economic prosperity (8-9) contributing to broader national development (10). However, the reintegration phase and specific service needs of returnee remain under-researched and poorly understood creating many challenges to their successful reintegration (11).

The conditions surrounding the migration process, including working conditions abroad, often expose workers to health risks and inequalities (12). These challenges may persist or worsen during reintegration, making return and reintegration, a key social determinant of migrants' health (13). Unsuccessful reintegration can lead to adverse social, economic, and health outcomes for individuals, families, and communities (14).

Sri Lanka's National Labour Migration Policy and the National Migration Health Policy acknowledge the challenges surrounding reintegration and advocate for more research to bridge existing knowledge gaps (4-5). Exploring returnee migrants' experiences offers valuable insights for policymakers, researchers, and non-governmental organizations (NGOs). A better understanding of their needs can inform the design of targeted community-based interventions that promote successful reintegration and enhance the well-being of returnees and their families. This study aims to explore the perceptions, and the service needs related to reintegration among returnee Middle East migrant workers in the Kurunegala District, Sri Lanka.

## Methods

A qualitative study engaged returnee migrant workers and their families through FGDs and IDIs. The FGDs encouraged group interaction and facilitate the exchange of collective perspectives, while IDIs provided in-depth insights into individual experiences (15). The study was conducted in the Kurunegala Divisional Secretariat (DS) Division. This DS division was selected based on practical considerations, including feasibility, time and resource constraints. Further, it is reported to have significant outbound labour migration to the Middle East, with Sri Lanka Bureau of Foreign Employment (SLBFE) data indicating it accounts for nearly 50% of the district's migration over the past two decades (2-3).

The study population comprised male and female Sri Lankan migrant workers employed under various manpower levels (skilled, semi-skilled, unskilled and housemaids) in the Middle East and their family members residing in the Kurunegala DS division. Selection criteria included returnees who had been back in Sri Lanka for at least 12 months, ensuring

sufficient post-return period for the reintegration process (11, 16). Those who had been back for over five years were excluded to minimize recall bias.

Return migrants are a hard-to-reach population due to their status as 'frequent movers', particularly during the initial reintegration phase, as their living situations tend to be unstable and transitional, and many continue to consider re-migration (7). Multiple migration cycles to meet economic needs are common among Sri Lankan migrant workers, with some committing circular migration. Even those intending to reintegrate often face job insecurity and struggle to find local employment that offers a decent income, prompting frequent relocation. Social reintegration challenges such as difficulties re-establishing themselves in their home communities may also lead returnees to seek more accepting and supportive environments. For some, as their living standards improve, move to better housing in areas with improved facilities. Additionally, returnees who are preparing to migrate again may relocate during this process (5, 11, 16). Geographic dispersal across both urban and rural areas, combined with the absence of an updated returnee migrant worker database/register, further complicates efforts to track and engage this population (5, 17). Therefore, multiple non-probability sampling methods were used to recruit participants, including referrals from field public health and administrative officers, snowball sampling and direct recruitment by researchers.

Pre-tested semi-structured interview guides for both FGDs and IDIs were developed by the principal investigator (PI) with the input from a qualitative research expert. These guides included open-ended questions and probes to facilitate interviews/ discussions. FGDs with 6-12 participants were organized by gender and employment category, while ensuring diversity by grouping returnees from different socio-economic backgrounds together. Both FGDs and IDIs were conducted face-to-face at suitable and convenient locations such as participants' houses or workplaces. FGDs lasted 60–90 minutes, while IDIs lasted 45–60 minutes.

All interviews were conducted between April and November 2021 by the PI. Interviews continued until theoretical saturation was reached, with no new insights emerged from additional interviews. All interviews were audio-recorded, and field notes were taken. Initial transcripts were prepared by the interviewer on the same day by transcribing the audio recordings and cross-referencing with field notes. Initial transcripts were finalized by re-reviewing audio recordings and field notes, and participants were contacted for clarification when necessary.

***Data analysis***

Thematic analysis approach as outlined by Braun & Clarke (18-19), was used to analyse the qualitative data. The analysis was performed manually, starting with a thorough review of transcripts to familiarize with the data. Key points and recurring patterns were identified through coding, and codes were grouped into categories and themes. An iterative process was employed, revisiting transcripts to refine themes or identify new ones. In the final phase, themes were clearly defined and named to accurately reflect the data. It followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) for quality appraisal of interviews and FGDs (20).

## Results

A total of six FGDs (n=51) and 19 semi-structured IDIs with 12 returnees, 3 spouses and 4 family members were conducted (Table 1). The majority of participants were Sinhalese (n=41) followed by Sri Lankan Moors (n=21) and Tamils (n=8). Participants were aged between 25 and 63 years, with returnee migrant workers' age ranging from 29-58 years (Table 1). Following their return, over 75% had been engaged in income-generating activities compared to 38.3% before migration. Regarding the family members interviewed, nearly two-thirds were

spouses (65.2%), while 17.4% were the migrant workers' parents (Table 2).

The thematic analysis yielded over 400 initial codes, refined into approximately 120 codes, and categorized into major themes, namely 'perception and barriers to reintegration support' and 'service needs for successful reintegration'.

**Theme 1: Perception and barriers to reintegration support**

**Sub-theme 1: Perception towards reintegration support**

Most respondents believed the government should provide formal reintegration support to recognize migrant workers' contributions. As one participant expressed:

*"Nobody seems to focus on the reintegration and welfare of returning migrants. The government should take responsibility for them." (FGD-4)*

Among 47 returnee migrant workers, only 11 received any form of reintegration assistance from the government or NGOs. This assistance included basic training for self-employment, vocational skills training, financial aid and health-related services (e.g. medical consultations, medication, assistive devices). However, most programmes were one-time initiatives lacking follow-up or progress evaluation.

*"Upon my return, our grama niladhari (head of the smallest administrative unit) connected me with an NGO. They provided training and donated a sewing machine to help me start my own business." (FGD-2)*

*"My employer didn't pay me the promised salary, and I struggled to afford my children's education. Thankfully, an NGO introduced me to a program that provided two annual scholarships of LKR 10,000 each for my daughter and son until they completed their GCE O/L." (FGD-1)*

*"Before my bypass surgery last year, my family faced significant financial and social challenges. During that difficult time, members of the village youth club stepped in and supported us." (IDI-7)*

Over 70% of returnees and their families reported not receiving reintegration assistance. This lack of support hindered some returnees from investing their skills and capital in their home country. A returnee employed in automobile industry noted:

*"I have over 10 years of experience in the automobile industry, both abroad and in Sri Lanka. I have attempted to start my own business a few times, but without success. But I should have sought assistance from SLBFE." (FGD-4)*

*"I returned to Sri Lanka nearly two years ago, and so far, I haven't received any support from any government or private organization. Nobody informed us about such assistance services." (FGD-2)*

**Sub-theme 2: Barriers to accessing reintegration services**

Nearly two-thirds of participants, including family members, were unaware of available reintegration assistance services offered by the government and NGOs. Many returnees even did not know from where and how access accurate and up-to-date information about available reintegration assistance services.

*"Many returnee migrants, including myself, were unaware of the reintegration assistance services available or how to access them." (FGD-3)*

*"I thought reintegration services were only for workers who faced adversity or abuse in the Middle East. I didn't know what types of reintegration assistance were available for other returnee migrants." (FGD-3)*

Participants who sought assistance highlighted challenges with complicated procedures and strict eligibility criteria, which led to confusion and uncertainty. One returnee mentioned being disqualified from receiving support and reintegration

assistance from SLBFE due to not being registered with SLBFE and for not migrating through official channels.

*"When I returned, I sought assistance from the SLBFE for injustices I faced during my contract in Saudi. However, they said I wasn't registered with them and claimed they weren't responsible for undocumented migrant workers." (IDI-3)*

*"Upon return, I went to various government offices seeking assistance, but the officers kept giving different reasons and asking me to come back another day. They provided no proper guidance. After 2-3 rounds of disappointment, I gave up seeking assistance." (FGD-3)*

Accessing financial aid was another barrier; as banks often denied loans to returnees without a fixed income or guarantors, and microloan processes were overly complex and time-consuming. A returnee from the construction industry said:

*"I returned from Qatar after 5–6 years, planning to open a structural steel construction site. In addition to my savings, I needed a bank loan for the remaining capital, I couldn't secure a loan due to strict requirements and extensive paperwork."(FGD-4)*

Several returnees and family members reported feeling discouraged from seeking assistance due to the unhelpful actions and unsupportive attitudes of government officials.

*"I missed my opportunity to get a government job because our grama niladhari is having a personal dispute with me. The grama niladhari kept on finding errors in the documents and purposefully postponed giving his endorsement. Ultimately, I lost the job opportunity." (FGD-4)*

Many felt that internal contacts or bribes were necessary to get things done, making it difficult to effectively navigate reintegration programs.

*"At the xxxx office, I sought help to resolve my VISA issue but when I inquired about it from a minor staff member of that office made it sound overly complicated, requiring multiple days. Feeling sceptical, I waited. Unexpectedly I ran into an old school friend who worked there. With his assistance, I completed the process within 2-3 hours." (FGD-4)*

*"I went to the DS office to register my ornamental fish business. A staff member told me to do it online, but when I asked for help, they refused, saying they were too busy. I struggled because I couldn't read English or use a computer. Later, I found out Sinhala versions were available in the office all along. I felt misled, and because I didn't bribe anyone, the process was unnecessarily difficult." (FGD-3)*

Discussions revealed that a lack of continuity in assistance was a major barrier, as services were often one-time and lacked a sustained long-term approach. Additionally, there was no established mechanism to assess the effectiveness of these services in addressing returnees' perceived needs or to evaluate their long-term impact. As one returnee employed in Middle East as a caregiver said:

*"Most programs feel like one-off events. They help initially, but there's no follow-up to assess whether we've benefited or need further support. It's like planting a seed but never watering it."(IDI-8)*

Both male and female returnees expressed that reintegration programs primarily focused on meeting basic needs, without adapting to evolving challenges or offering meaningful incentives to invest their skills and savings in their home country.

*"Returnees like me often find the current reintegration services lacking and insufficient to meet our needs. Rather than offering basic and limited assistance, there's a crucial need to revamp these programs. They should actively encourage returnees to invest their resources in Sri Lanka, fostering job creation and economic growth" (FGD-4)*

*"Reintegration programs are too basic. They don't address our long-term needs or encourage us to use our skills and savings to contribute to our community." (IDI-4)*

**Theme 2: Service needs for successful reintegration**

**Sub-theme 1: Access to migrant-friendly public services**

Participants highlighted several essential public services necessary for successful reintegration, including employment assistance, business development support, vocational training, children's education, social protection, and legal aid. Among these, employment assistance emerged as a top priority, encompassing codes related to job placement, skills development, certification, and support for self-employment or small business ventures. One returnee skilled agriculture worker expressed:

*"I wanted to start an organic farm, and the DS office staff helped me with information and support to finding a market for my products. Unfortunately, many returnees are unaware of these resources." (FGD-4)*

Many returnees emphasized the importance of job-oriented vocational training, particularly for returnees, with experience in specific sectors like the automobile industry, who struggled to access relevant and sector-specific training opportunities.

*"I had four years of experience in the automobile industry in Saudi Arabia. When I returned, I applied for jobs in the private sector, but they asked for academic qualifications. I looked for vocational training, but there was no central information or coordination between training institutes." (FGD-4)*

Female returnees, especially former housemaids, often faced difficulties in converting overseas-acquired skills into marketable competencies within the local labour market.

*"I worked as a housemaid in Kuwait for four years and struggled to find a job after returning. The SLBFE advised vocational training to improve my NVQ level but gave little information on where to access it." (FGD-1)*

Access to children's education was another prominent service need expressed by returnees across multiple FGDs.

*"While I was employed in Kuwait, my family details were removed from the voter's list by the grama niladhari. When I returned after several years, I couldn't get the necessary proof on time, and my son missed the chance to enrol in a national school. This exclusion from the system is unfair to migrant workers and their families." (FGD-3)*

Participants were asked about their experiences of discrimination or unequal treatment when accessing public services due to their migrant status. While most did not report instances of direct discrimination, they attributed negative experiences due to inefficiency and unprofessional attitudes of some government staff. As one participant, the spouse of a returnee housemaid, explained:

*"My wife returned two years ago, and I don't think migrants face discrimination. The issue is inefficiency and poor attitudes of government workers who don't value others' time." (FGD-5)*

However, migrants were more likely to compare local living conditions with the systems and services they experienced overseas, which often led to feelings of dissatisfaction.

*"I don't agree with any discriminative treatment for migrants, but I do think that migrants note these barriers because they compare the system here with the overseas systems they were used to." (FGD-4)*

Several respondents also highlighted a 'sense of insecurity' in daily life as a barrier to reintegration into their local communities.

*"Our neighbourhood is unsafe due to the presence of drug addicts and alcoholics. They steal during the daytime, and last week they even plucked coconuts from our trees." (FGD-1)*

This sense of insecurity was further exacerbated by a loss of trust in public institutions responsible for law and order, contributing to uncertainty about the future if such issues remain unaddressed.

*"The police are lethargic, and it frustrates me. How can we live in peace when there's no law and order? I feel this more than my neighbours who have adapted. I've seen the difference between the safety abroad and what's happening here. I'm worried about our future." (FGD-4)*

*"I no longer trust institutions meant to ensure law and order. Complaining feels pointless. After six to eight years in Saudi Arabia, I never felt unsafe, but now I do in my own country." (FGD-1)*

**Sub-theme 2: Need for a migrant-friendly health system**

Qualitative analysis revealed numerous health-related codes, highlighting the critical importance of healthcare services in the successful reintegration of returnee migrant workers. These findings culminated in the overarching category: "need for migrant-friendly healthcare services." Just over three-quarters of respondents, including returnees and their family members, emphasized that good health is essential for successful reintegration. One returnee housemaid stated:

*"Health is vital for everything including reintegration. We often take it for granted when healthy but realize its importance when sick or disabled." (FGD-1)*

Over 50% of the respondents, emphasized the need for migrant-friendly healthcare services tailored to the unique needs of returnees. This included early health screening, appropriate referrals, and continuity of care. One returnee skilled migrant worker suggested the introduction of a system to screen returnees upon arrival and ensure seamless access to relevant health services and information.

*"I propose a health system for migrant workers like those in developed countries. SLBFE could issue unique IDs, and returnees could be screened at the airport or a health unit, with referrals for those needing care. It's feasible given we have just one airport." (FGD-4)*

Limited awareness of available local healthcare services was frequently cited as a barrier, often leading to delays timely access to care.

*"When I returned after eight years, the doctor at the dispensary we used to consult was no longer there. The midwife had changed, and almost everyone at the MOH office, except the PHI, was different. It felt unfamiliar, and I didn't know where to turn for help." (IDI-5)*

Respondents stressed the need for tailored health system support to address their specific needs during reintegration. For example, one returnee who previously worked in a garment factory described challenges in accessing antenatal care after returning home.

*"I met my husband while working in Dubai and got pregnant there. It was unplanned, and I had to return to Sri Lanka. My parents didn't support me, so I lived with my husband's parents. I couldn't receive proper antenatal care because I didn't know how to access the healthcare system here or get the required scans on time. I also missed out on iron and other vitamins." (FGD-2)*

Discussions revealed that migrant workers face heightened health risks while abroad, particularly in Middle Eastern countries, due to long and stressful work shifts, physically demanding workloads, and limited access to healthcare. These conditions frequently result in the exacerbation of chronic health issues, work-related injuries, and, in some cases, permanent disabilities. A spouse of returnee heavy vehicle driver said:

*"Before migrating, my husband was healthy except for high cholesterol. Long shifts and junk food in the Middle East worsened his health. At 45, he now has a 'whole package' of chronic diseases." (FGD-6)*

Returnees highlighted a range of health risks experienced by Middle East migrant workers, including isolation, poor social support, family disconnection, language barriers, and inadequate coping skills. Increased income and access to tobacco, alcohol, drugs, and risky behaviours exacerbated these risks.

*"Living in the Middle East can lead to risky behaviours because we feel isolated and cut off from our families. With more disposable income and fewer support systems, it's easy to fall into unhealthy habits, which can eventually harm our health." (IDI-7)*

Many reported neglected their health while overseas due to limited insurance coverage for non-emergency care.

*"The lack of proper medical insurance is a major issue for migrant workers, both abroad and after returning. A comprehensive insurance scheme covering relevant health needs would be very helpful. For instance, I developed back pain while in Oman, but without proper insurance, I couldn't get the treatment I needed. I relied on painkillers and remedies suggested by co-workers until I came back home." (IDI-9)*

Several returnees reported experiencing physical and psychological harassment during their overseas employment, with some sustaining serious injuries from workplace accidents. These traumatic events often leave lasting physical and emotional scars, necessitating continued and comprehensive care upon return.

*"I worked 14-18 hours a day under intense pressure. My employer beat me and once kicked me down the stairs while I was cleaning, causing a back injury. They didn't provide medical care, and the pain still limits my activities, leading to significant psychological stress." (FGD-1)*

One respondent shared a case of attempted suicide due to harassment and lack of psychological support after returning home, but psychiatric treatment aided in her recovery.

*"In my first job, I worked as a housemaid for four years. My second employer treated me poorly because I refused his advances for a sexual relationship. I couldn't cope with the physical and psychological harassment he subjected me to. Eventually, I escaped and returned home, but I had no one to share my traumatic experience with. Many times, I felt the need for psychological support to deal with those memories. Without access to help, I attempted suicide by overdosing on Panadol. Thankfully, I was taken to a hospital and later received treatment for depression. I believe there are other victims like me who need support." (FGD-1)*

Both returnees and their family members emphasized the need for better access to psychological support services not only to cope with traumatic experiences encountered overseas, but also to manage reintegration-related stress and navigate the challenges of reverse cultural shock.

*"After returning from Qatar after five years, it took me several months to adjust to life in Sri Lanka. During that time, I often felt like I couldn't stay here and wanted to go back. But with my family's involvement, it wasn't possible. It was a stressful experience, and after such a long absence, even getting used to the temperature in Sri Lanka was challenging." (IDI-12)*

**Table 1: Distribution of the study participants in focus group discussions and in-depth interviews**

| Type | Informant | Age | Sex | No. | Employment period (Years) | Time since return (Years) |
|---|---|---|---|---|---|---|
| **Returnee migrant workers** | | | | | | |
| FGD-1 | Employed as housemaids | 39-58 | Female | 10 | 3-21 | 1-5 |
| FGD-2 | Employed in other job categories (e.g. caretakers, garment factory workers) | 31-52 | | 11 | 2.5-17 | 1-4 |
| FGD-3 | Employed in construction-related sectors | 30-47 | Male | 8 | 4-12 | 1-5 |
| FGD-4 | Employed in other job categories (e.g. auto-repair industry, heavy-vehicle driving and hotel services) | 29-48 | | 6 | 4-15 | 1-4 |
| IDI-1 | Returnee migrant workers | 29-44 | Female | 7 | 4-11 | 1-3 |
| IDI-2 | | 30-41 | Male | 5 | 3.5-9 | 1-4 |
| **Family members and relatives*** | | | | | | |
| FGD-5 | Family members/ relatives of returnee migrant workers | 29-52 | Male | 9 | N/A | N/A |
| FGD-6 | | 26-63 | Female | 7 | N/A | N/A |
| IDI-3 | | 28-57 | Male | 4 | N/A | N/A |
| IDI-4 | | 25-54 | Female | 3 | N/A | N/A |

*Family members of migrant workers were recruited independently and were not necessarily related to the specific migrant workers who participated in the study; N/A- Not applicable

## Discussion

The study findings revealed that participants perceived limited access to reintegration support services and identified significant barriers, leaving many needs unmet. Key service gaps included the absence of migrant-friendly public services, particularly in healthcare, as well as a strong demand for job-oriented vocational training, children's education and access to psychological support. This study is one of the few local research efforts examining reintegration service needs from returnee migrant workers' perspectives, addressing a key knowledge gap in the Sri Lankan context (7, 21).

Participants included both male and female returnees from skilled, semi-skilled, unskilled, and domestic worker categories. The purposive sampling was employed to intentionally ensure the recruitment and the representation of participants across gender and occupational categories, in line with current international labour migration patterns for Middle Eastern employment (2-3). The study sample represented labour-oriented manpower levels which is the majority of Sri Lanka's outbound workforce. Including family members enriched the findings by providing diverse, balanced perspectives, aligning with prior research recommendations (11).

Most returnees expressed dissatisfaction with existing reintegration assistance mechanisms, citing inadequate support that hindered their ability to productively use of their overseas-acquired skills and savings for economic advancement. These finding are consistent with Kottegoda et al. (22), who also noted that insufficient reintegration support limits the potential of returnee domestic workers. Developing migrant-friendly services that address these gaps can empower returnees to innovate, contribute

meaningfully to the national economy and position reintegration assistance as a valuable long-term investment (7, 23).

**Table 2: Distribution of sociodemographic characteristics of the study participants**

| Characteristics | Returnee migrant workers (n=47) | | Family members of returnee migrant workers* (n=23) | |
|---|---|---|---|---|
| | No. | % | No. | % |
| **Sex** | | | | |
| Male | 19 | 40.4 | 13 | 56.5 |
| Female | 28 | 59.6 | 10 | 43.5 |
| **Age (years)** | | | | |
| 25 - 34 | 5 | 10.6 | 2 | 8.7 |
| 35 - 44 | 23 | 48.9 | 6 | 26.1 |
| 45 - 54 | 16 | 34.1 | 11 | 47.8 |
| 55 - 64 | 3 | 6.4 | 4 | 17.4 |
| **Ethnicity** | | | | |
| Sinhalese | 28 | 59.6 | 13 | 56.5 |
| Tamil | 5 | 10.6 | 3 | 13.1 |
| Muslim | 14 | 29.8 | 7 | 30.4 |
| **Religion** | | | | |
| Buddhist | 24 | 51.1 | 8 | 34.8 |
| Christian/ Roman Catholic | 4 | 8.5 | 5 | 21.7 |
| Islam | 14 | 29.8 | 7 | 30.4 |
| Hindu | 5 | 10.6 | 3 | 13.1 |
| **Marital status** | | | | |
| Married | 28 | 59.6 | 14 | 60.9 |
| Single | 10 | 21.3 | 4 | 17.4 |
| Divorced/Separated | 5 | 10.6 | 0 | 0.0 |
| Widowed | 4 | 8.5 | 5 | 21.7 |
| **Highest education** | | | | |
| Grade 1 to 5 | 7 | 14.9 | 1 | 4.4 |
| Grade 6 to 11 | 24 | 51.1 | 8 | 34.8 |
| Grade 12 to GCE Ordinary Level | 8 | 17.0 | 9 | 39.1 |
| Passed GCE Advanced Level | 5 | 10.6 | 5 | 21.7 |
| Vocational training/ Degree or above | 3 | 6.4 | 0 | 0.0 |
| **Current employment status** | | | | |
| Public employee | 1 | 2.1 | 0 | 0.0 |
| Private employee | 8 | 17.0 | 9 | 39.1 |
| Business owners | 4 | 8.5 | 0 | 0.0 |
| Self-employed | 19 | 40.4 | 2 | 8.7 |
| Contribute to the family business or income-generating activity without a salary | 4 | 8.5 | 2 | 8.7 |
| No employment | 11 | 23.5 | 10 | 43.5 |

| | | | | |
|---|---|---|---|---|
| **Employment status before migration** | | | | |
| Yes | 18 | 38.3 | 16 | 69.6 |
| No | 29 | 61.7 | 7 | 30.4 |
| **Relationship with the migrant worker** | | | | |
| Spouse of the migrant worker | N/A | N/A | 15 | 65.2 |
| Own parent of the migrant worker | N/A | N/A | 4 | 17.4 |
| Parent-in-law of migrant worker | N/A | N/A | 1 | 4.3 |
| Adult child/offspring (>18years) | N/A | N/A | 2 | 8.7 |
| Other (aunty living in the same home) | N/A | N/A | 1 | 4.3 |

*Family members of migrant workers were recruited independently and were not necessarily related to the specific migrant workers who participated in the study; GCE- General Certificate of Education; N/A- Not Applicable

Despite the recommendations of policy frameworks such as the National Labour Migration Policy for Sri Lanka and the Sub-Policy and National Action Plan on Return and Reintegration of Migrant Workers (24-25), participants in this study perceived many reintegration mechanisms as unresponsive to their actual needs. A lack of awareness about available reintegration assistance services and insufficient guidance from officials were common barriers, with some returnees abandoning efforts seeking support due to discouragement from officials. These findings mirror that of Koser and Kuschminder (26), who emphasised on the importance of considering returnee perceptions in defining successful reintegration and highlight the need for re-designing services and service delivery models to be more responsive to migrants' needs.

Participants, identified several critical service needs, including public services such as access to children's education, healthcare, job-oriented vocational training, structured reintegration assistance programmes and psychological counselling, etc. These findings were consistent with international studies and reports by the International Organization for Migration (IOM), which highlight the pivotal role of migrant-friendly public services in facilitating successful reintegration (7, 23). The Structural Approach to Return Migration further supports this view by emphasizing that social, political, and institutional factors significantly shape returnees' capacity for reintegration and economic productivity (27).

Some participants in this study reported a sense of insecurity, which negatively affected their reintegration process. Returnees reported feeling unsafe due to issues such as theft, drug addiction, and alcohol abuse in their neighbourhoods. One participant described how his mobile phone was stolen, while another recounted an incident where thief stealing crops from his property.

Additionally, there was dissatisfaction with the perceived slow or inadequate response by the police to their complaints. This concern related to insecurity was an unexpected finding, as previous studies among Sri Lankan migrant workers (11, 22), have not reported similar concerns. However international research by Koser and Kuschminder (26), emphasized the importance of returnees' perceptions of "safety and security" as a key factor for successful reintegration.

The insecurity arose from a lack of confidence in local law enforcement, possibly influenced by comparisons with more efficient systems abroad. Ruben et al. (28) reported that a sense of insecurity is common among forced returnees, refugees, and asylum seekers, the present study's population differed significantly, as they were voluntary returnees. Notably, participants did not report any experiences of discrimination or prejudicial

treatment, which is often cited by prior studies as a reintegration barrier (29).

Over three-quarters of respondents identified good health as essential for successful reintegration and advocated for a migrant-friendly health system. One family member shared that her husband developed chronic conditions from prolonged stress and limited healthcare access abroad, suggesting that all returnee migrants should undergo medical check-ups upon their return. These findings highlight that while migration itself may not be a direct health risk, the conditions associated with it significantly impact migrants' health and well-being (12). Sri Lanka's National Migration Health Policy (SLNMHP) emphasizes the importance of maintaining good health throughout the migration cycle and recognizes the establishment of migrant-responsive health services as a national responsibility (30). However, more migrant-friendly measures are needed to effectively translate these policy recommendations into practice.

The study also revealed that some returnees face significant psychological stressors and mental health issues due to traumatic experiences abroad and challenges encountered during reintegration. There was a substantial unmet need for psychological support, with participants expressing uncertainty about when, how, and from whom to seek help. This is consistent with earlier research showing that returnees from the Middle East, in particular, are vulnerable to psychological distress and reverse cultural shock upon returning to their home communities (29). Despite these concerns have been previously documented in studies involving Sri Lankan returnees (5, 11, 14), the need for psychological support remains largely unmet. These findings highlight a critical service gap and reinforce the necessity of improving access to mental health services to help returnees navigate reintegration stress and reverse cultural shock.

Several respondents called for additional attention to health system responsiveness. One returnee proposed the introduction of a structured mechanism at the point of entry to Sri Lanka to identify returnees with health concerns and provide appropriate referrals for further care Again, these findings align with the SLNMHP, which advocates for reorienting the health system to integrate returnee migrants into primary healthcare and other essential specialized services to support successful reintegration (30).

This study has several limitations. Firstly, the findings derived from a single DS division may not fully capture the diverse experiences of returnee migrants across other regions. Additionally, by focusing exclusively on the perspectives of returnees and service users, the study may present an incomplete picture. The insights of service providers are equally critical in understanding the systemic challenges and practical needs associated with reintegration.

## Conclusions & Recommendations

Reintegration is a vital phase in the international labour migration process. Unfortunately, access to reintegration assistance services remains limited, fragmented and often underutilized, leaving many returnee migrants with unmet service needs. Addressing these gaps requires inclusive, migrant-friendly services tailored to specific challenges faced by returnees, particularly in accessing healthcare, vocational training, psychological support, and social protection. Policymakers and service providers must prioritize the development of coordinated, accessible reintegration programs that recognize diverse needs of migrant workers and ensure continuity of care and long-term support. Further research across diverse settings and populations is needed to inform effective, evidence-based reintegration assistance strategies. Strengthening reintegration assistance will not only improve individual well-being but also facilitate

smoother reintegration for returnee migrant workers, ultimately contributing to community resilience and national development.

### Public Health Implications

- Reintegration is a critical phase in the migration process, yet many returnees face barriers to accessing essential services like employment assistance, psychological support and healthcare.
- Good health is vital for successful reintegration, highlighting the need for migrant-sensitive systems to address physical, mental, and social health needs.
- Policymakers must prioritize comprehensive, accessible reintegration assistance programs with continuity of care are essential to support returnees' well-being and successful reintegration.

## Author Declarations

***Competing interests:*** The authors declare that they have no competing interests.

***Ethical Considerations:*** Informed written consent was obtained from all participants. Study investigators ensured the confidentiality. Ethical clearance was granted by the University of Kelaniya Ethics Review Committee (Ref. No: P/22/03/2021).

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***Author contributions:*** DW developed the research proposal, data collection, data analysis, interpretation, and writing the manuscript. AP contributed to the development of the research design, supervised data collection, participated in data analysis and interpretation.

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