

Brief Report

Forgotten health and social care needs of left-behind families of Nepali migrant workers

Yagya R Adhikari^{1*}, Pramod R Regmi¹, Bhimsen Devkota², Edwin R. van Teijlingen¹

¹ Faculty of Health and Social Science, Bournemouth University, UK

² Faculty of Education, Tribhuvan University, Nepal

* Correspondence: yadhikari@bournemouth.ac.uk

Worldwide, around 281 million people live in a different country than that of their birth, and about half are labour migrant workers, and this number is rising (McAuliffe & Triandafyllidou, 2021). Seeking better employment opportunities is the leading reason for international migration from low and middle-income countries (LMICs). Nepal is also one of the major countries supplying labour abroad. As a result, many Nepalese people are separated from their families at different stages of their lives.

Approximately four million Nepalese work abroad, with the Gulf Cooperation Council (GCC) countries and Malaysia as the leading destinations, accounting for around 85 per cent of the labour migrants (GoN/MoLE, 2018). The proportion of male migrant workers is considerably higher in Nepal than that of women; however, the number of women working abroad is also increasing. Due to its open border, India is also a popular destination for many seasonal migrant workers (Regmi et al., 2019). Labour migration not only affects workers and their families, but the economy of Nepal is also highly dependent on remittances, which make up about one-quarter of the country's Gross Domestic Product (GDP) (Sah, 2019). While labour migration positively impacts GDP and household income (Kunwar, 2015), many studies globally have documented a negative impact of migration on the health and well-being of both the migrants and their left-behinds back home (e.g., wives, children or parents). Previous studies have documented several health risks to Nepal's migrants, ranging from occupational health, sexual and reproductive health, and infectious disease to mental health and well-being, lifestyle, and behavioural-related problems (Joshi et al., 2011; Simkhada et al., 2017; Adhikary et al., 2019; Paudyal et al., 2020; Regmi et al., 2020).

Migration not only impacts the health and well-being of migrants themselves, it also has a significant effect on those people left behind. For example, Bhurtyal and Wasti (2021) reported three times higher depression rates in left-behind wives than those living with their husbands. A similar finding was observed by Aryal and colleagues, who reported higher depression rates and reproductive health problems in left-behind wives compared to wives of non-migrants (Aryal et al., 2019). It has also been reported that separated family members were feeling lonely and experiencing marital conflict (Thapa et al., 2019). Until recently, limited studies have focused on the health and well-being of left-behind female spouses; they have reported decreased health and well-being compared to non-migrant wives. Local media in Nepal also regularly report on their complex lives in the absence of their husbands, the continuous interference from family members and neighbours as well of accusations of extramarital relationships. At the same time, migration has had a positive impact on some left-behind women, empowering them to become more independent in household decision-making, develop life skills and engage in income-generating activities. Gartuala et al. (2012) noted that the objective of well-being left-behind

women has improved, reflected in their household income, but they didn't feel any better off regarding their sense of well-being.

In addition to spouses, parents of adult children migrating can also be affected. For example, the migration of adult children significantly shapes the physical and environmental conditions that affect the quality of life of left-behind parents in Nepal (Thapa et al., 2020). Moreover, Ghimire et al. (2018) found a higher level of self-perceived loneliness in left-behind parents but no significant association between well-being and adult children migration in the Nepalese context.

It is not only the adult partners and the parents of adult children migrating who are affected but also their children. A systematic review and meta-analysis by Fellmeth et al. (2018) reported an increased risk of depression, suicidal ideation, and anxiety in the children and adolescents left behind compared to those living with their parents. This aligns with a Chinese study that reported unhealthy behaviour in adolescents whose parents migrated to other places for work (Gao et al., 2010). Generally, children's well-being and mental health are negatively affected due to being separated from their parents (Waddoups et al., 2019).

Interestingly, a recent study in western Nepal reported that poor psychological well-being is more likely in adolescents living with parents than in those with one or both parents being absent due to international migration (Kharel et al., 2021). This could be due to respondents' parents living in high-income countries, such as Japan, Australia, or the USA, where high income and better job opportunities exist. Thus, those children might feel a sense of pride and experience more financial security. Compare this to Nepalese migrants who go to Malaysia or GCC, who are poorly educated and often work in dangerous environments (Adhikary et al., 2019).

Globally, 10-20 per cent of children and adolescents suffer from mental disorders (Chaulagain et al., 2019), whilst a nationally representative survey of 11,477 adolescents in Nepal found alarming levels of psychological health risk (Adhikari et al., 2017). Therefore, solid psychosocial support from their parents or caretaker relatives and other platforms (e.g., school) can be beneficial, especially since they are in a crucial phase of their development, one in which rapid behavioural and biological changes occur. Offering such support is a mental health promotion issue.

However, a few studies in South East Asia have reported mixed findings (Graham and Jordan, 2011). Anita et al. (2020) concluded that the impact of parental migration on the mental health and well-being of children depends on the characteristics of the families such as gender and age of left-behind children, parental relationships and living conditions. A study in Nepal reported that left-behind families of female labour migrants (who migrated to Gulf countries) have benefited from accessing education and health facilities but found negative impacts on the health and well-being of left-behind children, such as "...care deficit, aggressive behaviour, physical abuse, deteriorating health conditions and school dropout" (Sapkota, 2020: 69). More research is needed about the impact of parental migration on the health and well-being of left-behind adolescents in Nepal.

Although concerns exist about the impact on health and well-being issues of left-behind families, Nepal's National Health Policy (2019) has failed to address those needs. To our knowledge, limited research has explored the impact of cross-border labour migration on left-behind adolescents. These studies often have several methodological limitations, suggesting that there is a need for research focusing on the health and well-being issues of left-behind families, especially the offspring of such

migrant workers. We recommend specific research with left-behind families to help design evidence-based health promotion interventions focusing on left-behinds. It is also time to develop support mechanisms by bringing these issues into the mainstream of national health policy to reduce the negative psychosocial impact of migration on society.

Conflict of Interest

All authors declare that they have no conflicts of interest.

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