

Psychiatric morbidity among repatriated Nepalese foreign labor migrants- a hospital based study.

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Abstract

Introduction: International migration for employment has burgeoned in Nepal in the recent decade, and now it is an important factor of social transformation across most societies all over the country. Various factor associated with migration and working in a foreign land can affect mental health of migrating individuals. The purpose of the study was to explore psychiatric morbidity among repatriated Nepalese foreign labor migrants who visited psychiatric services at a tertiary level hospital in Kathmandu.

Methods: Repatriated Nepalese foreign labor migrants (n=51) having symptoms of mental illness at a foreign country, visiting psychiatric services at Tribhuvan University Teaching Hospital were enrolled in the study. A self- designed semi structured proforma was devised to obtain the socio- demographic characteristics of the study population and diagnosis was made using International Classification of Disease-10- Diagnostic criteria for research (ICD-10 DCR).

Results: The age range of the repatriated population was 21-45 years. Most of the cases were males (n=46) and only five were female. Majority of the subjects were literate but only 27.45% had education level above secondary level. Greater number of respondents worked in the gulf countries (66.66%) followed by Asian countries (25.49%). The most common psychiatric morbidity among repatriated Nepalese foreign labor migrant was depressive disorders (29.41%) followed by Anxiety disorder (25.49%).

Conclusion: There is a growing need to enhance our understanding about psychiatry co morbidity among repatriated Nepalese migrant workers so as to promote mental well-being at their working foreign country. A wide range of psychiatry morbidity, predominantly depression and anxiety was found among them which if addressed timely would prevent many migrant workers from returning back prematurely.

Keywords: ICD-10 DCR, Nepal, psychiatric diagnosis, migration.

Introduction

Migration for economic reasons is a critical geopolitical phenomenon in the modern era.¹ Around the world, 192 million people are living outside their place of birth, which is about 3% of the world's population.² In recent years, international migration has grown even further, and is now an important factor of social transformation across all regions of the world.³ The

decision to migrate originates due to lack of prospects for a person in his own country.⁴ Migration has become a prominent phenomenon in the population dynamics of Nepal. An estimated five million Nepali are employed in foreign countries, of which around 40% leave for India, while the remaining 60% go overseas, primarily to the Gulf countries, Malaysia, Lebanon and the Republic of Korea.⁵ Nepalese emigrate because of limited opportunities in Nepal and to improve their families'

well-being.⁶ There is a high chance that low-skilled migrants from low income countries work in risky working conditions as they usually accept the jobs that are rejected by local workers.⁷ Individuals that migrate have to adjust to new surroundings and to cope with the stresses, which is potential for the disruption of their mental health.⁸ The migration process itself is stressful and can affect the mental health of migrating individuals and their families.⁹ This paper aims to explore the socio-demographic variables and psychiatric morbidity among repatriated Nepalese foreign labor migrants who visited the out-patient department of a tertiary level psychiatry OPD in Kathmandu.

Methods

A hospital based cross-sectional study was conducted within a period of six months from November 2009 to April 2010, at psychiatry out-patient department of Tribhuvan University Teaching Hospital (TUTH) which is a tertiary level hospital in Kathmandu, capital city of Nepal. The study was initiated after the approval from Institutional Review Board, Institute of Medicine and included repatriated Nepalese foreign labor migrants having symptoms of mental illness at working countries leading them to return back. A total of 51 cases were enrolled in the study after taking individual consent of each patient. Exclusion criteria included patients having past psychiatric illness before going for a foreign job, and those with other co-morbid medical and surgical conditions.

A semi structured proforma was devised to obtain the socio-demographic characteristics and information related to job status in foreign country. Psychiatric morbidity was diagnosed based on the criteria of International Classification of Disease-10- Diagnostic criteria for research (ICD-10 DCR).

Data were analyzed using SPSS version 16 (Chicago, Illinois, USA). Descriptive analysis was performed, and mean, median, range were calculated. The data were explained as mean± standard deviation (SD) wherever suitable.

Results

Demographic characteristics of the respondents

In our study, repatriated Nepalese foreign labor migrants (n=51), ranged from 21-45 years. Sixteen respondents (31.37%) were from the age group 26-30

years followed by 11 (21.57%) from 36-40 years while only nine (9.80%) belonged to 41-45 years. Forty-six respondents (90.20%) were male and only five (9.80%) were female. Most respondents, 28 (54.90%) belonged to rural region followed by 15 (29.41%) which belonged to urban region and eight (15.69%) belonged to semi-urban region. More than two-thirds of the repatriated migrants, 39 (76.47%) were married while the remaining 12 (23.53%) were single. On the basis of caste, 19 (37.25%) respondents were Chhetri followed by 18(35.29 %) Janajati and 12 (23.53%) were Brahmin.

Based on education, 14 (27.45%) respondents had education level above secondary level while only two (3.92%) were educated up to master's level. Table 1 shows the distribution of the repatriate migrant workers based on occupation before going for foreign employment.

Table 1. Distribution based on occupation before going for foreign employment.

Occupation	Frequency (N)	Percentage (%)
Farmer	23	45.10%
Housewife	2	3.92%
Business	10	19.61%
Student	5	9.80%
Service	3	5.88%
Daily wages	2	3.92%
Unemployed	6	11.76%
Total	51	100%

According to socioeconomic status, 27 (52.94%) respondents were from middle socioeconomic status followed by 18 (35.29%) from lower socioeconomic status while six (11.76%) respondents belonged to upper socioeconomic status. Socioeconomic status was categorized using the standardized Kuppusswamy scale.

Work condition and return to country after mental illness

On the basis of working foreign country 34 (66.66%) respondents worked at various Gulf countries, 13 (25.49%) worked at Asian countries, two (3.92%) worked in Australia and one (1.96%) each worked

at USA and United Kingdom. Majority of the them, 18 (35.29%) returned back to Nepal within 2 years, followed by 16 (31.37%) within 3 years and eight (15.69%) returned within 1 year of working abroad. Only nine (17.64%) respondents worked abroad for more than 4 years. (Figure 1). Most of the respondents 39 (76.47%) worked as unskilled labor while 12 (23.53%) were holding some other skilled service.



Figure 1. Scatter chart showing relationship between number of repatriated migrant workers and years worked abroad before returning back.

After experiencing symptoms of mental illness, 33 (64.71%) respondents returned back themselves to seek further help, while 18 (35.29%) respondents were returned by their recruiter with appropriate reason. Thirty- six (70.58%) respondents returned back to Nepal within 1 month of some symptoms of mental illness while for 15 (29.41%) of them, it took more than 6 months to return back to Nepal.

Types of psychiatric morbidity among repatriated Nepalese migrant workers

Among the repatriates, 15 (29.41%) were diagnosed as depressive episode which was the most common psychiatry morbidity followed by Anxiety disorders in 13 (25.49%) of them.

Table. 2 shows the distribution of the cases on the basis of ICD-10 DCR diagnosis based on the psychopathology and symptomatology after returning back to the country. Among all the 51 cases 42 (82.35%) cases were managed at OPD facility where as 9 (17.65%) cases were admitted in psychiatric ward for management.

Table. 2 Distribution on the basis ICD-10 DCR diagnosis among repatriated Nepalese foreign labor migrants.

Diagnosis	Frequency (N)	Percentage (%)
Substance induced psychotic disorder	3	5.88
Acute and transient psychotic disorder	3	5.88
Paranoid Schizophrenia	6	11.76
Moderate depressive episode	11	21.57
Severe depressive episode with psychotic features	4	7.84
Mania with psychotic symptoms	5	9.80
Mixed anxiety and depressive disorder	2	3.92
Generalized anxiety disorder	9	17.65
Panic disorder	4	7.84
Somatoform disorder	4	7.84

Discussion

The average age of a labor migrant working abroad is 30 years, however there are differences between destination countries.¹⁰ In a study in tertiary care center in Eastern Nepal, the mean age of Nepali foreign job holders is 27.97 and 18-38 years is the most common age group among foreign job holders.¹¹ The range of the age group of our study is almost similar. Almost 90% of the respondents were males. Male preponderance may be just a reflection that foreign jobs are usually sought by male members in the family who migrate to a foreign country and sends money back to their family to run house hold.¹¹ In our study more than half of the respondents were from rural and semi-urban areas of Nepal. Most rural households in Nepal depend on the earning of at least one family member who is employed away for foreign employment to uplift their economic standard.¹² More than two third of the respondents in our study were married. Majority representation of married migrants may point to the fact that leaving families back home may be an additional factor adding to the overall stressors.¹¹ Majority of the respondents were Hindu and since Islam is a religion followed by majority of population in Gulf counties, it could also be a contributing factor for psychiatry morbidity.

On the basis of caste there was comparable distribution among the respondent which shows that people from every caste would take chance in employment abroad for reasons of economic support. Majority of the respondents were literate but only 27.45% had education level above secondary level and masters level of education only among very few respondents. This finding is comparable to other studies, which reflects that the better-educated and -skilled workers tend to opt for employment in industrialized countries in the West, while those seeking employment in India, Malaysia and the Gulf are generally less educated.¹⁰ On the basis of occupation at home before going to job at foreign countries, majority were farmers followed by businessmen which comprehends to the fact that ongoing economic down turn in resource-poor regions like Nepal is causing many to migrate to industrialized countries.¹¹

According to socio-economic status, more than half of the respondents belonged to middle class family. Middle class group have easy accessibility and affordability for going abroad while people from lower socio-economic class have to face many barriers for the same purpose. Prospects of better opportunity and earning a guaranteed income to support ones's family are the key reasons of immigration from developing countries.¹³ The study showed that most Nepalese workers having psychiatric morbidity were mostly employed in the Gulf countries. Migrants in the Middle-East face difficulties in adjusting to their new society including adopting safe and healthy lifestyles. A study of Middle Eastern immigrants from Asia found that they had higher risk of mental illness due to their living and working conditions.¹⁴ Majority of the respondents (72%) returned back to Nepal within only three years of working abroad. The reason may be because the workers employed in foreign were under contract for at least 2-3 years of duration by recruiter.

About half among the repatriate were labor workers and majority of the remaining were skilled workers, which is similar to previous studies done on similar group in Nepal.¹¹ The finding show that most international migrants particularly in Gulf countries are employed in the occupations which fall in the category of "three Ds" (difficult, dirty, and dangerous) which may be the reason of vulnerability for psychiatric morbidity.⁷ Majority of repatriate returned by themselves on leave or after resignation, while 18% of those with severe mental illness were returned back by their own recruiter. This may be explained by the fact that Migrants usually

have low capacity to pay for medical services in gulf countries and they typically don't have any insurance coverage and hence they return back to their country for treatment.⁷

The most common psychiatry morbidity among the respondents was depressive episode (29.41%) followed by Anxiety disorders (25.49%). In a study done among male migrants in UAE the prevalence of depression was 25.1% which correlated with physical illness, working condition, monthly earning and duration of work.¹⁵ Migrant workers predominantly employed in unskilled and manual jobs and more prone to work overtime, tend to present higher prevalence of psychiatric disorders.¹⁶ The study projects the immediate need of attention to the mental health crisis among the migrant workers in Nepal and recommends programs designed to assist the repatriated migrant workers for their overall mental wellbeing.

The limitations of our study are the sample size so generalization of the results for the entire migrant population cannot be made.

Conclusion

The most common psychiatric morbidity among repatriated Nepalese foreign labor migrants was depressive disorders followed by anxiety disorders. Although the health risks and vulnerability of Nepalese migrant workers have been well documented, very few studies have focused on mental health issues among these group of people. The issues of mental health and psychiatric morbidity if not addressed timely will adversely affect the overall functioning of migrant workers who, in Nepalese context take such decisions due to existing poverty, limited employment and political instability. Future research needs to focus attention on mental health issues and wellbeing of Nepalese migrants working in various part of the world.

Conflict of interest: None declared.

Reference

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