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"*I feel like I am less than other people*": Health-related vulnerabilities of male migrants travelling alone on their journey to Europe

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ABSTRACT

During 2015 and 2016, an unprecedented flow of approximately 800,000 migrants coming from Turkey towards Western Europe crossed the Balkans. Male migrants are perceived as being less vulnerable compared to other migrants and they are not given priority in service and support provision. This qualitative study examines the self-perceived vulnerabilities of male migrants travelling alone along the Balkan route to Europe. Twenty-four individual in-depth interviews, two group interviews and participant observation were conducted with male migrants in Belgrade, Serbia in 2017. Data was coded manually, and analysed thematically.

Male migrants traveling alone face the cumulative vulnerability of various traumatic events and migration-related contextual circumstances. Three main themes emerged: the ongoing desperate journey, the better treatment of 'traditionally' well recognised vulnerable sub-groups and the impact of the continuous stress on mental health. Deterrence measures imposed for border control purposes in the form of push-backs, expulsions, detention and degrading, inhumane treatment amplify the psychological distress of male migrants. Feelings of hopelessness, desperation, lack of self-value and self-esteem were reported. 'Traditionally vulnerable' populations were said to have had better treatment throughout the journey from smugglers, border state authorities, governmental officials, civil society and international organizations.

The devastating experiences of male migrants, as well as the better treatment offered to other groups of migrants like women and children, results in a perceived neglect of the needs of men in humanitarian response, rendering them vulnerable and exposing them to further health and protection risks. In a context where needs are unmet and people's dignity and health are at risk, specific strategies should be developed to include men in the assistance and protection offered, particularly in relation to exposure to violence.

1. Introduction

During the course of 2015 and early 2016, an unprecedented flow of approximately 800,000 migrants crossed the western Balkans from Turkey towards Austria and Germany (UNHCR, 2016a). Migrants were often forced to live and travel in hiding until a decision was taken by northern European countries in October 2015 to 'publicly' welcome them. At this point, Croatia, Serbia and the Former Yugoslav Republic of Macedonia adopted an approach that facilitated a swift flow of people through their borders (IOM, 2017). This situation changed when, in November 2015, the EU imposed restrictions on movements based on nationality. This "slowed down the flow" and migrant movements almost came to a complete halt following the EU-Turkey deal in mid-March 2016 (EU, 2016). According to this agreement, every individual arriving irregularly on the Greek islands, including asylum-seekers, should be returned to Turkey. In exchange, Turkey would

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receive six billion euros to assist refugees in the country, Turkish nationals would be granted visa-free travel to Europe and a humanitarian scheme to transfer Syrians from Turkey to other European countries would be activated (EU, 2016). However, the main premise of the deal that Turkey is a safe third country was untrue, and in many instances Greece's asylum appeals committees ruled that Turkey does not provide adequate protection for refugees (AI, 2017). The deal had devastating consequences on the lives and health of the thousands of refugees and migrants trapped on the Greek islands and in the Balkans, where they were – and continue to be – caught in limbo (MSF, 2017).

Since 2014, Médecins Sans Frontières (MSF) has been involved in providing care to migrants in Serbia as part of its humanitarian response to the influx of people passing along the Balkan route. A recent study by MSF showed that male migrants are more likely to be subjected to violence from state authorities including the police and the military, smugglers and vigilante groups (Arsenijević et al., 2017). They are also more likely to be detained during their journey and be repeatedly 'pushed back', expelled and deported (HRW, 2016). Expulsion is an act by a public authority to remove a person against his or her will from the territory of that state, whereas a successful expulsion of a person by a country is referred to as deportation (Perruchoud and Redpath-Cross, 2011). 'Push-back' is a term used for the apprehension of a person trying to cross a border irregularly and then involuntary deported to the country from which the person came. Traumatic events experienced during the migration route are cumulative as migrants are continuously exposed to repressive policies and practices which neglect, marginalize and exclude them (MSF, 2013).

Gender roles are deeply shaped by the social and cultural backgrounds of the individual (Rzehak, 2011). Self-esteem and how male migrants travelling alone feel about themselves pushes them into a state of hopelessness and anxiety, rendering them vulnerable and exposing them to further health and protection risks (MSF, 2013). In contrast, the general population in Europe perceives male migrants traveling alone to be less physically and emotionally vulnerable when compared to other migrant groups such as women and children (ISSOP, 2018; Plener et al., 2017; Shortall et al., 2017; Trovato et al., 2016). Some governments have even imposed restrictive policies towards male migrants travelling alone and have categorized them according to simplistic gender stereotypes, marginalizing them further (Charsley and Wray, 2015). For example, the Hungarian government has separate transit zone border crossing lists for families, unaccompanied minors and 'single men'. People on the first two lists are prioritised and only one man traveling alone per week is allowed to express their intention to seek asylum (HHC, 2017). Being perceived as undesirable, threatening and dangerous increases the challenges these men face in accessing protection along their journey.

Humanitarian assistance and support programs for migrants traditionally focus on women and children, who are generally perceived as being the most vulnerable groups in society (ISSOP, 2018; Plener et al., 2017). A greater emphasis on these two groups is often accompanied with relative neglect for the needs of men in humanitarian responses, and in some cases they can be excluded completely.

While some research studies have focused on the challenges faced by vulnerable groups of migrants such as women and children (Escobio et al., 2015; Pottie et al., 2015; Shawyer et al., 2014), there are no studies from the European context on the vulnerability of male migrants travelling alone (Afulani et al., 2016), nor the challenges they face in accessing protection and humane treatment.

Since the precarious situation of this neglected group is poorly recognised and often goes unacknowledged, we conducted a study to examine self-perceptions of vulnerabilities and challenges facing male migrants travelling alone along the Balkan route to Europe. We also examined their perceptions of how the journey affected their mental health and the coping strategies they used to overcome migration hardships.

1.1. Humanitarian aid and ethics in the context of European migration

In recent years anthropologists have shown a growing interest for humanitarian assistance which has developed into an anthropology of humanitarianism – a recognition and discussion of the collaboration between anthropology and humanitarian action has emerged (Abramowitz and Panter-Brick, 2015; Fassin and Pandolfi, 2010; Pool and Geissler, 2005; Redfield, 2005, 2006; 2012, 2013; 2015; Wagner, 2016). Following these debates, anthropology found itself in a moment of crisis and self-doubt leading the discipline to change its object of study by focusing on the "suffering subject" (Ticktin, 2014, 11). Humanitarianism is defined as "one way to do good" or improve aspects of the human condition by focusing on suffering and saving lives in times of crisis or emergency (Ticktin, 2014, XV). Nevertheless, although humanitarian aid is based on the principles of humanitarianism, human rights, social justice, impartiality and independence, humanitarian aid cannot exist if detached from these principles. Humanitarian action relies however on the political, economic and social context in which it is active, and which differs in every setting. Humanitarian aid was researched beyond an analysis of its moral and ideological grounds, with the significant contribution of the anthropology of humanitarianism and its critical reflection that humanitarian action is often but unintentionally politically shaped (Abramowitz and Panter-Brick, 2015; Fassin, 2011; Redfield, 2013). Willen argues that in many migration settings, decision makers declared unauthorised migrants to be categorically undeserving of care, concern and investment (Willen, 2012b). In recent years a similar sentiment can be observed in the European migration context, where political pressure and constraints surround the delivery of humanitarian aid.

De Genova depicts that the "European" borders and identity crises feed "nationalisms and racialized nativisms" and translates them into an anti-migrant rhetoric abusing certain events to oversimplify the portrayal of refugees as: "'illegal' migrants, smugglers, sexual deviants, religious fundamentalists, criminals, 'home-grown' and international terrorists, and 'foreign fighters'" (De Genova, 2016, 8). Balibar describes this phenomenon as "immigration complex" - "a transformation of every social 'problem' into a problem which is regarded as being posed by the fact of the presence of 'immigrants' or, at least, as being aggravated by their presence" (Balibar and Wallerstein, 1991, 219). Male migrants are particularly exposed as being finger-pointing scapegoats and they are seen to represent the personification of an "immigration complex" in European identity crises, further fuelling nationalism, racism, xenophobia and islamophobia. Additionally, the aforementioned rhetoric influences general discussions and discourses related to judgemental decision making impacting the sense of deserving that male migrants have to care and humanitarian aid.

There is an inherent ambiguity and tension between a compassionate discourse and a regulative action in contemporary humanitarian action. Unwillingly, humanitarian policies, by focusing on the vulnerabilities of some and by victimizing others, create and reinforce existing distinctions between those who are deserving of care and humanitarian protection (such as families, women and children), and those who are not (male migrants traveling alone).

2. Methods

2.1. Study design

A qualitative study was conducted, in which individual in-depth interviews, group interviews and observation were used to obtain an emic perspective (Harris, 1976; Pope and Mays, 2006).

2.2. Study setting

Since late 2016 it is estimated that about 7000 migrants are present at any given time in the territory of Serbia (ECHO, 2017). This figure is

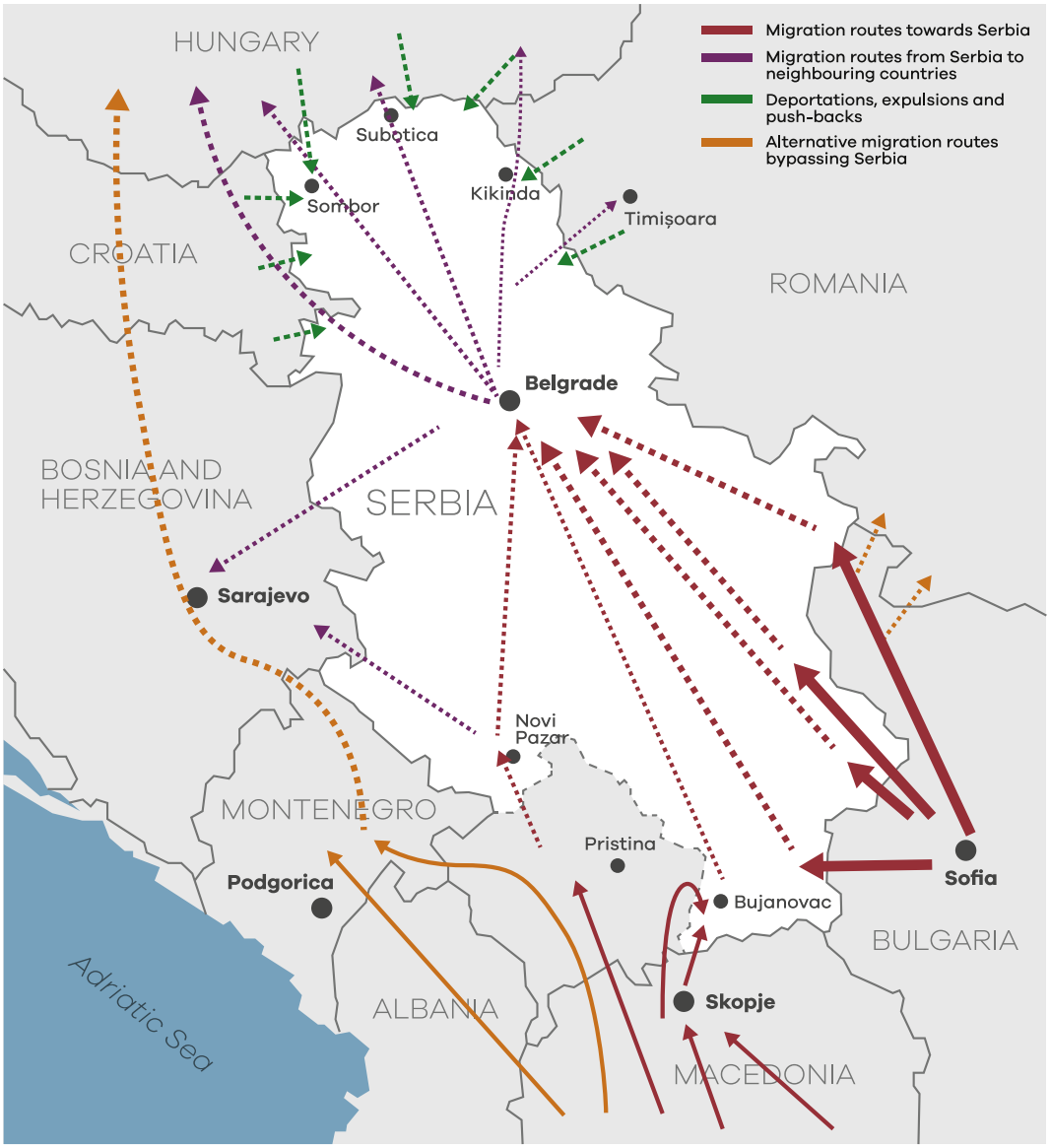

Fig. 1. Migration flows on the Balkan route.

above the 6000 'ceiling level of reception' negotiated by the Government of Serbia with the EU in the aftermath of the Balkan route closure (EU, 2016).

For the limited residual migration flow through the Balkans, Serbia constituted an essential gateway with Belgrade, and became a vital transit location of interest for migrants entering the EU via Hungary, Croatia or Romania (Fig. 1).

The study was conducted in Belgrade city centre in the vicinity of the parks near the train station. These parks are known gathering sites for migrants. MSF has provided medical and mental health services in Belgrade city centre with a mobile, fully-equipped medical truck since May 2016. In January 2017, MSF opened a clinic near the above mentioned parks to expand the scope of services and improve the quality of care provided.

2.3. Study population

The study population included male migrants from Afghanistan, Syria, Iraq, Pakistan, Morocco and Algeria who were travelling alone to Europe (Table 1). Within this sample we tried to include men of different ages and nationalities. The demographic characteristics of the study population are representative of the population of male migrants travelling alone in the current migration context, with young Afghani men representing the vast majority of the study population. In this study, when we refer to male migrants travelling alone we refer to male adults and unaccompanied minors travelling to Europe without family members. Due to challenges in accessing the target population for the study, a convenience sampling method was applied (Patton, 2002). Study participants were identified and recruited in the aforementioned park, the central meeting point for the migrants, with the help of a team of cultural mediators who were working with MSF. Cultural mediators who spoke Dari, Pashto, Urdu and Arabic, facilitated the interpretation and intercultural communication between the researcher and the study population. In accordance with the national regulations related to informed consent provision, eligible participants were adult male migrants (18 years and older) travelling alone and unaccompanied male minors between 15 and 18 years old (GoS, 2013). Unaccompanied male minors under the age of 15 years and migrants travelling with their families were excluded as they were not the focus of this study.

Table 1
Profile of study participants.

Participant ID	Age	Country of origin	Level of education	Duration of journey (months)	Duration of the stay in Serbia (months)
P1	22	Afghanistan	University degree	18	6
P2	21	Afghanistan	No education	24	3
P3	40	Afghanistan	No education	120[a]	2 days
P4	22	Afghanistan	No education	18	8
P5	25	Pakistan	No education	18	8
P6	20	Algeria	High school	9	8
P7	17	Afghanistan	High school	12	9
P8	15	Afghanistan	Primary school	6	2 days
P9	34	Iraq	High school	12	7
P10	18	Afghanistan	No education	24	4 days
P11	23	Afghanistan	Primary school	12	10
P12	15	Afghanistan	No education	12	6
P13	17	Afghanistan	High school	12	7
P14	17	Afghanistan	No education	17	8
P15	18	Afghanistan	No education	36	10 days
P16	22	Iraq	High school	12	12
P17	23	Pakistan	High school	112[a]	30
P18	20	Iraq	No education	16	6
P19	25	Afghanistan	High school	12	6
P20	18	Afghanistan	No education	11	8
P21	35	Syria	High school	11	7
P22	21	Afghanistan	No education	12	3
P23	36	Syria	No education	240[a]	3
P24	19	Afghanistan	No education	18	13
GI1_1	30	Afghanistan	No education	60	24
GI1_2	22	Afghanistan	University degree	30	12
GI1_3	21	Afghanistan	No education	24	12
GI2_1	16	Morocco	No education	12	6
GI2_2	31	Algeria	No education	10	10
GI2_3	35	Algeria	No education	13	8

[a] Three individuals had fled their countries of origin, and previously resided in a different country, prior to recently deciding to continue their journey onwards towards Europe.

2.4. Data collection

A female researcher with training in qualitative research methods led the data collection. Written informed consent was obtained from all participants before data collection began. Twenty-four in-depth interviews and two group interviews with six people were conducted using flexible topic guides with open-ended questions that allowed for the probing of emerging themes. Topic guides included questions relating to migration routes, traumatic events, experiences during the journey, feelings about the journey, the home and host country and coping strategies. Similar questions were asked during the group interviews. Data was collected from July 17th to 30th, whereas participant observation was conducted by the researcher throughout the migration response in Serbia (March–July 2017).

Study participants were recruited with the help of several cultural mediators who accompanied the researcher to the study sites and asked men if they wanted to participate in the study. In-depth interviews were conducted in Dari, Urdu, Pashto, Arabic and English, while the two group interviews were in Arabic and Dari. Interviews were conducted with the support of trained male cultural mediators who acted as interpreters, while the researcher conducted several interviews in English. All individual interviews and one group interview took place in a quiet room in the MSF clinic that allowed for privacy. The second group interview was conducted outside. An MSF psychologist who was not involved in the research project accompanied the study team and provided mental health support after the interviews, which was requested by five interviewees. All conversations were audio-recorded and handwritten notes were taken. After each interview a debriefing between the researcher and the cultural mediator(s) was conducted to capture socio-cultural specificities of the conversations and discuss the interviews in more detail. Interviews were continued until no additional insights relating to the research questions were gained and thematic saturation was reached.

In addition to the interviews, the researcher conducted extensive participant observation at the main congregation points for migrants (parks, train station) which enabled her to learn about details that the participants themselves may not have mentioned in the interviews and to see the living conditions of migrants first-hand. The strength of this method was seen in the “mundane and unremarkable features of everyday life” (Green and Thorogood, 2004, 132), in which the researcher observed interactions between and group dynamic among the migrants. Observations were documented in field notes, which consisted of detailed descriptions of the research setting.

2.5. Data analysis

Audio-recorded in-depth interviews, group interviews and notes taken during interviews and participant observations were transcribed verbatim by a dedicated transcriber the day after data collection. The audio-recordings already contained an English translation of the in-depth interviews and group interviews to English. The transcripts did not include any personal identifiers to protect the anonymity of the participants.

Data analysis was conducted manually by the principal investigator, and was then independently validated by two other experienced co-investigators. The analysis involved thematic content analysis in which transcriptions were screened for relevant information which was then organised, coded, categorized and interpreted. A code was attached to statements from the transcripts in order to structure the data (Mayring, 2010). The content was analysed in two ways: descriptively by describing data without reading anything into it, and interpretatively by focusing on what was meant by the responses (Hancock, 2002).

The empirical data was analysed in an inductive way, in which codes were generated on the basis of data that was gathered. From these codes, main themes were extracted.

Continuous reflection on data was part of the creative process of

analysis and necessary for contextualising and linking of findings with theory. Validation of data analysis occurred through methodological triangulation (Brikci, 2007).

2.6. Ethics

Ethics approval was granted by the MSF Ethics Review Board in Geneva, Switzerland. Written informed consent was given by all participants. Information sheets and consent forms were translated into Arabic, Dari and Pashtu. Cultural mediators and the transcriber signed a confidentiality agreement. Participants under the age of 18 were able to give informed consent themselves as according to the national law in Serbia; adolescents can give their informed consent at the age of 15 without the need for additional parent/guardian consent (GoS, 2013).

3. Results

In the results section we present the main themes that emerged from the interviews, including 1) the on-going and desperate journey of male migrants travelling alone, 2) better treatment of families and 'traditionally' vulnerable groups and 3) the impact on the mental health and self-perceived vulnerabilities of migrants as a result of continuous traumatic stress.

3.1. Desperate journeys

3.1.1. 'There is no life in Iraq' – reasons to flee

Men reported several different reasons for fleeing their countries of origin. The majority of the interviewees stated that they left due to insecurity and political instability, as well as religious and ethnic tensions. In Afghanistan, anxiety and social unrest were related to political conflict with the Taliban and ISIS within the country, whereas in Syria and Iraq they were also related to religious and ethnic differences. Interviewees repeatedly expressed feelings of fear for their own lives and those of their families, and the inability to live and work freely. They also felt unable to provide for their families.

> *"Life in Afghanistan is really complicated, because you can't take part in only one [side]. There are many sides, so if you're a Taliban, there's ISIS; if you are with ISIS, the Taliban is not leaving you [alone]. If you are with one of these two groups, then the government is not leaving, so if you're somewhere in between, you don't know what to do. If you are working with some international organizations … they will kill you." P3*

> *"There are a lot of problems between Shias and Sunnis when it comes to the basic aspects of life. You cannot work if you're a Shia. You cannot work if you're a Sunni. There's no life in Iraq. My father was involved in the political situation, and he was killed because of that." P16*

Throughout the interviews, feelings of fear of persecution and threats to their lives and livelihood were expressed.

3.1.2. 'During the journey we had nothing' – access to shelter, food, water, sanitation

According to the interviewees' narratives, their basic needs of having sufficient food and water were not met during their journeys. Inadequate and insufficient shelter was a prerogative, and interviewees reported an absolute lack of hygiene and sanitation facilities. The overall experience of living conditions for male migrants traveling alone was described simply by P4 with the words *'during the journey we had nothing'*.

> *"On the journey every day the agent [smuggler] gave us one tomato. Fifteen days we were eating herbs … In Turkey we were staying in stables with cows." P3*

> *"And during these 22 days of my journey, I had two packs of biscuits and water, and the water, I was going to finish the water, so I was filling the bottle from puddles." P5*

> *"No, there was no possibility to take a shower or even think about these things." P11*

Many interviewees perceived that smugglers provided women and children with better living conditions and more food and water than men. Men were also forced to help other families carry their belongings and help them while walking through difficult terrain and harsh weather conditions.

3.1.3. "The game" of push-backs, violence and detention

During the interviews, respondents talked repeatedly about the dangerous routes and means of transport that they had taken. They described the precarious conditions they were living in, as they stayed close to the border waiting for the chance to cross.

> *"Then we took a train to Serbia, the capital of it, Belgrade. We had a phone and GPS on it, so we knew where we are. We stayed there for 10 days. It was hard there. It was very cold, unforgiving weather, -20, -15 degrees. We bought tickets and we went to Kelebija [border zone with Hungary] and stayed there for two or three months. My friends, they rode the train, but I was afraid of it. They would ride under the train, and it was very cold, it was freezing." GI2_2*

According to the respondents 'the game' was one of the most difficult events they faced, and it had a significant impact on their wellbeing and led to increased frustrations. 'The game' referred to braving the borders and trying to cross to and from Serbia irregularly. P20 explained the meaning of 'the game':

> *"It's a game for our smugglers. It's the kind of game that you either lose or you win. That's why we call it a game. If you reach the car, and you take the car and you go ahead, it's like you've won the game. If you can't take the car, or you wait for it but it doesn't arrive, or you take the car but you are caught by the police, then you've lost the game." P20*

Every respondent tried to cross the border from Serbia to one of the external EU borders several times. One participant reported 'playing the game' 160 times, whereas this young Afghan described making more than 50 attempts:

> *"I tried more than 50 times Croatia, and more than 20 times Hungary, and 5 times I tried to Romania." P5*

Crossing the border was reportedly where the majority of male migrants experienced traumatic events. These events included expulsions, deportations and detention. Push-backs were mentioned by every respondent, some of them including what they described as a 'domino effect'. As P13 explained, "*Once I tried and I arrived in Slovenia, to the border of Slovenia and another country [Austria]. On that border they pushed me back to Croatia, and in Croatia they pushed me back to Serbia.*" The vast majority of push-backs, deportations and expulsions discussed by male migrants included violence such as beatings, being attacked by dogs, pepper-sprayed, being electrocuted with a stun gun and humiliating and degrading treatment, such as being forced to take off their clothes.

> *"When I crossed the border from Turkey to Bulgaria, the Bulgarian police caught me and then they handcuffed my hands for four days and put me in the jungle. Then after four days they beat me and pushed me back to Turkey." P4*

> *"In Hungary, they caught us, they took our clothes, just underwear in the snow, and they set dogs on us. Then they beat us. After that they gave us our clothes and kicked us in the ass. In Croatia, they destroyed our things, mobile phones. In Romania, they said 'do you want to go to jail or do you want to be pushed back?', and we said we want to be pushed back." P5*

> *"Two cars came with the police, gendarmerie, they had electric sticks*

with them, and they beat us up …. They would put them to our bodies and electrocute us." P9

Participants experienced repeated detention and feared being caught by state officials when trying to cross the border. They described the precarious living conditions in most of the detention camps, including but not limited to the poor quality and overall lack of food, extremely poor hygiene and sanitary conditions, overcrowding and high incidence of diseases, skin diseases (scabies and body lice) and limited or no access to medical care. However, the most severe conditions came up in several individual and group interviews, through vivid descriptions of a detention camp in Bulgaria, where male migrants were reportedly kept in cages, in inhumane and undignified living conditions.

"The police took us to the closed camp [Bulgaria]. The conditions were really terrible. And we had been there for a month. They took us to another camp, made of fences, like cages. They put 40–50 men in closed fenced cages. It was like a really big hall, closed, and inside that, there were fences. They gave us some food in the morning and evening, a really small piece, just so that you can stay alive with it. Just once in 24 hours you were allowed to go to the toilet and there were no facilities to take a shower… The fences are locked. You are not able to go out. They would open the fences and take the men to the toilet. It was for 15 minutes. After that they were putting them back, again locking us up, and locking the fence. The living conditions were really bad, really terrible. Inside the fenced areas there were bunk beds made of wood. There was nothing else; we were sleeping on the wood. There were three of them in the 'room'. It was just like a bench, with three layers." P14

One of the participants told a story about the mental health state of a man in this particular camp: "*In that fenced camp with cages, there were guys who really got crazy. They had terrible mental problems. They were screaming and shouting during the night because they were there for three, six, five months." P14.*

3.1.4. 'We eat and we sleep, like we are living in a war' – perceptions of the transit host country

Respondents did not feel comfortable staying in the camps in Serbia and preferred to reside in informal settlements.

"There were no facilities for taking a shower [in the camp]. There were some mobile toilets. We were warming up the water and taking it with us there and taking a shower. … We were coming here and taking papers to take a shower here with you MSF. P14

Respondents articulated their needs in different ways depending on their level of education. Some expected minimum standards, such as access to food, water and shelter, whereas expressed their need for enhanced privacy.

"I am not asking them to treat me like a president. I am not a president. But at least personal space, it means you need a small room, a small room, you know, to be your personal bedroom, to be your own personal space, then you can adjust yourself to life. Then if you wait for one year also, it's not a big deal. But if you have a hundred people in one hall, and you sleep on that bed, that hundreds of migrants slept on before you and that [bed] is not changed". P1

"They put 30 of you in a room like cows, so how can you sleep?!" GI1_1

Respondents expressed the need to feel safe and secure in their current living environment, as feeling unsafe and under threat was one of the main reasons many had fled from their country of origin.

3.2. 'Life is like … we are like garbage. A dog is better than a man.' – better treatment of families and the 'traditionally vulnerable'

Male migrants traveling alone stated that 'traditionally vulnerable' women and children received better treatment throughout the journey from smugglers, border state authorities, governmental officials, civil society and international organizations.

According to the respondents, smugglers provided families with more support during the journey and border crossings, including greater quantities of food and water, assistance with carrying luggage and traveling with a car instead of walking. In addition, border state authorities reportedly treated families favourably and respondents stated that when families are apprehended during illegal border crossings they are less likely to be pushed back and subjected to violence from border security forces. Humanitarian aid organizations were also perceived as focusing their activities on families and unaccompanied minors, with men feeling they were excluded completely from services or receiving limited access to them:

"So many organizations focus on them [families], because of the children, the women … But for single people, guys like me, nobody cares … They have young daughters, young boys, underage, so many organizations are going to help them, they give them priority. So we, single men, are simply left on the street." P1

"I went to Miksaliste [support hub for migrants] and asked if I could stay there just for one night and go in the morning. They said 'no, this place is only for minors and families, you can't stay here'". P13

There was a common feeling among the respondents that families receive superior treatment in the Serbian reception system compared to men. Some of the many examples include perceiving that families get better accommodation with more privacy; are appointed to the camps closer to the borders; receive more non-food items (clothes, shoes, hygiene kits) and receive cash based assistance. Men also described how families were allowed back into camps after an unsuccessful border crossing, whereas they were banned from accessing the reception system if they spent more than three days outside of their appointed camp:

"When you come as a family, you are welcome. You are put in a place to sleep, you are given food and clothes. But when you go alone, nobody is welcoming you." P6

Although, the majority of respondents rationalize that women and children might need more support in certain areas and should be given preferential treatment at times, there was still a sense of unfairness and feeling of being left out and undeserving of care and support. These were often rooted and compared through cultural differences between their countries of origin and Europe. As P21 explained: *"Everything used to go to men, now nothing. Back in Syria and in many other countries, men are in the first place. Because he [a man] is the pillar of the family. [In Europe] He is a leg of the chair, because they prefer kids, then women, then dogs and then men."*

3.3. 'My psyche is bad – my stomach is empty' – vulnerabilities and impact on mental health

Throughout the interviews respondents reflected on how their vulnerabilities and experiences impacted on their mental, and to lesser extent, their physical health. Feelings of hopelessness, desperation, lack of self-value and self-esteem were dominant themes during their interviews.

"Here, every day you spend your day without benefiting from it. You can't earn anything; you can't help your family. This life is nothing. It's useless … It's evident. Every day that passes, it seems like a year. There is no possibility to work. When you can't work, you can't earn. It makes me sad. It's normal to have such thoughts and feel sad about this situation. If you cry, or you laugh, or you try to hurt yourself, it's not a solution. It can't help you. It's normal, you can stay aside, alone, thinking and feeling sad. But … It's like this." P15

Several respondents expressed feelings of extreme desperation as a

result of being trapped between closed borders and unable to continue their journey.

"Here is another kind of bomb blast. Here is my bomb blast [points on his head]. Because it scares your minds, you know. It paralyzes your mind. Here. There is security, but such a situation paralyzes your mind. Because you can't think about any improvement in your life, it's a stressful situation. You don't know, you are stuck in the middle, you know? You're in the middle of nowhere. When you wake up in the morning, again, it's happening to you. You don't have a place to sleep, you don't have proper food, you don't have a house, you don't have a room, you don't have a shower, you don't have a beautiful life. You can't think like, like a, like a normal citizen … You think like … You don't belong to this, this land. You don't belong to this group of people. You shouldn't be here and it's very tough, you know. The part that kills your mind the most is every day you get the news that the way is blocked. The way is blocked. Croatia is blocked, Hungary is blocked, Hungarian police are hitting very badly, Romania as well. And nobody knows when it's happening, and you're sick of waiting. And this, this really puts you in a very bad mood. You can't even smile. Even if you try, you can't." P1

Some respondents reported psychosomatic symptoms due to the continuous and excessive stress they experienced. These symptoms included headaches, tremors and heart palpitations. P19 explained his psychosomatic symptoms: *"It has already affected me. … I have too much stress. Sometimes my hand is shaking like this and I get headaches, my heart is in pain right now. Just about this stress. I don't have any specific diseases, but just this stress. If you have this stress for 1 h, you're getting like … worse. And, now I've spent, three years [on the journey], two years are stress."*

3.3.1. Coping mechanisms

Respondents discussed the different coping mechanisms that they used to manage their situation in Serbia and along the journey. These coping mechanisms include being altruistic, rationalising their situation to themselves and others and drawing upon religious beliefs and family bonds. However, some respondents have reported negative coping mechanisms, including substance abuse and self-harm.

"It doesn't affect me too much because I am living in reality. I don't go wondering too much 'what if? What if?' when I make different decisions. This is my reality right now, and I am focused on it … I have a goal. I need to reach Europe, to help my family. I know my goal so that makes it easier for me. I am not the only one in this situation. I don't know if it's there hundreds, thousands or millions, but I know there are a lot of other people like me." P6

"If a person dies, there is no solution, if you are alive, there is a solution. And my family, my family needs me and this is why I don't want to feel like that. I want to be more courageous, to feel more courage to reach the destination. There are many people who feel physically and mentally sick, they are not fine, but I don't, fortunately, I feel fine." P2

"I have God in me. I am not talking with other people. What I experience is all inside of me." P7

"When a person feels sad about staying away from the family, the person has to deal with it and to offer a prayer. Then you refer yourself to God, this makes you feel happy, and calmer. Reciting the Holy Qur'an also helps." P15

"I drink [to cope]. If I worry a lot, and I think a lot, I drink vodka. If not so much, I drink Tuborg [beer]." P9

"Sometimes I feel sad. I didn't have any [bad] habits, like drinking or smoking. But these kind of conditions put me in a condition so sometimes when I go out with my friends I drink and I smoke. For me also, from the religious point of view, I know this is not allowed, and in my family, no one uses these things. But sometimes it happens." P13

3.3.2. Comparison with the country of origin and regrets about fleeing

Respondents repeatedly expressed regret for their current situation, with many feeling stranded in a place where they did not want to be in and longing for their home countries. Some men described how death in their home country would be preferable to being stranded in their current situation:

"These four days I had nothing to eat and it was really difficult. And that time I was thinking that it could have been really nice that I would have been in Afghanistan. Even if the Taliban would have killed me, it would be better than the situation I am now." P4

"As you can see, I have very high blood pressure. Everything is affecting me badly. Here we are stuck between life and death. Our life is ahead of us. Future, to go out … to go home, go back and die. … I am full of regret. Full of regret for my whole life. I wish I had never left. I came here and there's nothing for us, there is no one to help us." P16

Daily stresses, such as uncertainty about the future, powerlessness, hopelessness, desperation and the pressure of high expectations to reach their final destination and support their families were the main reasons respondents stated that they regretted initiating their journeys to Europe.

4. Discussion

To the best of our knowledge this was the first study that examined self-perceived vulnerabilities of male migrants traveling alone along the Balkans towards Northern and Western Europe. This study represents a novel perspective, challenging the commonly held view that some groups are vulnerable per se while others are not.

Our findings show that male migrants traveling alone face the cumulative vulnerability of various traumatic events and migration-related contextual circumstances (MSF, 2013). From the onset of their journey, male migrants traveling alone face continuous traumatic events. Some are related to the journey itself, such as lack of (access to) food, water, shelter, hygiene and sanitation. Others lack access to health care, with another study confirming that young adult male migrants represented the largest group which required medical services on the Balkan route (Escobio et al., 2015). Reasons for medical consultations were related to walking and waiting long hours under adverse weather conditions and being unable to fulfil their basic needs along the journey (Escobio et al., 2015). In addition, the deterrence measures imposed for border control purposes in the form of push-backs, expulsions, deportations, cross-border violence, detention and degrading inhumane treatment and humiliation amplify the psychological distress of male migrants by exposing them to continuous traumatic events.

However, this study shows that while such measures have a devastating impact on the mental health of male migrants, they do not serve as an effective deterrent, as men continue to brave the borders in order to reach their desired destinations. Similar to the findings of another study, our results suggest that the 'fortress approach' of European migration policies and lack of alternative options for migration, only serve to push migrants, especially boys and men traveling alone, towards dangerous routes and risky modes of transport (Arsenijević et al., 2017).

In Europe, there are powerful negative stereotypes towards male migrants, who are often represented as deceptive, criminal, hypersexual, and dangerous, and are thus seen as a threat and unwanted population in many European societies (Charsley and Wray, 2015; De Genova, 2016, 2017; Griffiths, 2015). According to Grant, in practice, migrants become legally stranded, as they are caught between being deported from the state in which they are physically present, are unable to return to the state of their nationality or former residence, and are also refused entry by other states (Grant, 2007). Such discriminatory stereotypes and adverse migration policies force male migrants into de facto statelessness (Cholewinski et al., 2007; Vincent Chetail and

Braeunlich, 2013).

Incorrectly considered 'non-vulnerable', male migrants travelling alone have a compromised position compared to families, women and children on similar journeys. All the actors that migrants come across during their journeys, including smugglers, border control authorities, reception facilities, international organizations and service providers, prioritize and give better treatment and services to traditionally vulnerable groups. As a consequence, male migrants' existing cumulative vulnerabilities are amplified by being on the side-lines of humanitarian support and service provision. Taking into consideration the aforementioned strategies for choosing target groups in humanitarian aid provision, especially the overall negative political climate towards migration to Europe, and the fact that humanitarian aid, although based on principles of neutrality and impartiality does not exist independently from the political and social context in which is being provided, there is evident pressure to choose and prioritize support and services for certain groups, while hindering access to or excluding others. If we refer back to Willen's concept of deservingness, we can broaden it further by saying that it is not only unregistered migrants who are seen as undeserving of care, but in certain migration contexts, the male gender seems to be in a similar position (Willen, 2012a). UNHCR, for example, recognizes the vulnerability domains of children, women, elderly, as well as more specific categories such as women at risk of sexual or gender-based violence (UNHCR, 2016b). Conversely, risks of specific forms of violence directed specifically against men and boys, such as forced conscription, killings and male sexual violence are not recognised as particular vulnerabilities with a need for protection (Carpenter, 2005; Charsley and Wray, 2015). This study does not suggest that traditionally vulnerable groups are not vulnerable, but our results show that everyone on the Balkan migration route is exposed to dangerous migration related trauma, and there is no reason for excluding the health and protection needs of men travelling alone.

The above-mentioned migration-related circumstances of male migrants traveling alone to Europe represent a cumulative exposure to traumatic events, which has a significant impact on the mental health of male migrants traveling alone and could potentially lead to mental health disorders, such as continuous traumatic stress (Eagle and Kaminer, 2013; Shawyer et al., 2014). The prolonged journeys of male migrants traveling alone, often involving being stranded along the Balkan route in inhumane circumstances for lengthy periods of time, cause a sense of hopelessness, helplessness and powerlessness and may result in the development of negative coping responses such as substance abuse and self-harming practices (Benjamin and Crawford-Browne, 2001; Kaminer et al., 2013).

Several policy and practice recommendations can be drawn from our study. Firstly, vulnerability assessments should be conducted on an individual basis, since a generalized 'one size fits all' grouping of vulnerable populations automatically excludes all male migrants as they are seen as a priori resilient and capable of 'fending for themselves'.

Secondly, in such a context of stranded migrants, medical and in particular mental health services should be tailored to tackle long term systematic exposure to traumatic events, rather than acute psychological symptoms. This should include the consideration of both psychological and somatic symptoms of trauma during medical and psychological assessments (Eagle, 2014; Eagle and Kaminer, 2013).

Thirdly, governmental institutions, civil society, humanitarian actors, and international organizations providing services and humanitarian assistance must ensure access to existing services and the provision of basic needs for all migrants, regardless of their gender, administrative and legal status.

Finally, European governments should find legal and safe migration and asylum alternatives, instead of imposing dangerous and deadly migratory routes by instituting deterrence measures such as push-backs, expulsions, deportations and the detention of male migrants in particular.

The main strength of the study was identifying the vulnerabilities of male migrants from their personal perspective and 'giving a voice to those who cannot be heard'. Vulnerable groups are often passive while others 'decide' and report on their vulnerabilities, yet this study aimed to allow them a more active voice in reporting their own vulnerabilities and experiences. A limitation of the study was that the study team may have been perceived by respondents as being MSF employees, which could create a response bias in providing socially desirable testimonials or a fear to give certain responses in case they impacted on future access to care. To minimize this risk, all respondents were recruited outside of the MSF clinic and with a careful explanation of the role of the researcher. Another limitation of the study was that the researcher is female and the study participants are male; in order to mitigate this limitation, male cultural mediators were engaged to interpret during the interviews. Additionally, further in-depth analysis of how various social determinants would support to refine our understanding of men's self-perceptions is needed.

In conclusion, male migrants traveling alone face the extreme consequences of militarized migration policies and the rise of xenophobia in Europe. Living in dire conditions, with no access to food, water, sanitation or appropriate shelter, and the desperate need to continue their journeys towards countries of destination, augments the deterioration of medical and mental health of male individuals traveling alone and stranded along the Balkans. Additionally, due to border closures, male migrants use increasingly dangerous and expensive smuggling networks, putting their health and security at further risk. Lack of safe and legal ways to continue their journeys result in desperate numerous attempts to cross the borders from Serbia to one of the four neighbouring EU countries, which frequently result in violent push-backs, including severe beatings, degrading treatment and humiliation. On the other hand, favourable treatment of other groups of migrants including women and children results in the neglect of men's needs in the humanitarian response, sometimes even excluding them and thus rendering them vulnerable and exposing them to further health and protection risks.

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Appendix A. Supplementary data

Supplementary data related to this article can be found at http://dx.doi.org/10.1016/j.socscimed.2018.05.038.

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