

Migration & Health in Nepal

Research Brief #3

January 2025

Introduction



For several countries like Nepal, migrant workers are a key political and economic issue. Nepal has 3.5 million of its citizens working in the Middle East, Malaysia, and India, contributing over one-fifth of the country's gross domestic product (GDP). The plight of migrant workers was put under a global spotlight during the 2022 men's football FIFA World Cup. Many migrant workers are exploited by employers in the Gulf countries and Malaysia and/or labour recruitment 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 different organisations.

Editors: Pramod Regmi, Nirmal Aryal & Edwin van Teijlingen

Kidney health risks of Nepalese migrants

Our research article 'Risk of Kidney health among returnee Nepalese migrant workers: A survey of nephrologists' [1] reported on a Bournemouth University-led study with kidney specialists in Nepal. This survey paper was reported in November 2021 in the national UK newspaper *The Sunday Times* under the heading 'Qatar 2022: Dying for the World Cup'. Our work was also cited in a major U.S. newspaper, *The Washington Post* reported in January 2023 under the headline 'The world's torrid future is etched in the crippled kidneys of Nepalese workers'.

The COLT Foundation, a research funding agency in the UK, funded our 2023 survey of 718 migrant workers in the Gulf countries or Malaysia and 720 non-migrants in Dhanusha district. This study reports a lower prevalence of chronic kidney disease (CKD) in migrant and non-migrant populations in Nepal; 0.4% among recent migrants (all males), 0.5% in past migrants (all males), 1.2% in non-migrant males, and none in non-migrant females. However, a significantly higher proportion of recent migrants were hypertensives (or on medication), diabetic (or on medication), and overweight or obese which might indicate a possible increased risk of CKD and cardiometabolic health issues among Nepalese migrants in future compared to non-migrant populations.

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Exploring lifestyles, work environment and health care experience of Nepalese returnee labour migrants diagnosed with kidney-related problems

The first paper from this study reported on 12 in-depth interviews with 12 returnee migrants who were diagnosed with kidney problems. It indicated they face numerous challenges, including limited access to clean water and sanitation facilities, poor diets, exposure to occupational hazards, and overuse of pain medication; all may contribute to an increased risk of kidney disease [2].

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Mental health and pre-departure orientation

The mandatory pre-departure orientation programme for aspiring Nepalese migrant workers includes mental health. However, there is a huge knowledge gap on what triggers mental health issues in migrant workers. Our qualitative study [3] explored: (a) the perceptions of migrant workers on risk factors for mental 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 workplace. Social isolation and discrimination at work as well as their life in general, families back home, and debt were frequently reported reasons for poor mental health. Participants accepted that pre-departure orientation can provide useful advice on, for example, immigration processes, weather, culture and language of receiving countries, rules at work and healthy lifestyles abroad. Also, all agreed that there is a need for psychosocial components in pre-departure training as this could help to (a) reduce work-related stress and anxiety and (b) maintain family relationships back home; and (c) 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.

Our recent qualitative study [4] to explore perceptions of migrant workers and other stakeholders on the content and delivery of pre-departure orientation programme suggests a need for a tailored curriculum with relevant information, education, and communication resources, designed with input from former migrant workers.



Article

A Qualitative Insight into Pre-Departure Orientation Training for Aspiring Nepalese Migrant Workers

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Migration & Health: A longitudinal study

Bournemouth University is collaborating in the Nepal Family Cohort Study (NeFCoS), a multidisciplinary cohort study collecting health and well-being data since 2022, and which will continue to do so for two decades. Our international team is led by Dr. Om Kurmi at Coventry University in the UK. We have collected information on socio-demographics, lifestyle, 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 baseline study includes over 13 thousand participants, and it is based in two regions (Terai & hills), with plans to expand to other provinces of Nepal in the future.

Sudden cardiac death of Nepalese Migrants

BU in collaboration with Malaysia-based NGO (Non-Governmental Organisation) North-South Initiative (NSI) completed a study in 2023 to identify the potential causes of Sudden Cardiac Death (SCD) in Nepalese migrants in Malaysia. A verbal autopsy questionnaire was administered among friends/roommates of 40 Nepalese migrant workers (37 males, 3 females) who potentially had SCD. This study found that lifestyle risk factors, particularly alcohol drinking, were key contributors. As reported by friends/roommates, 83% were current or past drinkers, more than half were current or past users of (non-smoked) tobacco, and almost all used contraband alcohol which is cheap and more likely to be toxic. This is supported by the fact that one-third of the deceased had a diagnosed high blood pressure which can be triggered by alcohol intake alongside migration and work-related issues. Only 40% of the deceased took regular rest days and 80% worked more than 8 hours daily. No significant issues with living conditions, heat exposure, regular water intake and physical demand of the work were identified. These findings warranted further



exploration of triggers of risky lifestyle behaviours as well as potential intervention to promote healthy lifestyles among Nepalese migrants in Malaysia.

Migrant workers in India

India is a popular destination for Nepalese 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 [5] as well as with 12 stakeholders. The interviewed 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 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. 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.



Jamunaha checkpoint of India-Nepal, Photo: RSS

Migrants: COVID-19, fear, stigma and othering

The COVID-19 pandemic affected Nepalese migrants. In our qualitative study [6] we identified four themes affecting returnee migrants from India and Muslims living in Nepal: (a) rumours and mis/disinformation; (b) impact of rumours on marginalised groups (with three sub-themes: (i) perceived fear; (ii) othering practices; (iii) health and social impact); (c) resistance; and (d) institutional response against rumours. Such 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 marginalized groups, such as returnee migrants and Muslim populations experiencing fear and social isolation. Resistance and effective institutional responses to dispel rumours were limited.

Similarly, our media analysis (a total of 56 items from daily newspapers, 35 items from online news portals and 18 videos from YouTube) found that the media tended to depict returnee migrant workers and Muslims living in Nepal as COVID-19 spreaders and a threat to the community for transmission of virus [7]. There is a need for media professionals to accurately report on health issues. Health professionals and health promoters can play a significant role in delivering health promotion-related messages and tackling any misinformation using both mainstream and social media.

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Article

Fear, Stigma and Othering: The Impact of COVID-19 Rumours on Returnee Migrants and Muslim Populations of Nepal

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Abstract: The paper explores how COVID-19-related moral panics have led to fear and othering practices among returnee Nepalese migrants from India and Muslims living in Nepal. This qualitative study included in-depth interviews with 15 returnee migrants, 15 Muslims from Kaptivan and Banke districts of Nepal, and eight interviews with media and health professionals, and represent-

Left-behind family of migrant workers

Bournemouth University student Yagya Adhikari published an article: 'Forgotten health and social care needs of left-behind families of Nepalese migrant workers' [8]. This is part of his 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 migrants' left behind families. E.g., our study of 382 wives of migrant workers in the Middle-East and Malaysia [9] found a prevalence of mental health risk of 3.1% and 6.5% of mild/moderate depression. Surprisingly, our findings suggested a lower mental health risk in female spouses compared to the 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 mental health risks. International migration being commonly perceived as the means to achieve a better future might explain this finding.



Female migrant workers

With colleagues in the UK and Nepal, we published a 2024 paper in *Global Health Journal* on female migrant workers from Nepal [10]. The paper highlights the plight of women working abroad and the problems they encounter destination countries. This study was conducted among 1,889 women who were registered with the NGO POURAKHI Nepal. We found that 39% of women reported workplace harassment. Also, physical violence was highly prevalent (68%), as were verbal abuse (38%), mental stress (30%), and sexual abuse (14%). We argue that host governments should enforce policies protecting women in the workplace. The latter should be provided with better information about health risks and hazards as well as how to improve preventive measures in destination countries to reduce workplace harassment.

Migration Health Research Network

We established a research network to foster collaboration amongst academics of Asia, the GCC countries, and Malaysia, and between academic and non-academic institutions and people to identify, understand and help address health problems, behaviours and related issues of migrant workers. Information about joining can be found here: <https://hearmigrants.org/>



Health Research Network for Migrant Workers in Asia



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Addressing modern slavery issues

La Isla Network, the Johns Hopkins University Bloomberg School of Public Health, Nepal Development Society and Bournemouth University are leading the first-ever international effort to research and address trafficking among Nepalese labour migrants. This intervention development research project has started in 2023 and will be completed in 2027. The work is funded by the USA Department of State's Office to Monitor and Combat Trafficking in Persons, International Programs.

In 2024 BU's student Anjana Regmi Paudyal started her PhD research exploring the experiences of survivors of modern slavery. She is particularly interested in aspects of forced labour and human trafficking, as well as their reintegration into communities in Nepal.



Key recommendations from across all studies

- Expedite the process to formalize a National Migration Health Policy, which should be evidence-based and uphold the human rights. It must ensure access to health-related information during their migration journey (pre-departure, in destination countries, and on return)
- Update the pre-departure training curriculum to address health concerns, such as cardiometabolic risks and kidney problems amongst migrants. A more tailored curriculum needs to include relevant information, education, and communication resources, developed with input from returnee migrant workers.
- Pre-departure medical test centres should provide advice on managing conditions like diabetes or high blood pressure whilst abroad.
- Foreign Employment Policy (2012) should strengthen occupational health and safety measures in destination countries. Nepal's embassies to raise awareness and give health advice to migrants.
- Many women continue to reach the Middle East despite the ban on women going there for employment. The Government to review the impact of this ban on women traveling abroad as domestic workers, including a potential increased risk of human trafficking.
- Destination countries should introduce preventative measures to reduce harassment and abuse at work, especially for women.
- Bilateral labour agreements with destination countries should safeguard migrant workers, especially the most vulnerable unskilled and low-skilled workers (e.g., female domestic workers).
- Develop an integrated database of migrant workers. This should centralise health information of migrants from test centres collected during pre-departure health screening and also include health data from returnee migrants so that they can be timely treated if required.
- Facilitate increased research collaboration in destination countries engaging local institutions.



Further research and interventions needed

- Capacity building of Nepalese 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 and kidney-health risk factors in migrant workers.
- Initiate public health intervention in destination countries to improve lifestyle behaviour of Nepalese migrant workers.

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