

# Study of psychosocial problems in the families of migrant workers of Nepal

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## Introduction

Foreign Employment has become one of the important livelihood strategies for Nepalese. A total of 2,723,587 labor permits were issued by Department of Foreign Employment from 2008/09 to 2014/15 (MoLE 2016). Maximizing the opportunities and reducing the challenges is what needs further attention in the country like Nepal. Significant social cost associated with foreign employment has an adverse psychosocial effect on families. Present study aimed to explore the nature of psychosocial problems experienced by the families of migrant workers who had left especially for Gulf countries and Malaysia from Nepal.

## Methods

A total of 720 sample cases were interviewed following availability sampling methods from nine districts (Khotang, Sarlahi, Kailali, Nawalparasi, Ramechhap, Dhading, Dhanusha, Nuwakot and Sindhupalchowk). Respondents the family members of migrant workers and migrants with psychosocial problems. Information was collected through cross sectional interview following psychosocial situation analysis form by psychosocial counselors from July 2015 to June 2016. Psychosocial symptoms were categorized and verified following ICD-10 by trained clinical psychologists. Data were analyzed using SPSS-20 version, descriptive statistics used to derive percentages of prevalence of psychosocial problems and relationship with socio-demographic factors.

## Results

The average age of participants was 34.15 years with SD +\_12.97 (table 1). Gender disaggregation shows very high representation of female (85%) than male (15%). Migration of male family members is very high in Janajati (40%), followed by Dalit (22%), Chhetri (16%), Madhesi (16%) and Brahmin (7%) respectively. Common psychosocial problems were anxiety (57%) by families of migrant workers', followed by depression (26%), suicide ideation or attempt 7%, severe form of mental illness (psychosis) 3% and others 7%. Together depression and suicide represented 33% as major depression in the study population. Other category represented epilepsy, children emotional and behavioral problems, conversion symptoms etc. Major contributing factors for psychosocial problems were domestic violence (18%), migrant workers' health problems (14%), contactless status of migrant workers (13%), death of migrant workers (12%), social blame to families of migrant workers (8%), work and salary differences of migrant workers (6%). Regarding relationship with migrants, it was found: 61.4% wives, 17.9% mothers, 5.1% children, 2.9%

father, 1.5% husband. Wives had more psychosocial problems which is 36.7% worry symptoms, 15% depression, 4.9% suicidal attempt and 1% psychosis. Children of migrants had 1.8% worry symptoms, 1.1% depression and 0.4% suicide attempt. Similarly, 10.8% worry symptoms, 5.7% depression, 0.6% suicide attempt, 0.3% psychosis problems were found among mothers.

**Table 1: Gender and contributing factors for psychosocial problems**

Gender	Contactless	Deaths	Domestic violence	Health problems	Social blame	Work and salary difference	Others
Female	79 (11%)	83 (11.5%)	116 (16.1%)	71 (9.9%)	58 (8.1%)	38 (5.3%)	165 (22.9%)
Male	16 (2.2%)	6 (0.8%)	12 (1.7%)	31 (4.3%)	2 (0.3%)	2 (0.3%)	41 (5.7%)
Total	95 (13.2%)	89 (12.4%)	128 (17.8%)	102 (14.2%)	60 (8.3%)	40 (5.6%)	206 (28.6%)

Gender and contributing factors correlates significantly-  $\chi^2 22.07, p=.001$

**Table 2: Psychosocial Problems and relation with migrant workers**

Psychosocial Problems	Wife	Mother	Children	Husband	Self	Other family member	Father	Total
Severe form of mental illness (Psychosis)	109 (15.1%)	41 (5.7%)	8 (1.1%)	2 (0.3%)	15 (2.1%)	1 (0.1%)	9 (1.3%)	185 (25.7%)
Suicide attempt	7 (1.0%)	2 (0.3)	0	0	10 (1.4%)	1 (0.1%)	0	20 (2.8%)
Worry symptoms	35 (4.9%)	4 (0.6%)	3 (0.4%)	0	4 (0.6%)	1 (0.1%)	1 (0.1%)	48 (6.7%)
Others	264 (36.7%)	78 (10.8%)	13 (1.8%)	7 (1.0%)	30 (4.2%)	11 (1.5%)	8 (1.1%)	411 (57.1%)
Total	27 (3.8%)	4 (0.6%)	13 (1.8%)	2 (0.3%)	6 (0.8%)	1 (0.1%)	3 (0.4%)	56 (7.8%)
Others	442 (61.4%)	129 (17.9%)	37 (5.1%)	11 (1.5%)	65 (9.0%)	15 (2.1%)	21 (2.9%)	720 (100%)

PS problems and relation with MW correlates significantly-  $\chi^2 105.67, p=.001$

## Discussion

High cost of migration, loan repayment, cheating, illness, deaths, jail and missing of migrants have immense effects on the mental well-being of the families. There is a need of effective migration governance mechanisms which has strong interrelationships with the psychosocial problems. In addition, family management plans and preparation by the migrant workers during foreign employment cycle is crucial. The lack of awareness for psychosocial support and mental health treatment seems another barrier contributing in worsening the psychosocial situation of the families and returnees. There needs special programs and policies for preventive and curative measures to reduce social cost of migration.

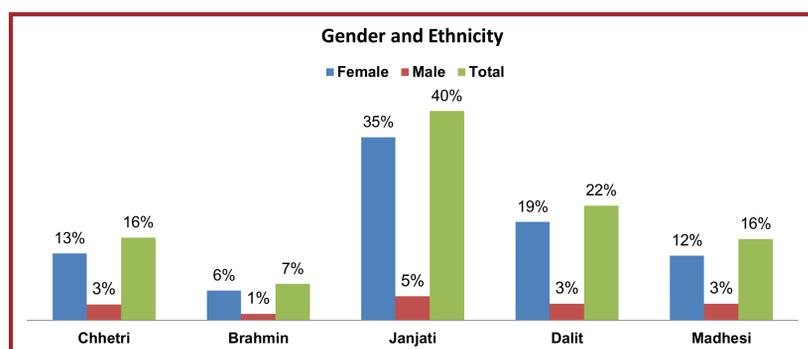
## Conclusion

Support mechanisms that reduces the negative psychosocial effects of migration to families left behind has to be strengthened. Work needs to be done both at preventive as well as curative aspects. For improved mental well-being, mass movement on mental health and support mechanism is substantial. Migrants and their families are in strong need of care and support from society as well as from the health system. Foreign employment related problems are major contributing factors for psychosocial problems. Therefore, effective implementation of foreign employment governance system is significant.

## Acknowledgement

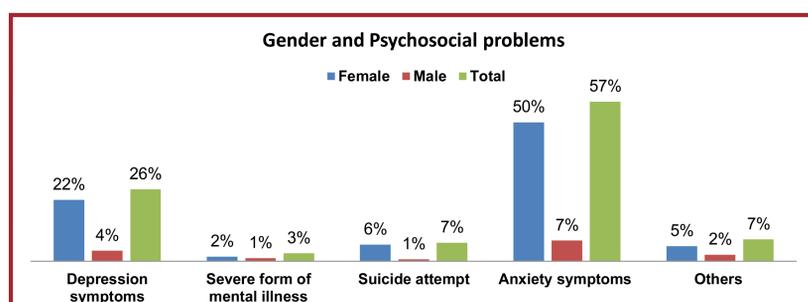
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**Graph 1: Gender and ethnicity**



Gender and ethnicity correlates highly significant (Chi-Square 22.06,  $p=0.001$ )

**Graph 2: Gender and Psychosocial problems**



Psychosocial problems and gender correlates highly significant ( $\chi^2 22.03, p=.001$ )

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