

Research Brief Migration & Health (June 2023)

Introduction

There are a number of countries for whom migrant workers are a key political and economic issue. Nepal is one of those countries, with 3.5 million of its citizens working in the Middle East, Malaysia, and India, contributing 'nearly one-quarter' of the country's gross domestic product. The plight of migrants workers was put under a global spotlight in the run up to and during the 2022 FIFA men's football World Cup. Migrant workers from South Asia, including Nepal, have helped build the stadiums and roads leading up to it, provided the security at venues, take the suitcases of the conveyor belts at the airports, and served fans and visitors food and drink at the venues. Many migrant workers are exploited by employers in the Gulf countries and Malaysia and/or labour agencies in their home countries. This research brief offers an overview of studies into the health and well-being of Nepalese migrant workers and those left behind conducted by researchers based at Bournemouth University in the UK in collaboration with two NGOs (Non-Governmental Organisations) Green Tara Nepal and POURAKHI Nepal, and several UK universities.

The world's torrid future is etched in the crippled kidneys of Nepali workers

Overhead of thousands of patients at a kidney clinic. Nepalese have been using dialysis machines abroad in ever-increasing numbers.



Migration & Health: A longitudinal study

Bournemouth University's Vanora Hundley, Edwin van Teijlingen and Pramod Regmi are involved in the Nepal Family Cohort Study (NeFCoS). This is a multidisciplinary cohort study into the prevalence and determinants of various diseases from childhood to adulthood. NeFCoS is a longitudinal study, it recently started collecting health and well-being data, and will continue to do so for two decades. Our international team is led by Dr. Om Kurmi, Respiratory and Environmental Epidemiologist at Coventry University, UK. We are currently recruiting six-to-nine-year-old children and their parents, to collect information on socio-demographics, lifestyle, diet, occupational history (including working abroad), education, environmental conditions at home and outside, physical activities and any diseases parents or children have had since birth. The study is based in two regions (Terai & Central Hill area), with plans to expand to extend to other provinces of Nepal in the future. The baseline study includes 9,000+ participants to date from both study sites.



NeFCoS
Nepal Family Cohort Study

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NeFCoS
Nepal Family Cohort Study



Green Tara Nepal
ग्रीन तारा नेपाल

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Sudden deaths: Issues raised during FIFA World Cup

In the Middle East and Malaysia, working conditions for migrant labourers are often Dirty, Dangerous and Difficult (commonly referred to as the 3Ds). Migrant workers often perform physically demanding work in a hot unprotected environment for long hours, suffer dehydration alongside unhealthy lifestyle factors (such as restricted water intake and a high intake of alcohol/sugary drinks) which may precipitate them to sudden cardiac deaths.



BU and Malaysia-based NGO North-South Initiative (NSI) recently completed verbal autopsy questionnaires with friends/roommates of 40 Nepali migrants who died suddenly in Malaysia in the past two years. Results are under analysis, however, preliminary findings indicate that most of the deceased had a habit of heavy alcohol intake and had a high blood pressure, and alcohol they usually drank was also cheap and counterfeit.

The FIFA World Cup brought poor working and living conditions and exploitation of foreign workers in the Middle East to the world's attention. However, there is a great risk that the attention of the world, including that of campaigners, pressure groups, the media, politicians, and so on move on to the next 'hot' topic.

Kidney disease research

Our research article 'Risk of Kidney health among returnee Nepali migrant workers: A survey of nephrologists' published late 2021 reported on the Bournemouth University-led study with kidney specialists in Nepal. This survey paper was also reported in November 2021 in the national newspaper



The Sunday Times under the heading 'Qatar 2022: Dying for the World Cup'. Our work was again highlighted and cited in a major international newspaper when The Washington Post reported in January 2023 under the headline 'The world's torrid future is etched in the crippled kidneys of Nepali workers'



In the villages that dot Nepal's impoverished plains and Himalayan hillsides, working abroad has long been considered the best and only route out of a country ranked 163rd in the world in per capita income, where a day's hard labor earns a bag of rice. Instead, the journey is sending back men crippled with an incurable disease. It is forcing their families to confront soaring costs, crushing debts, social isolation — and often a desperate, murky search for a new kidney.

In 2021, researchers at the Bournemouth University surveyed Nepal's nephrologists and found three-fourths said they saw a correlation between men working abroad and increased risk of kidney disease.

This paper led to a successful grant application to The COLT Foundation, a research funding agency in the UK. The COLT Foundation reviewed and funded the application from Bournemouth University academics. We are currently conducting mixed-methods research on the kidney health risk of 718 returnee Nepalese migrant workers in the past 12 months and same number of non-migrant counterparts in Dhanusha district. The complete findings is expected in September/October this year.

POURAKHI Nepal collaboration

POURAKHI Nepal is one of the key agencies Bournemouth University, the University of Greenwich, and the University of Huddersfield have been working with in the migration field. It is a charity and pressure group which for over a decade ran an emergency shelter home to respond to the immediate need of those women migrant workers who have been exploited and abused while at countries of employment. The UK universities have helped POURAKHI Nepal to clean its dataset on returnee migrant workers and put it on an electronic database. This has resulted in one paper published and one recently submitted.

Mental health and pre-departure orientation

The mandatory pre-departure orientation programme for Nepali migrant workers includes mental health. However, there is a huge knowledge gap on what triggers mental health issues in migrant workers. Our qualitative study explored: (a) the perceptions of migrant workers on risk factors for mental health problems in host countries; and (b) the need for pre-departure training around mental health and its support mechanisms and counselling services available in the work place. Social isolation and discrimination at work as well as their life in general, families back home, or their debt were frequently reported reasons for poor mental health. Participants accepted that pre-departure orientation has provided useful information on, for example, immigration processes, weather, culture and language of receiving countries, rules at work and healthy lifestyles abroad. However, they unanimously agreed that there is a need for psychosocial components in pre-departure training as this would help (a) reduce work-related stress and anxiety and (b) maintains family relationship back home and (c) may help them to cope with emotional difficulties or reducing self-harm. There was a fear that due to stigma attached to mental health, migrants rarely disclose these kinds of feelings to peers/family or sought support when needed.

Nepali migrant workers in India

India is a popular destination for more than 1/3 of Nepali migrant workers. One of our studies explored the experiences of returnee migrants with regard to accessing healthcare in India. We conducted focus group discussions and interviews with returnee migrants as well as with 12 stakeholders working in the health and education areas. The interviewed returnee migrants worked in 15 of India's 29 states, most as daily-wage labourers. Most were from among the lowest castes so called-Dalits. Most migrants had had difficulty accessing healthcare services in India. The major barriers to access were the lack of insurance, low wages, not having an Indian identification card tied to individual biometrics so called: Aadhaar card. Other barriers were unsupportive employers, discrimination at healthcare facilities and limited information about the locations of healthcare services.

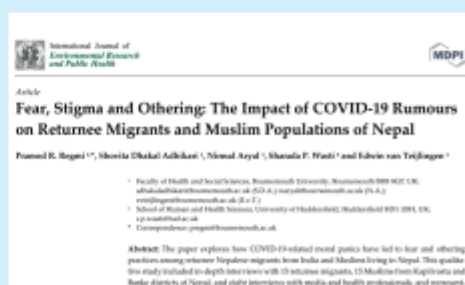


Migrant workers from Nepal experience difficulties in accessing healthcare in India. We concluded that partnerships between the Nepalese and Indian governments, migrant support organizations and relevant stakeholders such as healthcare providers, government agencies and employers should be strengthened so that this vulnerable population can access the healthcare to which they are entitled.

Photo: Edwin van Teijlingen

Migrants: COVID-19, fear and stigma

The COVID-19 pandemic brought out the worse side in some people. In Nepal migrants were one of the sub-groups in the population that felt stigmatised in the wider population. In a recent qualitative study we identified four themes affecting returnee migrants from India and Muslims living in Nepal: (1) rumours and mis/disinformation; (2) impact of rumours on marginalised groups (with three sub-themes: (i) perceived fear; (ii) othering practices; (iii) health and social impact); (3) resistance; and (4) institutional response against rumours. Findings suggest that rumours and misinformation were fueled by various media platforms, especially social media (e.g., Facebook, YouTube) during the initial months of the lockdown. This created a moral panic which led to returnee migrants and Muslim populations experiencing fear and social isolation. Resistance and effective institutional responses to dispel rumours were limited. A key contribution of the paper is to highlight the lived experiences of COVID-19 related-rumours on marginalised groups.



Left-behind family

Bournemouth University student Yagya Adhikari published a recent article: 'Forgotten health and social care needs of left-behind families of Nepali migrant workers' [1]. This is part of Yagya's Ph.D. research on parental migration and its impact on health and well-being of left-behind adolescents in Nepal. It is part of growing number of publications by BU academics on spouses of Nepalese migrant workers [2,3]. For example, our study in Nawalparasi in 2018 among 382 left-behind female spouses of migrant workers in the Middle-East and Malaysia found a prevalence of mental health risk of 3.1% and that of mild or moderate depression was 6.5%. Interestingly, our findings suggested a lower mental health risk in the female spouses of migrants compared to general population in Nepal. Communication frequency with the husband was associated with low general mental health risk, depression and greater resilience. In-bound remittance frequency and husband return frequency were also associated with the measures of mental health risk. International migration being commonly perceived as the means to achieve best possible future might explain this finding.



Policy recommendations from across all studies

- Expedite the process to formalize National Migration Health Policy
- Foreign Employment Policy (2012) should be tailored according to the federal need as well as improving occupational health and safety measures in destination countries
- Many Nepali women continue to reach Middle East despite the government ban on women workers from going to the Middle East for employment. The Government to relax ban on women traveling abroad as domestic workers.
- Offer better pre-travel preparation and Nepal's embassies to raise awareness of lifestyle factors to migrants.
- Current/planned bilateral labour agreements with destination countries should emphasize the safeguarding of Nepali migrant workers, especially the most vulnerable unskilled and low-skilled workers (including female domestic workers)



Key issue for further research

- Capacity building of Nepali researchers on migration and health.
- Cause of death identification from indirect measures (e.g. verbal autopsy) due to the lack of comprehensive and reliable post mortems.
- Mental health of migrants and their left-behind family members.
- Longitudinal studies on cardiometabolic risk factors and kidney-health related issues in migrant workers.

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